EXTENDED TO JULY 16, 2018

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. Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

A	or the	2016 calendar year, or tax year beginning SEP 1, 2016 and end	ing A	UG 31, ZUI/					
В	heck if	C Name of organization		D Employer identifie	cation number				
	Addres	BINGHAMTON LOCAL DEVELOPMENT CORPORATION		-					
	Name change	Doing business as		22-2	482535				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room	m/suite	E Telephone number					
	☐Final return/	CITY HALL - 4TH FLOOR		607-	<u>772-7161 ్ల్</u>				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	446,139.				
	Ameno return	BINGHAMTON, NY 13901	H(a) is this a group re	eturn ç					
	Application	F Name and address of principal officer JOHN SARACENO							
	pendin	SAME AS C ABOVE	· ¬	H(b) Are all subordinates in	ncluded? Yes No				
$\overline{\mathbf{L}}$	ax-exe	empt status X 501(c)(3)	√527	if "No," attach a	list. (see instructions)				
J	Vebsit	e: WWW.CITYOFBINGHAMTON.COM_		H(c) Group exemptio	n number				
K	orm of	organization: X Corporation Trust Association Other	L Year o	of formation: 1982 N	I State of legal domicile: NY				
	art I	Summary							
	1	Briefly describe the organization's mission or most significant activities TO FURT	THER	SUSTAINABLE	ECONOMIC				
Governance	ļ .	DEVELOPMENT IN THE CITY OF BINGHAMTON BY AT	TRAC	TING NEW BU	SINESS,				
nar	2	Check this box if the organization discontinued its operations or disposed of							
Ver	3	Number of voting members of the governing body (Part VI, line 1a)		3	11				
ဇ္	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	11				
•ಶ •ഗ	1 -	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	0				
Activities &	1	Total number of volunteers (estimate if necessary)		6	250				
χŧ		Total unrelated business revenue from Part VIII, column (C), line PECEIVED)	7a	0.				
ĕ		Net unrelated business taxable income from Form 990 T line 34	701	7b	0.				
	l -	()	191	Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)	9	307,054.	403,476.				
Ë		Program service revenue (Part VIII, line 2g)	19	58,872.	41,812.				
Revenue	1		# #	696.	851.				
Ŗ		Investment income (Part VIII, column (A), lines 3, 4, and 7d) OGDEN, UT Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0,0.	0.				
			├	366,622.	446,139.				
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		101,930.	70,014.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	146	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	0.	0.				
ë	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	 	<u> </u>	 				
Ϋ́	D	• • • • • • • • • • • • • • • • • • • •	<u>-</u>	191,694.	263,102.				
	۱"	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	- }	293,624.	333,116.				
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		72,998.	113,023.				
	19_	Revenue less expenses Subtract line 18 from line 12	-						
Net Assets or		T. (, , (D.) () , (A)	Red	ginning of Current Year 3,641,760.	End of Year 3,826,138.				
SSE	20	Total assets (Part X, line 16)	<u> </u>	41,801.	113,156.				
70 50	21	Total liabilities (Part X, line 26)		3,599,959.					
تبكر	art II	Net assets or fund balances Subtract line 21 from line 20 Signature Block		3,333,333.	3,712,982.				
ــناز				-t d t- th- bt -t	. Described as and ballet desc				
- ·	•	ilties of perjury, I declare that I have examined this return, including accompanying schedules and			/ knowledge and belief, it is				
true, correct, and complete. Declaration of prepared (other than officer) is based on all information of which preparer has any knowledge.									
ا قرق		Signature of officer		Date	<u> </u>				
Sig			_1 ~	Treasur					
Here Type or print name and title									
,		Print/Type preparer's name Preparer's signature		2////X 14 5					
Paid		DUANE SHOEN	12	self-employ					
	parer	Firm's name INSERO & CO. CPAS, LLP		Firm's EIN	47-5324570				
Use Only Firm's address 401 E. STATE STREET									
		ITHACA, NY 14850		Phone no. (6					
Ma	v the If	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				

	1,990 (2016) BINGHAMTON LOCAL DEVELOPMENT CORPORATION	22-2482535 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Bnefly describe the organization's mission	
	TO FURTHER SUSTAINABLE ECONOMIC DEVELOPMENT IN THE CITY (OF BINGHAMTON
	BY ATTRACTING NEW BUSINESS, RETAINING AND GROWING ESTABLE	ISHED
	BUSINESS, BUILDING INDUSTRIAL AND COMMERCIAL CAPACITY, PI	ROMOTING
	EMPLOYMENT, AND FOSTERING ENTREPRENEURSHIP AND INNOVATION	N.
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes 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 services?	Yes X No
Ü	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as i	mageurad by expenses
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	
		s, the total expenses, and
4-	revenue, if any, for each program service reported (Code) (Expenses \$245, 416. Including grants of \$70,014.) (Revenue)	ue\$ 41,812.)
4a	(Code) (Expenses \$245,416. including grants of \$70,014.) (Revenue TO FURTHER SUSTAINABLE ECONOMIC DEVELOPMENT IN THE CITY (
	BY ATTRACTING NEW BUSINESS, RETAINING AND GROWING ESTABLE	
	BUILDING INDUSTRIAL AND COMMERCIAL CAPACITY, PROMOTING EN	MPLOYMENT, AND
	FOSTERING ENTREPRENEURSHIP AND INNOVATION.	
		
