

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-PF

OMB No 1545-0052

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements Department of the Treasury For calendar year 2012 or tax year beginning , and ending A Employer identification number Name of foundation TROY LOCAL DEVELOPMENT CORPORATION, 14-1736403 C/O CITY OF TROY Number and street (or P O box number if mail is not delivered to street address) B Telephone number 433 RIVER STREET - CITY HALL 518-279-7103 City or town, state, and ZIP code C If exemption application is pending, check here TROY, NY 12180 Initial return Initial return of a former public charity D 1. Foreign organizations, check here G Check all that apply Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust _____ Other taxable private foundation under section 507(b)(1)(A), check here Cash X Accrual I Fair market value of all assets at end of year | J | Accounting method If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here (from Part II, col (c), line 16) 7,042,151. (Part I, column (d) must be on cash basis.) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income income (cash basis only) N/A 114,127. Contributions, gifts, grants, etc., received 2 Check If the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 18,663. 18,663. Dividends and interest from securities 189,961. 189,961. STATEMENT 5a Gross rents STATEMENT 93,811. h Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 0. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 2013 10a Gross sales less returns and allowances (7 D Less Cost of goods sold c Gross profit or (loss) 2,500,030 0 STATEMENT 11 Other income 2,822,781. 208,624. 12 Total. Add lines 1 through 11 0. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 28,577. 28,577. 0. STMT 4 16a Legal fees 9,680. 5,000. STMT 5 0. **b** Accounting fees c Other professional fees 115,986. 115,986. Ō. and Administrative 17 Interest 54,723. 54,723. STMT 6 18 Taxes 5,787. 5,787. 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 35,640. 35,640 0. STMT 7 23 Other expenses perating 24 Total operating and administrative 250,393. 96,150. 149,563. expenses. Add lines 13 through 23 0. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 149,563. <u>250,</u>393. 96,150 Add lines 24 and 25 27 Subtract line 26 from line 12 2,572,388. 2 Excess of revenue over expenses and disbursements 112,474

b Net investment income (if negative, enter -0-)

c Adjusted net income (If negative, enter -0-)

N/A

For	, 10 m	TROY LOCAL DEVELOPMENT C	CORPORATION,	14-1	736403 Page 2
			Beginning of year	End of y	
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
_	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	947,431.	2,903,139.	2,903,139.
		Accounts receivable ► 18,705.			
		Less allowance for doubtful accounts	29,269.	18,705.	18,705.
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable \$\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	225 662	420 027	400 007
		Less allowance for doubtful accounts ► 0 .	235,663.	429,837.	429,837.
ets	8	Inventories for sale or use	2 001	28,609.	20 600
Assets	9	Prepaid expenses and deferred charges	2,991.	20,009.	28,609.
•	ŀ	Investments - U S and state government obligations			
		Investments - corporate stock			
		Investments - corporate bonds			
	''	Investments - land, buildings, and equipment basis	İ	1	
	12	Less accumulated depreciation Investments - mortgage loans			
	13	Investments - other			
	14				
	` `	Land, buildings, and equipment basis 3,563,543. Less accumulated depreciation 20,906.	3,390,531.	3,542,637.	3,542,637.
	15	Other assets (describe ► STATEMENT 8)	0.	3,542,637.	119,224.
		,			
_	16	Total assets (to be completed by all filers)	4,605,885.	7,042,151.	7,042,151.
	17	Accounts payable and accrued expenses	13,981.	155,280.	
	18	Grants payable			
es	19	Deferred revenue	388,997.	274,870.	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
<u>ia</u>	21	Mortgages and other notes payable	2,499,000.	2,332,000.	
_	22	Other liabilities (describe STATEMENT 9)	48,870.	52,576.	
			2 050 040	2 014 726	
	23	Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here	2,950,848.	2,814,726.	
		•			
es	24	and complete lines 24 through 26 and lines 30 and 31.	1,655,037.	4,227,425.	
Š	24 25	Unrestricted Temporarily restricted	1,033,037.	4,221,423.	
3ali	26	Permanently restricted			
ᅙ		Foundations that do not follow SFAS 117, check here			
3		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds			
set	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
Net Assets or Fund Balances	29	Retained earnings, accumulated income, endowment, or other funds			
Set	30	Total net assets or fund balances	1,655,037.	4,227,425.	
_					
_	31	Total liabilities and net assets/fund balances	4,605,885.	7,042,151.	
P	art	Analysis of Changes in Net Assets or Fund Ba	lances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line 30	0		

1 Total	net assets or fund balances at beginning of year - Part II, column (a), line 30		
	agree with end-of-year figure reported on prior year's return)	1	1,655,037.
2 Enter	amount from Part I, line 27a	2	2,572,388.
3 Other	increases not included in line 2 (itemize)	3	0.
4 Add II	nes 1, 2, and 3	4	4,227,425.
5 Decre	ases not included in line 2 (itemize)	5	0.
6 Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	4,227,425.