4b	(Code) (Expenses \$ including grants of \$) (Revenue	ue\$)
		
		
4c	(Code) (Expenses \$ including grants of \$) (Reveni	
	/ / / / / / / / / / / / / / / / / / /	,
		
		
		
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$	
<u>4e</u>	Total program service expenses ▶ 245,416.	
		Form 990 (2016)

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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_		<u>X</u>
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_		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		- 1	
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		<u>_X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		1	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III .	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for		1	
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?		į	
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		- 1	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	, , <u> </u>	1.6	V 2 V 3
	as applicable	š.	, , ,	\$ X
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			· I
	Part VI .	11a	_X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VII	11b		<u>X</u>
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 167 If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
ď	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	1	<u>X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII .	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
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			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>x</u>
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			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		¥
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u> _
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	أبد		v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		X
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		
19	- · · · · · · · · · · · · · · · · · · ·	19		Х
	complete Schedule G. Part III		990	2016)

	1,990 (2016) BINGHAMTON LOCAL DEVELOPMENT CORPORATION 22-248	<u> 2535</u>	Р	age 4
Pai	rt IV Checklist of Required Schedules (continued)		F	
			Yes	No
20a	s in its, complete solution,	20a	_	X
b		20b		L
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1 '		1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	- [
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1 ']
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1	1	}
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	- [
	Schedule K If "No", go to line 25a	24a		X
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	1	ł	}
	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1	,	}
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1	<u> </u>	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1	·	ł
	Schedule L, Part I	25b	<u> </u>	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	1		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	1		l
	complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1	l	ļ
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1		}
	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		, w	8.7
	instructions for applicable filing thresholds, conditions, and exceptions).	<u> </u>	(
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,	1 .		1
	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1		1
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		l
	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	1		l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		
	sections 301 7701-2 and 301 7701-37 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	X	
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	<u></u>	L_
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	L	Х
37			[I

Form 990 (2016)

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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

'Par								
	Check if Schedule O contains a response or note to any line in this Part V							
		, ,			Yes	No	1	
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a		1				
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b		긱	1		I	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable	gaming		├	 	ļ	
	(gambling) winnings to prize winners?			1c	┼		ı	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1	,		1		ı	
	filed for the calendar year ending with or within the year covered by this return	2a		/ 2b	↓ —		ļ	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?							
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			<u>3b</u>	 -			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a			1.				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)	,	4a	+	X	ì	
b	If "Yes," enter the name of the foreign country		(5040)	1	, ` `	}	ĺ	
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts	(FBAR)	+		X	į	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	-40		5a	 	X	,	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of the first second of the control of the co	Ction?		5b	 	-	,	
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>	+	├		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ie organi	zation solicit	6-		x		
	any contributions that were not tax deductible as chantable contributions?		e.	6a	+-	-^ -		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions and the distributions and the state of t	ions or g	ins	G.	1	1		
~	were not tax deductible?			6 <u>6</u>	~ ~	 	ı	
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	חוורפה חבר	wided to the navor?	7a	 ` ` `	X	l	
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	rvices pre	wided to the payor	7b	+	 ^^-	٠	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ae raailii	rod	1.0	+-		٠	
L	to file Form 8282?	as requi	cu	7c		х		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		1.0	1	3	۱	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		· 	7e	_	Х	ı	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f	† –	X		
a	If the organization received a contribution of qualified intellectual property, did the organization file Fo		as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained						ı	
	sponsoring organization have excess business holdings at any time during the year?	,		8	1		•	
9	Sponsoring organizations maintaining donor advised funds.						۱	
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a			•	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b				
10	Section 501(c)(7) organizations. Enter						Ì	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		_]]	I	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			1	1	I	
11	Section 501(c)(12) organizations. Enter			Ì		l	Ì	
а	Gross income from members or shareholders	11a		_]		l	Ì	
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1 1			ł		l	
	amounts due or received from them)	11b			<u> </u>	<u> </u>	j	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		128	Ц	<u> </u>	•	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		4		1	l	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			\vdash	 	 		
- a	Is the organization licensed to issue qualified health plans in more than one state?	~ ·	_	13	Ц			
	Note. See the instructions for additional information the organization must report on Schedule O.			1				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	, ,					1	
	organization is licensed to issue qualified health plans	13b		4				
С	Enter the amount of reserves on hand	13c		4-	 	 	J	
	Did the organization receive any payments for indoor tanning services during the tax year?			148	_	X	-	
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O	,	141		<u></u>	-	
				Fo	m 990	(2016)	í	

BINGHAMTON LOCAL DEVELOPMENT CORPORATION 22-2482535 Form 990 (2016) Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. $\lceil \mathbf{X} \rceil$ Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 11 1a Enter the number of voting members of the governing body at the end of the tax year 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. 11 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10h X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe X 12c in Schedule O how this was done Х 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Other (explain in Schedule O) Own website __ Another's website 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 State the name, address, and telephone number of the person who possesses the organization's books and records:

Form **990** (2016)

NY

13901

LESLEY CORNWALL - 607-772-7161

CITY HALL - 4TH FLOOR, BINGHAMTON,

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

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

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

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

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

		nor any related organization compensate					satt			T (5)		
(A) Name and Title	(B)		(C) Position					(D)	(E)	(F)		
Name and Title	Average		not ch	neck i	more	than o		Reportable	Reportable	Estimated amount of		
	hours per week		box, unless person is both an officer and a director/trustee)					compensation from	compensation from related	other		
	(list any	tor	à l					the	organizations	compensation		
	hours for	direc	i i			ъ		organization	(W-2/1099-MISC)	from the		
	related	ee 0.	stee		!	nsate		(W-2/1099-MISC)	, , , , , , , , , , , , , , , , , , , ,	organization		
	organizations	Individual trustee or director	Institutional trustee		ağ.	omo		, ,		and related		
	below	ndual	tutio	Ja:	Key employee	est co	ě			organizations		
	line)	ğ	Insti	Officer	Key	Highest compensated employee	Former			L		
(1) JOHN SARACENO	1.00]										
PRESIDENT/TREASURER		Х		X	_			0.	0.	0.		
(2) KENNETH FRANK	1.00											
DIRECTOR	39.00	X			L			0.	80,646.	32,889.		
(3) CHRIS PAPASTRAT	1.00					Γ.						
DIRECTOR	4.00	Х			L		l	0.	8,500.	0.		
(4) RON SALL	1.00											
SECRETARY		X	1 1	X	[1		0.	0.	0.		
(5) ARTHUR SMITH	1.00	Τ										
VICE PRESIDENT		Х		X				0.	0.	0.		
(6) MARY JACYNA	1.00											
DIRECTOR		Х			1			0.	0.	0.		
(7) CLARENCE SHAGER	1.00											
DIRECTOR/TREASURER	39.00	x		Х				٥.	76,944.	30,643.		
(8) PER STROMHAUG	1.00				Г							
DIRECTOR		X				1	1	0.	0.	0.		
(9) RICHARD DAVID	1.00	Γ										
DIRECTOR	39.00	\mathbf{x}			l			0.	65,933.	18,550.		
(10) JULIET BERLING	1.00	T				\vdash						
DIRECTOR	39.00	X	1		1			0.	53,274.	26,643		
(11) JUSTIN MACGREGOR	1.00	T		-	1		_					
DIRECTOR	<u> </u>	x			l			٥.	0.	ο.		
(12) DANI CRONCE	1.00						┢					
DIRECTOR		x			l		1	0.	0.	0		
(13) ROBERT MURPHY	4.00	T -					\vdash					
EXECUTIVE DIRECTOR	36.00	1		X		ļ	Į .	0.	62,391.	16,739		
		 		-	\vdash	\vdash	\vdash		02/052	10,7,05		
		1			1	1	1		1			
		t^-	 	\vdash	\vdash	\vdash	\vdash		 	<u> </u>		
		1		1	l		ļ					
		t^{-}	-	\vdash	\vdash	\vdash	\vdash	 	 			
	- 	i		l	1	1	1					
		+-	-	 	\vdash	\vdash	-		 			
		1		l			ļ	1				
		Ь.	Ц_	Ц_	Щ.	Щ.	L			Form 990 (2016		

Form 990 (2016)

Part	Statement of Rev	enue			RPORATION	22-248	2535 Pag
	Check if Schedule O co	ontains a response	e or note to any li	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue exclue from tax undo sectrons 512 - 514
and Other Similar Amounts	 1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contrib f All other contributions, gifts, grandlar amounts not included a g Noncash contributions included in line 	ants, and bove 1f	403,476.		,		·
<u> </u>	h Total. Add lines 1a-1f		<u> </u>	403,476.			
Ι.	- IOM THEFT		Business Code				
Revenue	2 a LOAN INTEREST	INCOME	900099	36,216.	36,216.		
힞	b MISCELLANEOUS		900099	5,596.	5,596.		
evenue	С						
ě	d						
"	e						
1	f All other program service re-	venue					
	g Total. Add lines 2a-2f		<u> </u>	41,812.	, , ,		
3	3 Investment income (includin	a dividends, intere			 	* .	<u> </u>
4	other similar amounts) Income from investment of t		•	851.			851
٦	3 noyaliles						
1 _	6 - 0	(i) Real	(ii) Personal	, 's × '',	* 3/2	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	& . \
	 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 						
7	7 a Gross amount from sales of	(i) Secunties	() 011	/ × × //			
	assets other than inventory b Less cost or other basis and sales expenses	(i) Securities	(II) Other				
	c Gain or (loss)			, l		, , ,	, ,
	d Net gain or (loss)						<u> </u>
8	B a Gross income from fundraisir including \$	ng events (not	•			,	
	contributions reported on line Part IV, line 18	a 1c) See		`			,
	b Less direct expenses	ь					
	c Net income or (loss) from fund	draising events					
	a Gross income from gaming ai Part IV, line 19	ctivities. See . a					
	b Less direct expenses	ь				į	
	c Net income or (loss) from gan	ning activities					
1	a Gross sales of inventory, less and allowances	returns a					-
	b Less. cost of goods sold	ьį					
<u> </u>	c Net income or (loss) from sale						<u></u>
<u> </u>	Miscellaneous Revenu	e	Business Code				
11 :	a						·
	b						
(c						
,	d All other revenue						
	e Total. Add lines 11a-11d	L					
l	Total revenue. See instructions.		· •	446,139.	41,812.		
12					7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.	851.

Sect	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respon	(A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		СХРОПОСО	general expenses	CAPELISES
	and domestic governments. See Part IV, line 21	70,014.	70,014.	,	
2	Grants and other assistance to domestic			ž.	
	individuals See Part IV, line 22			,	, ,
3	Grants and other assistance to foreign				, ,
	organizations, foreign governments, and foreign			<i>'</i>	, *
	individuals See Part IV, lines 15 and 16			_ ^>_ \	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				1
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				_
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
Ь	Legal				<u></u>
C	Accounting				
d	Lobbying Professional fundrations occurred. See Port IV, line 17		N 4	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
e f	Professional fundraising services. See Part IV, line 17 Investment management fees		79 & '	<u> </u>	
g	Other (If line 11g amount exceeds 10% of line 25,	·			
9	column (A) amount, list line 11g expenses on Sch 0.)		ļ		
12	Advertising and promotion	13,759.	9,173.	4,586.	
13	Office expenses	12,909.	8,606.	4,303.	
14	Information technology				_
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)		İ		
	amount, list line 24e expenses on Schedule 0.)				
а	PAYROLL REIMBURSEMENT	160,500.	107,000.	53,500.	
b	MISCELLANEOUS EXPENSES	38,794.	25,863.	12,931.	
C	FACILITIES, PERSONNEL,	37,140.	24,760.	12,380.	
d					
е	All other expenses				
<u>25</u>	Total functional expenses. Add lines 1 through 24e	333,116.	245,416.	87,700.	0.
26	Joint costs Complete this line only if the organization		1		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.]]		
	Check here if following SOP 98-2 (ASC 958-720)		<u></u> i		