Form **990-PF** (2012)

14-1736403 Page 3 Form 990-PF (2012) C/O CITY OF TROY

(a) List and descr	and Losses for Tax on the the kind(s) of property solo rehouse, or common stock, 20	d (e.g., real estate,	Income	`P	How acquired - Purchase - Donation		Pate acquired o , day, yr)	(d) Date sold (mo , day, yr)
1a				ļ <u> </u>		ļ		,
b NOI	NE					- 		
<u>C</u>								
d e						1		
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				h) Gain or (loss plus (f) minus	
a								
b								
C								
d								
Complete only for assets showing	n call to column (h) and cuine	d by the foundation	on 12/21/60			//\ Cara	(Cal. (b)	
Complete only for assets showing			cess of col (i)	-			is (Col. (h) gain but not less tha	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		col (j), if any			Los	ses (from col ((h)) ´
a								·
b								
C								
d								
8								
	(If nam also	enter in Part I, line		$\overline{}$				
Capital gain net income or (net cap	ortal loss) If (loss), ent	ter -0- in Part I, line	, 7) [2			
Net short-term capital gain or (los				[
If gain, also enter in Part I, line 8, o	•	(o) and (o)		Ĵ				
If (loss), enter -0- in Part I, line 8				J	3			
Part V Qualification U	nder Section 4940(e)	for Reduced	Tax on Net	Inv	estment l	ncom	е	
f section 4940(d)(2) applies, leave th Vas the foundation liable for the secti f "Yes," the foundation does not quali	on 4942 tax on the distributab	• •	•	rıod?				Yes X No
Enter the appropriate amount in e	ach column for each year, see	the instructions be	fore making any e	ntries				
(a) Base period years Calendar year (or tax year beginnin	g in) Adjusted qualifyin	g distributions	Net value of no		ritable-use assi		Distrit (col (b) div	oution ratio
2011		177,276.			,931,13			.091799
2010		203,913.			,463,40			.08277
2009		223,762.		<u>_</u>	,659,50			.13483
2008		190,101. 120,750.			481,41 ,164,51	11.		.03815
2007		120,750.			, 104, 31	19.	1	.03013
Total of line 1 column (d)							2	.742452
Total of line 1, column (d) Average distribution ratio for the 5	-waar haca pariod - divida tha	total on line 2 by 5	or by the number	of va	are	-		171213
the foundation has been in existen	•	total oil lille 2 by 5,	or by the number	UI ye	ais		3	.14849
(ile loutidation has been in existen	co ii iess tilali 5 years						<u>. </u>	
4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5						4	3,088,883	
5 Multiply line 4 by line 3					5	458,668		
Enter 1% of net investment incom	e (1% of Part I, line 27b)					-	6	1,125
Add lines 5 and 6							7	459,793
Enter qualifying distributions from	•						8	149,563
If line 8 is equal to or greater than See the Part VI instructions	line 7, check the box in Part V	I, line 1b, and comp	lete that part usin	g a 1°	% tax rate			

TROY LOCAL DEVELOPMENT CORPORATION,

	1990-PF (2012) C/O CITY OF TROY		-1/36			Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see i	nstru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here And enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1			2,2	49.
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)					_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2				0.
3		3			2,2	49.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	 			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5	ļ		2,2	49.
6	Credits/Payments					
	2012 estimated tax payments and 2011 overpayment credited to 2012 <u>6a</u> <u>2,320</u>	•				
	Exempt foreign organizations - tax withheld at source 6b	_				
	Tax paid with application for extension of time to file (Form 8868) 6c	-				
	Backup withholding erroneously withheld 6d				2 2	20
7	Total credits and payments Add lines 6a through 6d	7	-		2,3	20.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	+			21.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	+ -			EΛ
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	1			50.
	Enter the amount of line 10 to be Credited to 2013 estimated tax > 50 . Refunded	11				0.
	rt VII-A Statements Regarding Activities			T	Voo	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interve	ne in			162	X
	any political campaign?	,		1a		X
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)			1b		
	If the answer is "Yes" to $_{1\alpha}$ or $_{1b}$, attach a detailed description of the activities and copies of any materials published the section of the activities and copies of any materials published the section of the activities and copies of any materials published the section of the activities and copies of any materials published the section of the activities and copies of any materials published the section of the activities and copies of any materials published the section of the activities and copies of any materials published the section of the activities and copies of any materials published the section of the activities and copies of any materials published the section of the activities and copies of any materials published the section of the activities and copies of any materials published the section of the activities and copies of any materials published the section of the activities and copies of the activities and copies of the section of the s	nea or				
_	distributed by the foundation in connection with the activities.			1		X
	Did the foundation file Form 1120-POL for this year?			10		
0	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$\bigsire\$ \$ 0 \cdot (2) On foundation managers \$\bigsire\$ \$ 0					
_	(1) 011 111 111 111 111 111 111 111 111 1	÷				
В	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers > \$ 0 •					
0	managers ► \$ U . Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
4	If "Yes," attach a detailed description of the activities.					
•	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	٥r				
J	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	, 01		3		X
12	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	1	N/A	40		T
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		•	5		Х
,	If "Yes," attach the statement required by General Instruction T.					<u> </u>
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
-	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the st	ate law				
	remain in the governing instrument?			6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	Х	
	If "Yes," complete Part II, col. (c), and Part XV					1
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	NY					
b	if the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for c	alendar				
	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X