Part X Balance Sheet									
		Check if Schedule O contains a response or not	e to an	y line in this Part X		,			
			_		(A) Beginning of year		(B) End of year		
	1	Cash - non-interest-bearing			15,193.	1	60,366.		
	2	Savings and temporary cash investments	2,263,265.	2	2,488,690.				
	3	Pledges and grants receivable, net		_3	127,250.				
	4	Accounts receivable, net		4					
	5	Loans and other receivables from current and for							
	ł	trustees, key employees, and highest compensa	,						
	İ	Part II of Schedule L		5					
	6	Loans and other receivables from other disqualit	,		,				
		section 4958(f)(1)), persons described in section		İ	,				
	Ì	employers and sponsoring organizations of sect							
2		employees' beneficiary organizations (see instr)	ete Part II of Sch L		_6				
Assets	7	Notes and loans receivable, net			1,226,348.	7	1,012,878		
۲	8	Inventories for sale or use				8			
	9	Prepaid expenses and deferred charges				9			
	10a	Land, buildings, and equipment cost or other			1 1 1	Ø,			
		basis Complete Part VI of Schedule D	10a	136,954.		· · ·			
	ь	Less accumulated depreciation	10b		136,954.	10c	136,954		
i	11	Investments - publicly traded securities				11			
- 1	12	Investments - other securities. See Part IV, line 1			12				
	13	Investments - program-related See Part IV, line	11			13			
	14	Intangible assets		14					
i	15	Other assets See Part IV, line 11				15			
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	34)	3,641,760.	16	3,826,138		
	17	Accounts payable and accrued expenses	41,801.	17	113,156.				
	18	Grants payable		18					
	19	Deferred revenue				19			
	20	Tax-exempt bond liabilities				20			
	21	Escrow or custodial account liability Complete F				21			
es	22	Loans and other payables to current and former			*	Ì	, ",		
Liabilities		key employees, highest compensated employee	s, and	disqualified persons			. 9		
ia lab		Complete Part II of Schedule L				22			
-	23	Secured mortgages and notes payable to unrela		·	·	23	· · · · · · · · · · · · · · · · · · ·		
	24	Unsecured notes and loans payable to unrelated				24			
	25	Other liabilities (including federal income tax, pa							
		parties, and other liabilities not included on lines	17-24)	Complete Part X of		i			
		Schedule D			41 001	25	112 156		
	26	Total liabilities. Add lines 17 through 25			41,801.	26	113,156.		
		Organizations that follow SFAS 117 (ASC 958		k here 🕨 🔀 and					
se		complete lines 27 through 29, and lines 33 and	d 34.		27,159.		25 570		
aŭ	27	Unrestricted net assets			3,572,800.	27	35,579. 3,677,403.		
Ba	28	Temporarily restricted net assets Permanently restricted net assets			3,372,000.	28	3,077,403.		
밀	29	•	20 050	N ahaali kana 🔊 🗖		29			
<u>.</u>		Organizations that do not follow SFAS 117 (At	5C 956	s), check here					
ō	20	and complete lines 30 through 34.							
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		at filed		30			
As	31	Paid-in or capital surplus, or-land, building, or eq		•		31	<u> </u>		
ş	32	Retained earnings, endowment, accumulated inc	∠оте, (or other lungs	3,599,959.	32	3 712 002		
-	33 34	Total habilities and not assets/fund balances			3,641,760.	33	3,712,982.		
	_3+	Total liabilities and net assets/fund balances		<u></u>	3,041,700.	34	3,826,138. Form 990 (2016		

	990 (2016) BINGHAMTON LOCAL DEVELOPMENT CORPORATION	22-	<u>-2482535</u>	Pag	<u>e</u> 12
Pai	t 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)	1		<u>6,13</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,11	
3	Revenue less expenses Subtract line 2 from line 1	3		3,02	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,59	<u>9,95</u>	9.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities .	6			
7	Investment expenses .	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3,71	<u>2,98</u>	32.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		/ ` , ``	1	1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both.			• 2	`
	Separate basis Consolidated basis Both consolidated and separate basis				& ',
þ	Were the organization's financial statements audited by an independent accountant?		2b	X	
	if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	, * * <u>,</u>	×	×′
	consolidated basis, or both		3,	Y /	/ 1
	X Separate basis Consolidated basis Both consolidated and separate basis			<u> </u>	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		8	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche		` ` `	· (%	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	irt <u> </u>	3 × 1	
	Act and OMB Circular A-133?		_3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	1 1		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2	2016)

632012 11-11-16

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

2016

Open to Public Inspection

Employer identification number

22-2482535 BINGHAMTON LOCAL DEVELOPMENT CORPORATION 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) R 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 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% 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 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 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. J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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 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, its supported organization(s) (see instructions) You must complete Part IV. Sections A. D. and E. 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 I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (vi) Amount of other (II) EIN (v) Amount of monetary (i) Name of supported (iii) Type of organization in your governing document (described on lines 1-10 support (see instructions) support (see instructions) organization No above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2016 BINGHAMTON LOCAL DEVELOPMENT CORPORATION 22-2482535 Page 2 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	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received (Do not									
	ınclude any "unusual grants ")	389,426.	313,462.	441,883.	307,054.	403,476.	1855301.			
2	Tax revenues levied for the organ-									
	ızatıon's benefit and either paid to									
	or expended on its behalf				<u> </u>					
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	389,426.	313,462.	441,883.	307,054.	403,476.	1855301.			
5	The portion of total contributions		, ,			^				
	by each person (other than a		>,,	× ′.		· . ′				
	governmental unit or publicly	[]		(c) ^s	,	* 3 7.				
	supported organization) included	`	, V 3/2/	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	, 13.	3,5				
	on line 1 that exceeds 2% of the	, X	\$7.5°C	,	· · · · · · · · · · · · · · · · · · ·	"%",				
	amount shown on line 11,	. SE	,		3 E	Ŋ				
	column (f)	$\mathcal{L}_{\mathcal{L}}$	14	\$ 35		Ϋ.,				
	Public support. Subtract line 5 from line 4	41	***	> '&\ \;	沙谷类。	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1855301.			
Sec	tion B. Total Support									
Cale	ndar year (or fiscal year beginning ın) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
7	Amounts from line 4	389,426.	313,462.	441,883.	307,054.	403,476.	1855301.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties	:								
	and income from similar sources	1,020.	1,265.	688.	696.	851.	4,520.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI)									
11	Total support. Add lines 7 through 10					*	1859821.			
12	•					12	350,272.			
13	First five years. If the Form 990 is for		first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)				
<u> </u>	organization, check this box and storetion C. Computation of Publi	here	contone				▶ □			
			<u>_</u>			 				
	Public support percentage for 2016 (I			olumn (f))		14	99.76 %			
	Public support percentage from 2015					15	99.76 %			
16a	33 1/3% support test - 2016. If the c			line 13, and line 1	4 is 33 1/3% or m	ore, check this box				
L	stop here. The organization qualifies		•				► X			
D	33 1/3% support test - 2015. If the condition have				line 15 is 33 1/3%	or more, check thi	s box			
170	and stop here. The organization qual				10.1010!		▶∟			
17 a	7a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,									
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
						7				
Ü	10% -facts-and-circumstances test									
	more, and if the organization meets the						<u> </u>			
12	organization meets the "facts-and-circ						▶;;			
10	Private foundation. If the organization	ar did not crieck a t	JOX UIT IIITE 13, 162	i, iou, i/a, or i/b						
					Sche	dule A (Form 990	or 990-EZ) 2016			

Schedule A (Form 990 or 990 EZ) 201 Part III Support Schedule f	6 BINGHAMTON	LOCAL DE	VELOPMENT Section 509(a)	CORPORATI	ON 22-248	2535 Page 3
(Complete only if you che	•				art II If the organiza	ation fails to
qualify under the tests list						
Section A. Public Support						
Calendar year (or fiscal year beginning in	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and	not			ĺ	1	1
membership fees received (Do r include any "unusual grants ")	lot					7
2 Gross receipts from admissions,			-		,,	1/
merchandise sold or services per formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpos						
3 Gross receipts from activities that	at			1	/	
are not an unrelated trade or bus	S-					
iness under section 513				ļ	/	
4 Tax revenues levied for the organ	1			1		
ization's benefit and either paid t	0			/		
or expended on its behalf			 	,"		
5 The value of services or facilities furnished by a governmental unit			1	,		
the organization without charge				,		
6 Total. Add lines 1 through 5				/		
7a Amounts included on lines 1, 2,	and		/			
3 received from disqualified pers	I					
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						
c Add lines 7a and 7b			/			
8 Public support. (Subtract line 7c from line	(6) (2 % % %	8, 4, .	**	2 2	`\$ ^	
Section B. Total Support						
Calendar year (or fiscal year beginning in	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6		/				
10a Gross income from interest, dividends, payments received or securities loans, rents, royalties and income from similar sources		/				
b Unrelated business taxable income		/	1	ì		
(less section 511 taxes) from busines	sses					11:
acquired after June 30, 1975			ļ			
c Add lines 10a and 10b 11 Net income from unrelated busin	······································					
activities not included in line 10b whether or not the business is regularly carried on						
12 Other income Do not include ga or loss from the sale of capital assets (Explain in Part VI)	un ,					
13 Total support. (Add lines 9, 10c, 11, and	12)					
14 First five years. If the Form 990	is for the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	1 501(c)(3) organiza	ition,
check this box and stop here						
Section C. Computation of P					 	
15 Public support percentage for 20		-	column (f))		15	%
16 Public support percentage from Section D. Computation of Ir					16	%
			10 (0)		42	
17 Investment income percentage f18 Investment income percentage f			ne 13, column (t))		18	% %
18 Investment income percentage f19a 33 1/3% support tests - 2016.			on line 14, and line	15 is more than ?		
more than 33 1/3%, check this b						▶
b 33 1/3% support tests - 2015.						nd
line 18 is not more than 33 1/3%						▶□
20 Private foundation. If the organ			•	, , , , , ,	•	
·, — · — — — — — — — — — — — — — — — — —						

Schedule A (Form 990 or 990-EZ) 2016 BINGHAMTON LOCAL DEVELOPMENT CORPORATION 22-2482535 Page 4

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 Organization	ons
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- 1 Are all of the organization's supported organizations listed by name in the organization's governing 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status 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)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (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
- c 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
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign 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.
- c 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more 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.
- b Did one or more disqualified persons (aş defined in line 9a) hold a controlling interest in any entity in which 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.)

	Yes	No
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9a _ 9b		
 _ 9b		
9b 9c		
 _ 9b		

Sche	dule A (Form 990 or 990 EZ) 2016 BINGHAMTON LOCAL DEVELOPMENT CORPORATION 22-24	8 <u>2</u> 53	5 Pa	age 5
Pa	t IV 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		
Sec	tion 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	1	, '	,
	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		1	7,
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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	ź.	<.	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	201		` <u> </u>
	or management of the supporting organization was vested in the same persons that controlled or managed	1000	1/2	
	the supported organization(s).	1	L	
Sec	tion 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			8 8
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	7	\;\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	`\$.
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4.	*). (S.).
	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? If "No," explain in Part VI how		- 入 -	لحا
	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	. 3		
	significant voice in the organization's investment policies and in directing the use of the organization's		ļi	
	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		
Sec	tion 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 instructions).			
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	uctions)		
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	-	<u> </u>	لـــــا
	that these activities constituted substantially all of its activities	2a		
ď	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? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		-	
-	activities but for the organization's involvement.	2b	ļ-—-	<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<u> </u>	<u> </u>	ــــا
_	trustees of each of the supported organizations? Provide details in Part VI.	<u>3a</u>	 	
b		L	<u> </u>	
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	_ 3b	l	

Sche	dule A (Form 990 or 990-EZ) 2016 BINGHAMTON LOCAL DEVELOF			2-2482535 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			urt VIII Con instructions All
•	other Type III non-functionally integrated supporting organizations must con		• •	int vi.) See instructions. All
Sect	ion A - Adjusted Net Income	ibiete c	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recovenes 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	† –		
J	collection of gross income or for management, conservation, or	İ		
	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		
	Adjusted Net income (subtract intes 5, 6, and 7 from the 4)	10		(B) Current Year
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(optional)
1	Aggregate fair market value of all non-exempt-use assets (see	1		
	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		
е	Discount claimed for blockage or other	ا ق	* * * * * *	# (* B, 1/4)
	factors (explain in detail in Part VI):	×	3 h 41	\ *\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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		
Sect	ion 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	ıntegra	ted Type III supporting organ	ization (see