TROY LOCAL DEVELOPMENT CORPORATION,	14-173	6403		D
Form 990-PF (2012) C/O CITY OF TROY Part VII-A Statements Regarding Activities (continued)	14-1/3	0403		Page
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			T	
section 512(b)(13)? If "Yes," attach schedule (see instructions)		11		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person h	nad advisory privileges?			
If "Yes," attach statement (see instructions)	and and the state of the state	12	ļ	X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application	2	13	Х	
Website address ► WWW.TROYNY.GOV/ECONOMIC DEVELOPMENT/TLDC			•	•
4 The books are in care of ► THE FOUNDATION Te	elephone no ▶518-2	70-4	404	
Located at ► 1776 SIXTH AVENUE, TROY, NY	ZIP+4 ▶1	2180		
5 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			•	-
and enter the amount of tax-exempt interest received or accrued during the year	▶ 15	N	/A	
6 At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over	a bank,	•	Yes	1
securities, or other financial account in a foreign country?		16		X
See the instructions for exceptions and filling requirements for Form TD F 90-22 1 If "Yes," enter the name of the fo	reign			
country				<u> </u>
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Requ	ired			
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		ļ	Yes	No
1a During the year did the foundation (either directly or indirectly)		-		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No			
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	(-e			
a disqualified person?	Yes X No			
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No			
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No			
(5) Transfer any income or assets to a disqualified person (or make any of either available		1		
for the benefit or use of a disqualified person)?	Yes X No			
(6) Agree to pay money or property to a government official? (Exception. Check "No"		1		
if the foundation agreed to make a grant to or to employ the official for a period after		1		
termination of government service, if terminating within 90 days)	Yes X No	-		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	/ -			
section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N/A	1b	ļ	
Organizations relying on a current notice regarding disaster assistance check here	▶∟			
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not	corrected	ŀ		۱
before the first day of the tax year beginning in 2012?		16	ļ	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating	ig foundation			
defined in section 4942(j)(3) or 4942(j)(5))				
a At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax ye				
before 2012?	Yes X No			
If "Yes," list the years - ,				
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating				
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "I	No" and attach		•	
statement - see instructions)	N/A	2b		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here				
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	_			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
during the year?	Yes X No			
b if "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualific				
May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 49				
of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use		_	1	1
Form 4720, to determine if the foundation had excess business holdings in 2012)	N/A	3b	ļ	177
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		<u>4a</u>	ļ	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its chair	ritable purpose that		1	
had not been removed from jeopardy before the first day of the tax year beginning in 2012?		4b	L	X

TROY LOCAL DEVELOPMENT C/O CITY OF TROY	CORPORATION,		14-17364	03 Page 6
Part VII-B Statements Regarding Activities for Which	h Form 4720 May Be F	Required (contin	ued)	
 5a During the year did the foundation pay or incur any amount to (1) Carry on propaganda, or otherwise attempt to influence legislation (se (2) Influence the outcome of any specific public election (see section 495) 	ction 4945(e))?	Ye	es X No	
any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purpo	oses?	Y6	es X No	
 (4) Provide a grant to an organization other than a charitable, etc., organiz 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, liter 			es X No	
the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify		Ye	es X No	
section 53 4945 or in a current notice regarding disaster assistance (see in Organizations relying on a current notice regarding disaster assistance che	nstructions)?	-	N/A ▶□	5b
c if the answer is "Yes" to question 5a(4), does the foundation claim exempti expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4	Ŋ	ined I/A Ye	es 🔲 No	
 6a Did the foundation, during the year, receive any funds, directly or indirectly a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, or 		Y ₀	es X No	6b X
If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited		Y6	es X No	
b If "Yes," did the foundation receive any proceeds or have any net income at		nagare Highly		7b
Part VIII Paid Employees and Contractors	ustees, i ouridation wa	illagers, riigili	•	
Part VIII Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and the	neir compensation.			
raid Employees, and Contractors	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deterred compensation	(e) Expense account, other allowances
List all officers, directors, trustees, foundation managers and th	(b) Title, and average hours per week devoted	(If not paid,	and deferred	account, other
List all officers, directors, trustees, foundation managers and th (a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	and deterred compensation	account, other allowances
List all officers, directors, trustees, foundation managers and th (a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	and deterred compensation	account, other allowances
List all officers, directors, trustees, foundation managers and th (a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	and deterred compensation	account, other allowances
List all officers, directors, trustees, foundation managers and th (a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	and deterred compensation	account, other allowances
List all officers, directors, trustees, foundation managers and the (a) Name and address SEE STATEMENT 10	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	and deterred compensation	account, other allowances
List all officers, directors, trustees, foundation managers and the (a) Name and address SEE STATEMENT 10 Compensation of five highest-paid employees (other than those	(b) Title, and average hours per week devoted to position included on line 1). If none,	(If not paid, enter -0-) O •	and deterred compensation O . (d) Contributions to employee benefit plans and deterred	(e) Expense account, other
List all officers, directors, trustees, foundation managers and the (a) Name and address SEE STATEMENT 10 Compensation of five highest-paid employees (other than those (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position included on line 1). If none,	(If not paid, enter -0-) O •	and deterred compensation O . (d) Contributions to employee benefit plans and deterred	(e) Expense account, other
List all officers, directors, trustees, foundation managers and the (a) Name and address SEE STATEMENT 10 Compensation of five highest-paid employees (other than those (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position included on line 1). If none,	(If not paid, enter -0-) O •	and deterred compensation O . (d) Contributions to employee benefit plans and deterred	(e) Expense account, other

► 0 Form **990-PF** (2012)

Total number of other employees paid over \$50,000

TROY LOCAL DEVELOPMENT CORPORATION,

Form 990-PF (2012) C/O CITY OF TROY	14-17	736403 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundary Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	<u></u>	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant static	stical information such as the	F
number of organizations and other beneficiaries served, conferences convened, research papers pro	duced, etc	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year or	n lines 1 and 2	Amount
1 N/A		
2		
All other program-related investments. See instructions		
	l l	

Form **990-PF** (2012)

0.

Total. Add lines 1 through 3

C/O CITY OF TROY Page 8 Form 990-PF (2012) Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes a Average monthly fair market value of securities 1a 1,925,285. 1b Average of monthly cash balances 3,542,637. 10 c Fair market value of all other assets 5,467,922. 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1e 1c (attach detailed explanation) 2,332,000. Acquisition indebtedness applicable to line 1 assets 2 2 3,135,922. 3 Subtract line 2 from line 1d 47,039. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 3,088,883. 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. 154,444. Minimum investment return. Enter 5% of line 5 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part) 154,444. Minimum investment return from Part X, line 6 1 2,249. 2a 2a Tax on investment income for 2012 from Part VI, line 5 2b Income tax for 2012 (This does not include the tax from Part VI) 2с Add lines 2a and 2b 152,195. Distributable amount before adjustments Subtract line 2c from line 1 3 3 4 Recoveries of amounts treated as qualifying distributions 5 Add lines 3 and 4 6 Deduction from distributable amount (see instructions) Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 1 149,563. a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1a 1b Program-related investments - total from Part IX-B 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b 149,563. 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form **990-PF** (2012)

6

income Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years

C/O CITY OF TROY

Part XIII Undistributed Income (see			· · · · · · · · · · · · · · · · · · ·	
	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,				152,195.
2 Undistributed income, if any, as of the end of 2012	·····	······································	***************************************	
a Enter amount for 2011 only		į	0.	
b Total for prior years				
<u>. </u>		0.		
3 Excess distributions carryover, if any, to 2012				
a From 2007				
b From 2008 10,368.	1			
c From 2009 118,199.				
d From 2010 83, 118.				
e From 2011 83,008.				
f Total of lines 3a through e	294,693.			
4 Qualifying distributions for 2012 from				
Part XII, line 4 ► \$ 149,563.				
a Applied to 2011, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		····
c Treated as distributions out of corpus	_			
(Election required - see instructions)	0.			
d Applied to 2012 distributable amount				149,563.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount	2,632.			2,632.
must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	292,061.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		·····
e Undistributed income for 2011 Subtract line				
4a from line 2a Taxable amount - see instr			0.	····
f Undistributed income for 2012 Subtract				
lines 4d and 5 from line 1. This amount must				•
be distributed in 2013				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2013.	000 001			
Subtract lines 7 and 8 from line 6a	292,061.			
10 Analysis of line 9				
a Excess from 2008 7,736.	1			
b Excess from 2009 118, 199.				
c Excess from 2010 83, 118.				
d Excess from 2011 83,008.				
e Excess from 2012		<u></u>	1	