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990 EZ) 2016 BINGHAMTON LOCAL DEVELOPMENT CORPORATION 22-2482535 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (pnor IRS approval required) 6 Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions 9 Distributable amount for 2016 from Section C, line 6 Line 8 amount divided by Line 9 amount (i) (ii) (iii) Underdistributions **Excess Distributions** Distributable Section E - Distribution Allocations (see instructions) Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required explain in Part VI) See instructions Excess distributions carryover, if any, to 2016 3 а b c From 2013 d From 2014 绞 e From 2015 % f Total of lines 3a through e 333 g Applied to underdistributions of prior years h Applied to 2016 distributable amount Carryover from 2011 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2016 from Section D, a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2017. Add lines 3j and 4c 8 Breakdown of line 7: а b Excess from 2013 c Excess from 2014 d Excess from 2015 e Excess from 2016

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-EZ) 2016 BINGHAMTON LOCAL DEVELOPMENT CORPORATION 22-2482535 Page (
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.)
	
	<u> </u>

SCHEDULE 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.
Information about Schedule D (Form 990) and its instructions is at www.urs.gov/form990.

OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

_	BINGHAMTON LOCAL DEVELOPMENT CORPORATIO	
Pai		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be	used only
	for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	conferring
	impermissible private benefit?	Yes No
Par	rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education)	orically important land area
		tified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form	of a conservation easement on the last
	day of the tax year	Held at the End of the Tax Year
а		2a
b		2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
ď	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structu	
_	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the	<u> </u>
Ŭ	year	organization during the tax
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
Ū	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cons	
·		arranen sassinomo asimig and you
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservations	tion easements during the year
•	> \$	and formation of the fo
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(n)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense	· — —
•	include, if applicable, the text of the footnote to the organization's financial statements that describes	
	conservation easements.	and digunization of documenting for
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Ot	her Similar Assets.
·	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue staten	nent and balance sheet works of art
	historical treasures, or other similar assets held for public exhibition, education, or research in furthera.	
	the text of the footnote to its financial statements that describes these items	too of public control, provide, in transfer,
h	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement	and halance sheet works of art, historical
J	treasures, or other similar assets held for public exhibition, education, or research in furtherance of pul	
	relating to these items.	one service, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1	~ ¢
	(ii) Assets included in Form 990, Part X	► \$ ► \$
2	·	
2	If the organization received or held works of art, historical treasures, or other similar assets for financia	ı уан, ріочи с
_	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.	▶ ¢
a		\$
	Assets included in Form 990, Part X	Sobodulo D (Form 200) 2045
U⊓M.	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2016

		FON LOCAL								Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or (Other S	Simila	r Assets	(continu	ed)
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	following that a	re a sign	ıficant ι	ise of its c	ollection it	ems
	(check all that apply)									
а	Public exhibition	C	ı 🔛	Loan or excl	hange program	ıs				
b	Scholarly research	e	\Box	Other						
c	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how th	ey further th	e organization'	s exemp	t purpo	se in Part	XIII	
5	During the year, did the organization solicit o	receive donations of	of art, his	storical treas	sures, or other :	sımılar as	ssets		_	
	to be sold to raise funds rather than to be ma								Yes	No.
Par			ete ıf the	organization	n answered "Y	es" on F	orm 990), Part IV, I	line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodic	an or other intermed	liary for d	contributions	s or other asset	ts not inc	luded		_	
	on Form 990, Part X?			•				L_	Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able						
									Amount	
C	Beginning balance .						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance	-					_1f_	L		
	Did the organization include an amount on Fo		-			•	?	Ĺ	_ Yes	Ļ No
	If "Yes," explain the arrangement in Part XIII									
Par	t V ^ Endowment Funds. Complete									
		(a) Current year	(b) P	rior year	(c) Two years	back (c) Three	years back	(e) Four y	ears back_
1a	Beginning of year balance		<u> </u>							
b	Contributions		<u> </u>		 				 	
C	Net investment earnings, gains, and losses	 	<u> </u>							
d	Grants or scholarships .		}		 					
е	Other expenditures for facilities									
	and programs		<u> </u>							
f	Administrative expenses		 		 -					
g	End of year balance				<u> </u>				L	
2	Provide the estimated percentage of the curr	=		g, column (a)) held as.					
а	Board designated or quasi-endowment		_%							
þ	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages on lines 2a, 2b, and 2c short									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held ar	nd administered	for the	organiz	ation	٦.	
	by.									res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza								3b	
102	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment h	unas						
1 41			Dort IV	/ line 11e C	oo Form 000 F	Don't V Jun	o 10			
	Complete if the organization answered								(-D D= -):	
	Description of property	(a) Cost or o			or other (other)	٠,,	umulate eciation		(d) Book	value
	Lond	136,	<u> </u>	Dasis	(oalel)	gebi	COLATION	' 	136	,954.
_	Land	130,	JJ4.						120	,,,,,,
ь	Buildings									
ς.	Leasehold improvements									
d	Equipment	·								
e	Other			<u> </u>				-	126	95/