TROY LOCAL DEVELOPMENT CORPORATION,

	Y OF TROY				36403 Page 10
Part XIV Private Operating F				N/A	
1 a If the foundation has received a ruling o		· · · · · · · · ·			
foundation, and the ruling is effective fo	•	-	▶ ∟_	7.0.0()(0)	
b Check box to indicate whether the found		ng foundation described		4942(j)(3) or49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(b) 2011	Prior 3 years (c) 2010	(d) 2009	(e) Total
income from Part I or the minimum	(a) 2012	(0) 2011	(6) 2010	(u) 2009	(6) 10(4)
investment return from Part X for					
each year listed		<u> </u>			1
b 85% of line 2a					
 Qualifying distributions from Part XII, line 4 for each year listed 					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
a Qualifying distributions made directly					
for active conduct of exempt activities]			
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(8)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			if the foundation	on had \$5,000 or m	ore in assets
at any time during t	he year-see inst	ructions.)			
1 Information Regarding Foundation	_				
a List any managers of the foundation wh			itributions received by t	he foundation before the clo	se of any tax
year (but only if they have contributed n	iore man \$5,000) (5ee s	58C(1011 507 (U)(2))			
NONE			, , , , , , , , , , , , , , , , , , , ,		
b List any managers of the foundation wh other entity) of which the foundation ha	o own 10% or more of th s a 10% or greater intere	ie stock of a corporation st	i (or an equally large po	rtion of the ownership of a p	artnership or
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan	, Scholarship, etc., F	Programs:		
Check here 🕨 🗶 if the foundation of					
the foundation makes gifts, grants, etc	(see instructions) to indi	viduals or organizations	under other conditions,	complete items 2a, b, c, and	bt
a The name, address, and telephone num	ber or e-mail of the perso	on to whom applications	should be addressed		
b The form in which applications should t	e submitted and informa	tion and materials they	should include		
c Any submission deadlines					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable field:	s, kinds of institutions, o	r other factors	
-	·				

14-1736403 Page 11

Form 990-PF (2012) C/O CITY OF TROY

[Part XV] Supplementary Information (continued) C/O CITY OF TROY

3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year		}		
NONE				
				1
Total		т	▶ 3a	0.
b Approved for future payment				
NONE				
	-			
Total		-	▶ 3b	0.

Form 990-PF (2012)

C/O CITY OF TROY

Fater areas amounts unless athenues indicated	Unrelated	business income	Excluded b	y section 512, 513, or 514	(e)
Enter gross amounts unless otherwise indicated Program service revenue	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a REMEDIATION LICENSE					2,500,000.
L	·				
b	-				
					
d					
6	· - -				
	-		 		
g Fees and contracts from government agencies			- 		
2 Membership dues and assessments					
3 Interest on savings and temporary cash			14	18,663.	
investments			14	10,003.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					93,811.
a Debt-financed property					93,811.
b Not debt-financed property					
6 Net rental income or (loss) from personal				1	
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a MISCELLANEOUS REVENUE					30.
b					
c					
d					, ,
6					
12 Subtotal Add columns (b), (d), and (e)		(0.	18,663.	2,593,841.
13 Total. Add line 12, columns (b), (d), and (e)				13	2,612,504.
(See worksheet in line 13 instructions to verify calculations)					•
			F		
Part XVI-B Relationship of Activities	to the Accor	nplishment of	Exempt P	urposes	
Line No. Explain below how each activity for which ince	ome is reported in	column (e) of Part XV	/I-A contributed	I importantly to the accom-	plishment of
the foundation's exempt purposes (other than					
3 INTEREST INCOME FROM M					
5 NET RENTAL INCOME FROM					
1121 1121 1110112 11101		<u> </u>	······································		
			•		
				·	
					1.0-000000
			•		
		-			
			-		

1					

Page 13_

•				
orm 990-PF (2012	2) C/O	CITY	OF	TF

0	CITY	OF	TROY				14-1736403	
	_			_	 	 		

	·····	Exempt Organ	izations				•			
1	Did the or			e followin	g with any other organization	on described in secti	on 501(c) of	-	Yes	No
	the Code									
а	Transfers	from the reporting founda	ation to a noncharitable e	exempt or	ganization of					
		1a(1)		X						
	(2) Other	r assets						1a(2)		X
b	Other tran	sactions								
	(1) Sales	of assets to a noncharital	ble exempt organization					1b(1)		X
	(2) Purch	hases of assets from a nor	ncharitable exempt organ	nızatıon				1b(2)		X
	(3) Renta	al of facilities, equipment, (or other assets					1b(3)		_X_
	(4) Reim	bursement arrangements						1b(4)		X
	(5) Loan:	s or loan guarantees						1b(5)		X
	(6) Perfo	rmance of services or me	mbership or fundraising	solicitatio	ns			1b(6)		<u>X</u>
		f facilities, equipment, mai						10		X
d					dule Column (b) should al				sets,	
					ed less than fair market vali	ue in any transaction	or sharing arrangement, s	how in		
<i>1</i> - \		1) the value of the goods,				(4) -				
(a) L	ine no.	(b) Amount involved	1-7		e exempt organization	(Q) Description	of transfers, transactions, and	sharing a	rangeme	nts
				N/A						

_										
					·					
								·		
										
2a		•	•		or more tax-exempt organi	zations described	_	-	T T	٦
		501(c) of the Code (other	, ., .,	or in sect	tion 527?		L	Yes	X	No
b	If "Yes," co	omplete the following sche			(h) Tuna of a constration	1	a) December of relations	hio.		
		(a) Name of org	anization		(b) Type of organization		c) Description of relations	шр		
		N/A								
	Under	penalties of perjury, I declare	that I have examined this reti	um, includin	ng accompanying schedules and	statements, and to the	best of my knowledge	y the IRS	discuss	bio"
Si	gn and	exer, it strue, correct, and con	oplete Declaration of prepare	er (other tha	n taxpayer) is based on all inform	nation of which prename	reti	m with the	ne prepar	er
	ere	William Ol	mu		10/23/13	DIRECT	OR	X Yes] No
	Sıgr	nature of officer or trustee			Date	Title				
		Print/Type preparer's na	me Pro	eparer's s	ignature	Date	Check if PTIN			
	_		1	Z1	1ella than	10/22/13	self- employed			
Pa		KEVIN T. M		MIL	1 years of the	15/11/		0134		
	eparer	Firm's name ► BST	ADVISORS,	LLC			Firm's EIN ► 54-2	0769	05	
Us	e Only			<u></u>	LIDOR					
		Firm's address ▶ 26			WEST		, (E10	\ <i>A</i> = 0	67	00
		I AL.	BANY, NY 12	203			Phone no (518) 439		

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.

OMB No 1545-0047

Name of the organization

TROY LOCAL DEVELOPMENT CORPORATION, C/O CITY OF TROY

Employer identification number

14-1736403

Organia	ation type (check o	ne):
Filers o	f:	Section:
Form 99	0 or 990-EZ	501(c)() (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	X 501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
Note. O	nly a section 501(c)(covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General		filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.
Special	Rules	
	509(a)(1) and 170(b	(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections (5)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
	total contributions	e)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or ruelty to children or animals. Complete Parts I, II, and III.
	contributions for us If this box is checked purpose Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, se exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. The ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., simplete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions of \$5,000 or more during the year
but it mi	ust answer "No" on	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization
TROY LOCAL DEVELOPMENT CORPORATION,
C/O CITY OF TROY

Employer identification number

14-1736403

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITY OF TROY 433 River St. Suite 5001 TROY, NY 12180	\$ <u>114,127.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there Is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there Is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Omnicash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Name of organization

TROY LOCAL DEVELOPMENT CORPORATION,

C/O CITY OF TROY

Employer identification number

14-1736403

LOITH	(40) (Cash Property (300 matructions). Osc depicate copies on tarting	i i dodinarapada la nadada.	
(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

Name of organization

DEVELOPMENT CODDODATION

Employer Identification number

TROY LOCAL DEVELOPMENT CORPORATION,

C/O CITY OF TROY

14-1736403

Part III	Exclusively religious, charitable, etc., Indiversity year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if addition	c , contributions of \$1,000 or less for	(7), (8), or (10) organizations that total more than \$1,000 for the ns completing Part III, enter the year (Enter this information once) \$			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gif				
(a) No.	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-	Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee			
(a) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
_	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee			

FORM 990-PF R	ENTAL	INCOME		STATEMENT	1
KIND AND LOCATION OF PROPERTY			ACTIVITY NUMBER	GROSS RENTAL INCO	OME
LAND - FOOT OF MAIN ST, TROY, NY			1	189,90	51.
TOTAL TO FORM 990-PF, PART I, LI	NE 5A			189,96	61.
FORM 990-PF RE	NTAL I	EXPENSES		STATEMENT	2
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
DEPRECIATION INSURANCE EXPENSE OFFICE AND GENERAL REAL ESTATE TAXES PERMITS REPAIRS AND MAINTENANCE UTILITIES MARKETING EXCISE TAXES AND FEES - SUBT	'OTAL -	- 1	5,787. 19,056. 100. 54,723. 500. 2,077. 8,253. 3,417. 2,237.	96,15	50.
TOTAL RENTAL EXPENSES				96,15	50.
NET RENTAL INCOME TO FORM 990-PF	, PART	I, LINE 5B		93,83	11.
FORM 990-PF	OTHER	R INCOME		STATEMENT	3
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	NET INCOM	
REMEDIATION LICENSE MISCELLANEOUS REVENUE		2,500,000. 30.	0		
TOTAL TO FORM 990-PF, PART I, LI	NE 11	2,500,030.	0	•	