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

Schedule D (Form 990				22-2482535	Page 4
	ciliation of Revenue per Audited Fi		s With Revenue per Re	eturn.	
	e if the organization answered "Yes" on Form			T -1 - 442	4 2 2
	gains, and other support per audited financial s			1 446,	139.
	led on line 1 but not on Form 990, Part VIII, line	: 12 ⁻	1 1		
 a Net unrealized 	gains (losses) on investments	}	2a	-	
b Donated service	es and use of facilities	j	2b	4 1	
c Recoveries of p		ŀ	2c	4 /	
d Other (Describe	•	ļ	2d	4	•
e Add lines 2a thi	rough 2d		-	2e	0.
3 Subtract line 26	from line 1			3 446,	139.
	led on Form 990, Part VIII, line 12, but not on li	i	1 1	1 1	
 a Investment exp 	enses not included on Form 990, Part VIII, line	7b	4a	4 ; 1	
b Other (Describe	n Part XIII.)	ļ	4b	4	_
c Add lines 4a an	d 4b			4c	$\frac{0.}{1.20}$
5 Total revenue	Add lines 3 and 4c. (This must equal Form 990	Part I. line 12.)	A. MOULE	5 446,	139.
	ciliation of Expenses per Audited F		its With Expenses per	Heturn.	
	e if the organization answered "Yes" on Form	990, Part IV, line 12a		T	
 Total expenses 	and losses per audited financial statements			1 333,	116.
2 Amounts include	led on line 1 but not on Form 990, Part IX, line	25.	1 1	13.	
a Donated service	es and use of facilities		2a	<u>_</u> 1^~ ,[
b Prior year adjust	tments		_2b] 🔅]	
c Other losses			2c	4 41	
d Other (Describe	n Part XIII)		_2d	<u>`</u>	
e Add lines 2a th	rough 2d			2e	<u>0.</u>
3 Subtract line 26	e from line 1		•		116.
4 Amounts include	led on Form 990, Part IX, line 25, but not on lin	e 1		[%]	
a Investment exp	enses not included on Form 990, Part VIII, line	7b	4a] «	
b Other (Describe	e in Part XIII)		4b	1 (
c Add lines 4a ar	nd 4b	·		4c	0.
5 Total expenses	Add lines 3 and 4c. (This must equal Form 99	0. Part I. line 18.)		5 333,	116.
Part XIII Supple	emental Information.				
Provide the description	ons required for Part II, lines 3, 5, and 9, Part III	, lines 1a and 4, Part IV,	, lines 1b and 2b; Part V, line	4; Part X, line 2; Part XI	1
lines 2d and 4b; and l	Part XII, lines 2d and 4b Also complete this pa	rt to provide any additio	onal information.		
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Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22

e 21 or	art IV, line 21 or	990, Part IV, line 21 or	Form 990, Part IV, line 21 or 300	s" on Form 990, Part IV, line 21 or 3	nswered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990
	rt IV	990, Part IV, lir	Form 990, Part IV, lir	s" on Form 990, Part IV, lir	1 "Yes" on Form 990, Part IV, lir

Inspection

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization BINGHAMTO	N LOCAL DI	BINGHAMTON LOCAL DEVELOPMENT (CORPORATION	N			22-2482535
Part I General Information on Grants and Assistance	ind Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	
criteria used to award the grants or assistance?	stance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for monito	oring the use of grant f	funds in the United	States	2 2	3. 3.	1
Part II Grants and Other Assistance to Domestic Organizations and	Domestic Organiz	ations and Domestic	Governments.	complete if the orga	ınızatıon answered "Y	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	: IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II can	be duplicated if addition	onal space is need	ed.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BROOME COMMINITY COLLEGE							TO FUND CERTAIN PROGRAMS TO PROVIDE INTENSIVE
901 UPPER FRONT STREET							COMMUNITY-BASED
BINGHAMTON, NY 13901	16-1393336		70,014.	0.			MANAGEMENT AND TECHNICAL
2 Enter total number of section 501(c)(3) and government organizations is	and government org	anizations listed in the	isted in the line 1 table				
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. CRE DARF TV FOR COLITAIN (H) DRSCRTD中TONG	see the Instruction	ns for Form 990.	ONOTHOLONO				Schedule I (Form 990) (2016)
TYPE PERMIT	100 GO1 01	VECT (U) YEAR	ひいつてょ チャムつの	•			

BINGHAMTON LOCAL DEVELOPMENT CORPORATION Schedule I (Form 990) (2016)

Page 2

22-2482535

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Part III

(d) Amount of non- (e) Method of valuation (f) Description of noncash assistance cash assistance (book, FMV, appraisal, other)			Part I, line 2, Part III, column (b), and any other additional information		TO SUBMIT BOTH QUARTERLY	WELL AS FINAL ACTIVITY	
(c) Amount of cash grant			e 2, Part III, column		TO SUBMIT	PORTS, AS	
(b) Number of recipients			uired in Part I, line		CIPIENTS	ANCIAL RE	r
(a) Type of grant or assistance			Part IV Supplemental Information. Provide the information required in	PART I, LINE 2:	THE ORGANIZATION REQUIRES GRANT RECIPIENTS	ACTIVITY REPORTS AND QUARTERLY FINANCIAL REPORTS, AS WELL AS FINAL ACTIVITY	SHACAAA IVIONANIA IVNIA UNK SHACAAA

THE FINAL ACTIVITY REPORTS ARE REQUIRED TO BE SUBMITTED 30 DAYS FOLLOWING

THE DATE OF TERMINATION OF THE GRANT AND INCLUDES A DETAILED EVALUATION OF

REPORTS ARE ALSO REQUIRED TO BE SUBMITTED 30 DAYS FOLLOWING THE DATE OF

THE RECIPIENTS' ACTIVITIES PURSUANT TO THE GRANT. THE FINAL FINANCIAL

632102 11-01-18

Schedule I (Form 990) (2016)

Schedule I (Form 990) BINGHAMTON LOCAL DEVELOPMENT CORPORATION 22-2482535 Page 2 Part IV Supplemental Information
TERMINATION OF THE GRANT AND MUST BE PREPARED BY A CPA OR LICENSED PUBLIC
ACCOUNTANT.
PART II, LINE 1, COLUMN (H):
NAME OF ORGANIZATION OR GOVERNMENT: BROOME COMMUNITY COLLEGE
(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND CERTAIN PROGRAMS TO PROVIDE
INTENSIVE COMMUNITY-BASED MANAGEMENT AND TECHNICAL ASSISTANCE. PRIMARILY
TARGETED TO MINORITY GROUP MEMBERS, WOMEN AND INDIVIDUALS WITH A
DISABILITY WHO ARE SEEKING TO START OR ARE STARTING BUSINESS VENTURES IN
THE PROJECT AREA
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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 OMB No 1545-0047