FORM 990-PF	LEGAL	FEES	S	TATEMENT 4	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
LEGAL	28,577.	0.		28,577.	
TO FM 990-PF, PG 1, LN 16A	28,577.	0.		28,577.	
FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING	9,680.	0.		5,000.	
TO FORM 990-PF, PG 1, LN 16B	9,680.	0.		5,000.	
FORM 990-PF	TAX	ES	STATEMENT 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
REAL ESTATE TAXES	54,723.	54,723.		0.	
TO FORM 990-PF, PG 1, LN 18	54,723.	54,723.		0.	
FORM 990-PF	OTHER E	XPENSES	S	PATEMENT 7	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INSURANCE EXPENSE OFFICE AND GENERAL PERMITS REPAIRS AND MAINTENANCE UTILITIES MARKETING EXCISE TAXES AND FEES	19,056. 100. 500. 2,077. 8,253. 3,417. 2,237.	100. 500. 2,077. 8,253. 3,417. 2,237.		0. 0. 0. 0. 0.	
TO FORM 990-PF, PG 1, LN 23	35,640.	35,640.		0.	

FORM 990-PF	OTHER ASSETS		STAT	EMENT 8
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE		MARKET ALUE
DUE FROM OTHER GOVERNMENTS	0.	119,22	24.	119,224.
TO FORM 990-PF, PART II, LINE 15	0.	119,22	24.	119,224.
FORM 990-PF OT	HER LIABILITIES		STAT	EMENT 9
DESCRIPTION		BOY AMOUNT	r EOY	AMOUNT
ACCRUED INTEREST DUE TO OTHER GOVERNMENTS		48,87	70.	46,539. 6,037.
TOTAL TO FORM 990-PF, PART II, LI	NE 22	48,87	70.	52,576.
	T OF OFFICERS, I		STAT	EMENT 10
TRUSTEES AND	FOUNDATION MANA			
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
	TITLE AND	COMPEN-	BEN PLAN	
NAME AND ADDRESS ANDREW ROSS 1 MONUMENT SQUARE	TITLE AND AVRG HRS/WK BOARD MEMBER	COMPEN- SATION	BEN PLAN CONTRIB	ACCOUNT
NAME AND ADDRESS ANDREW ROSS 1 MONUMENT SQUARE TROY, NY 12180 BILL DUNNE 1 MONUMENT SQUARE	TITLE AND AVRG HRS/WK BOARD MEMBER 1.00 BOARD MEMBER	COMPEN- SATION	BEN PLAN CONTRIB	ACCOUNT 0.
NAME AND ADDRESS ANDREW ROSS 1 MONUMENT SQUARE TROY, NY 12180 BILL DUNNE 1 MONUMENT SQUARE TROY, NY 12180 ANDREW TORRES, PH.D. 1 MONUMENT SQUARE	TITLE AND AVRG HRS/WK BOARD MEMBER 1.00 BOARD MEMBER 1.00	COMPEN- SATION 0.	CONTRIB 0.	O.
NAME AND ADDRESS ANDREW ROSS 1 MONUMENT SQUARE TROY, NY 12180 BILL DUNNE 1 MONUMENT SQUARE TROY, NY 12180 ANDREW TORRES, PH.D. 1 MONUMENT SQUARE TROY, NY 12180 HON. KEN ZALEWSKI 1 MONUMENT SQUARE	TITLE AND AVRG HRS/WK BOARD MEMBER 1.00 BOARD MEMBER 1.00 BOARD MEMBER 1.00	COMPEN- SATION 0. 0.	O. O.	0. 0.

Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2013)

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			ightharpoons
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form).		
required of time the Personal visit www.	complete Part II unless you have already been granted a nic filing (e-file). You can electronically file Form 8868 if y to file Form 990-T), or an additional (not automatic) 3-mo of file any of the forms listed in Part I or Part II with the exit Benefit Contracts, which must be sent to the IRS in paper we use gov/efile and click on e-file for Charties & Nonprofits	you need a nth extens ception of per format	a 3-month automatic extension of ti sion of time. You can electronically Form 8870, Information Return for (see instructions). For more details	me to file (I file Form 8 Transfers I on the elec	6 months for a c 868 to request a Associated With ctronic filing of th	in extension Certain
Part I			-		i)	
	ration required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	complete		. —
Part I or	•		70044-	-44		
	corporations (including 1120-C filers), partnerships, REM come tax returns.		rusts must use Form 7004 to reque	st an exter		
Type or print	Name of exempt organization or other filer, see instru TROY LOCAL DEVELOPMENT CORT C/O CITY OF TROY		ION,	Employe	r identification n $14\!-\!1736$	
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s 433 RIVER STREET - CITY HA		tions.	Social se	curity number (\$	
return See		oreign add	iress, see instructions.			
Enter the	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
Applica	tion	Return Code	Application Is For			Return
	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99		02	Form 1041-A			08
Form 47	20 (ındıvıdual)	03	Form 4720			09
Form 99	0-PF	04	Form 5227			10
Form <u>99</u>	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
Telep If the If this	THE FOUNDATION cooks are in the care of ► 433 RIVER STREET chone No. ► 518-270-4404 organization does not have an office or place of business is for a Group Return, enter the organization's four digit	s in the Ur Group Exe	emption Number (GEN)		-	•
	. If it is for part of the group, check this box				ers the extension	n is for.
is	equest an automatic 3-month (6 months for a corporation		to file Form 990-T) extension of time tion return for the organization nam		The extension	
•	tax year beginning	, an	d ending		·	
2 If 1	the tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on: Initial return	Final retur	n	
	this application is for Form 990-BL, 990-PF, 990-T, 4720, on refundable credits. See instructions.	or 6069, e	nter the tentative tax, less any	3a	\$	2,249.
	his application is for Form 990-PF, 990-T, 4720, or 6069, timated tax payments made. Include any prior year overp			3ь	\$	2,320.
	lance due. Subtract line 3b from line 3a. Include your pa using EFTPS (Electronic Federal Tax Payment System).	-		3c	\$	0.
Caution	If you are going to make an electronic fund withdrawal v	with this E	orm 8868, see Form 8453-FO and F	orm 8870.	FO for payment	instructions

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2013)						Page 2
If you are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this	box		▶ 🖸	
Note. Only complete Part II if you have already been granted an a			ed Form	8868.		
If you are filing for an Automatic 3-Month Extension, complet						
Part II Additional (Not Automatic) 3-Month E	xtensio					
		Enter filer's	identifyir	ig number,	see instru	ctions
TROY LOCAL DEVELOPMENT CORDORATION					on number	(EIN) or
1 .			36403			
File by the C/O CITY OF TROY						
us date for ling your street, and room or suite no. If a P.O. box, see instructions. 433 RIVER STREET - CITY HALL					er (SSN) 	
City, town or post office, state, and ZIP code. For a form	oreign add	ress, see instructions.				
Enter the Return code for the return that this application is for (file	a separa	te application for each return)			[(0 4
Application	Return	Application			R	leturn
s For	Code	Is For				Code
Form 990 or Form 990-EZ	01					
Form 990-BL	02	Form 1041-A				08
Form 4720 (Individual)	03	Form 4720		·		09
Form 990-PF	04	Form 5227				10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069				_11
Form 990-T (trust other than above)	06	Form 8870				12
STOP! Do not complete Part II if you were not already granted	an auton	natic 3-month extension on a prev	iously file	d Form 886	i8.	
THE FOUNDATION		MDOV NV 12100				
The books are in the care of \$\infty\$ 433 RIVER STREET	_	TROY, NY 12180				
Telephone No. ► 518-270-4404	46 - 11-	FAX No.	•		▶ □	\neg
If the organization does not have an office or place of business			i thia ia fa	r the whole	aroup obo	
If this is for a Group Return, enter the organization's four digit	1	emption Number (GEN) In a character with the names and EINs of				
oox ► . If it is for part of the group, check this box ►		BER 15, 2013.	all memo	ers the exte	1131011 13 101	
2012	TO V LI II	, and ending	,			
 For calendar year <u>2012</u>, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, c 	heck reas		Final r	eturn	•	·
Change in accounting period	HOCK FOLIS	on maarotom		O.G.III		
7 State in detail why you need the extension						
ADDITIONAL TIME IS REQUESTED	ro PRI	EPARE A COMPLETE A	ND AC	CURATE	RETU	RN.
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	enter the tentative tax, less any				
nonrefundable credits. See instructions.			8a	\$	2,	<u> 249.</u>
b If this application is for Form 990-PF, 990-T, 4720, or 6069,						
tax payments made Include any prior year overpayment all	owed as a	a credit and any amount paid			2	220
previously with Form 8868.			8b	\$	۷,	320.
c Balance due. Subtract line 8b from line 8a. Include your pa		th this form, if required, by using		1		0.
EFTPS (Electronic Federal Tax Payment System). See instru		A bar a sumulate of few Dood II a	8c	\$		••
Signature and Verificat Under penalties of perjury, I declere that I have examined this form, includ It is true, Aorrest and complete, and that I am authorized to prepare this fo	ing accomp	st be completed for Part II of panying schedules and statements, and to		of my knowled	ge and belie	f,
		TIVE DIRECTOR	Dat-	Lill	3/12	
Signature Title 1	TAECO.	IIVE DIRECTOR	Date		2 1 2	1.0040\
				rorm a	88 68 (Rev.	1.5012)