Name of the organization BINGHAMTON LOCAL DEVELOPMENT CORPORATION Employer identification number 22-2482535

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
RETAINING AND GROWING ESTABLISHED BUSINESS, BUILDING INDUSTRIAL AND
COMMERCIAL CAPACITY, PROMOTING EMPLOYMENT, AND FOSTERING
ENTREPRENEURSHIP AND INNOVATION.
FORM 990, PART VI, SECTION A, LINE 7A:
DIRECTORS AND NON-VOTING MEMBERS ARE APPOINTED BY THE MAYOR FOR 2 YEAR
TERMS, EXCEPT TWO CITY COUNCIL MEMBERS WHO SERVE AS DIRECTORS ON A 1 YEAR
TERM THROUGH THEIR APPOINTMENT BY THE CITY COUNCIL PRESIDENT.
FORM 990, PART VI, SECTION A, LINE 7B:
THE CITY COUNCIL APPROVES THE OPERATING BUDGET AND LOANS OF MORE THAN
\$25,000.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS BEFORE ITS FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE CONFLICT OF INTEREST POLICY IS DISCUSSED AND REVIEWED ANNUALLY. ALL
MEMBERS SIGN THE CONFLICT OF INTEREST POLICY ANNUALLY. ANY CONFLICTS ARE
DISCLOSED AT EACH MEETING BEFORE DISCUSSIONS BEGIN ON THE TOPIC.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632211 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization BINGHAMTON LOCAL DEVELOPMENT CORPORATION	Employer identification number 22-2482535
FORM 990, PAGE 12, PART XII, LINE 2C	
THE PROCESS FOR AUDIT OVERSIGHT AND AUDITOR SELECTION HAS	NOT CHANGED
FROM THE PRIOR YEAR.	
•	
	•

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Parti

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

2016

OMB No 1545-0047

Open to Public Inspection

Employer identification number 22-2482535 ▶ Information about Schedule R (Form 990) and its instructions is at www.rs.cov/form990 BINGHAMTON LOCAL DEVELOPMENT CORPORATION

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

controlled entity? Direct controlling Yes 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 Direct controlling End-of-year assets Public charity status (if section **e** 501(c)(3)) Total income Exempt Code ᠍ section Legal domicile (state or Legal domicile (state or foreign country) foreign country) Primary activity Primary activity Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Part

(g) Section 512(b)(13) ž × COMPONENT UNIT OF SINGHAMTON SLDC IS A VEW YORK GOVERNMENT CITY OF BINGHAMTON - 15-6000404 BINGHAMTON, NY 13901 38 HAWLEY STREET

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

632161 09-06-16 LHA

34

Schedule R (Form 990) 2016

22-2482535 BINGHAMTON LOCAL DEVELOPMENT CORPORATION

Schedule R (Form 990) 2016

General or Percentage managing ownership 3 Yes 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 3 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) \equiv Disproportionate Yes No allocations? Ξ Share of end-of-year assets 6 Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d)
i Direct controlling entity (c)
Legal
domicile
(state or
foreign Primary activity <u>a</u> Name, address, and EIN of related organization <u>a</u> Part III

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. Part IV

(4)	(a)	3	1	(9)	4	3	3	5	
(p)	2	2	2	(a)		6)	<u> </u>	3	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Sha	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?	(E) Ps
		country)		OI LIUST)		4339613		Yes	°N
	 								
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632162 09-06-16						Sche	Schedule R (Form 990) 2016	990) 20	916

Schedule R (Form 990) 2016 BINGHAMTON LOCAL DEVELOPMENT CORPORATION Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Part V Transactions With Related Organizations. Complete if the organization answered "Yes"	swered "Yes" on Forn	on Form 990, Part IV, line 34, 35b, or 36	, or 36	•
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	lated organizations listed	in Parts II·IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	≿ i			1a X
b Gift, grant, or capital contribution to related organization(s)				db X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				1d X
e Loans or loan guarantees by related organization(s)				1e X
f Dividends from related organization(s)				14 X
g Sale of assets to related organization(s)				
h Purchase of assets from related organization(s)				th X
i Exchange of assets with related organization(s)				÷ ×
j Lease of facilities, equipment, or other assets to related organization(s)				1; X
k Lease of facilities, equipment, or other assets from related organization(s)				‡ X
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)	ınızatıon(s)			t X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uor			th X
 Sharing of paid employees with related organization(s) 				to X
				o X
 Heimbursement paid by related organization(s) for expenses 				d d
r Other transfer of cash or property to related organization(s)				× ×
s other transfer or cash or property from refered organization(s). 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	vho must complete th	is line, including covered r	elationships and transaction thresholds	
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	volved
(1)				
3				
[2]				
(3)				
(4)			;	
(9)				
(5) 632163 09-06-16			Schedule	Schedule R (Form 990) 2016

Schedule R (Form 990) 2016 BINGHAMTON LOCAL DEVELOPMENT CORPORATION

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

that was not a related organization. See instructions regarding exclusion for certain investment partnerships	structions regarding exclus	ion for certain inve	stment partnerships							
(a)	(p)	(c)	(d)			(6)	(F)	(i)	()	(k)
Name, address, and EIN of entity	Frimary activity	(state or foreign	(related, unrelated, 56 excluded from tax under	501(c)(3) 501(c)(3) 1005 2	total	Stare of end-of-year	tionate allocations?	amount in box 20 managing ownership of Schedule K-1 partner?	managing partner?	ownership
		-	Sections 512-514) Ye	Yes No		635565	Yes No	(FOLU 1065)	Ves No	
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Schedule R	(Form 990) 2016	BINGHAMTON	LOCAL	DEVELOPMENT	CORPORATION 22-2482535	Page 5
Part VII	(Form 990) 2016 Supplemental Info	rmation.				
	Provide additional inform	nation for responses to d	uestions or	Schedule R. See instru	ctions.	
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