

# JEDCO DEVELOPMENT CORPORATION QUARTERLY BOARD OF DIRECTORS MEETING August 31, 2017 8:30 a.m.

#### **AGENDA**

- I. Call to order Chairman
  - Welcome Guests
  - Pledge of Allegiance
  - Approval of Board Absences
  - Approval of minutes from JEDCO Development Corporation Quarterly Board of Directors meeting of May 25, 2017.
  - Approval of minutes from JEDCO Development Corporation Loan Committee Meeting of April 12, 2017
- II. Public Comments on Agenda Items
- **III.** Unfinished and New Business
  - Approval of 2016 Tax Return for JEDCO Development Corporation
- IV. Adjournment

This meeting will begin at 8:30 a.m. at the JEDCO Administration Building located at 700 Churchill Parkway, Avondale, LA 70094.

In accordance with provisions of the Americans with Disabilities Act of 1990 (ADA), JEDCO and Jefferson Parish will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs or activities. If you require auxiliary aids or devices or other reasonable accommodation under the ADA, submit your request to the ADA Coordinator at least 48 hours in advance of this meeting or as soon as possible. Advanced noticed is required for ASI Certified Interpreters. Should you have any concerns, please contact:

ADA Coordinator, Scott Rojas, 700 Churchill Parkway, Avondale, LA 70094 (504) 875-3908 or email: <a href="mailto:srojas@jedco.org">srojas@jedco.org</a> Any person, who believes he or she has been subject to unlawful discrimination by JEDCO, the Parish, any Parish officer or employee based on past or current disability, or his or her association with a person with a disability, may submit the grievance, in writing, to the Parish's designated Americans with Disabilities Act (ADA) Coordinator, contact information above.

700 Churchill Parkway • Avondale, LA 70094 • Phone 504-875-3908 • Fax 504-875-3923 • www.jedco.org

#### JEDCO DEVELOPMENT CORPORATION QUARTERLY BOARD OF DIRECTORS MEETING MAY 25, 2017

Attendance: Mickal Adler, Jimmy Baum, Lloyd Clark, Bruce Dantin, Josline Gosserand

Frank, Tom Gennaro, Brian Heiden, Bruce Layburn, Mark Madderra, Keith Merritt, Lynda Nugent-Smith, Paul Rivera, Stephen Robinson, Stan Salathe

**Staff:** Jerry Bologna, Lacey Bordelon, Cynthia Grows, Jessica Lobue, Kate Moreano,

Corinne Pritchett, Scott Rojas, Kelsey Scram, Penny Weeks

**Absences:** Mario Bazile, Joe Ewell, Roy Gattuso, Matt Gibson, Teresa Lawrence, Bill

Peperone and Mayra Pineda

**Attorney:** Reed Smith – Parish Attorney's Office

**Guests:** Robin Keegen and Ted Guilliot – GCR, Inc.

Eric Bosch and Mickey Simon – LaPorte CPAs and Business Advisors

Dianne Roussel – Jefferson Parish Administration

#### I. CALL TO ORDER – Bruce Layburn- 8:30 a.m.

- **Welcome Guest** Chairman Layburn opened the meeting by welcoming the above named guest and leading in the Pledge of Allegiance.
- Approval of Board Absences Lynda Nugent-Smith motioned to excuse the above named absences. The motion was seconded by Mickal Adler and passed unanimously.
- Approval of JEDCO Development Corporation Minutes- A motion was made by Mark Madderra to accept and approve the minutes from the quarterly meeting of February 23, 2017. The motion was seconded by Stephen Robinson and passed unanimously.
- Ratification of JEDCO Development Corporation Loan Committee Minutes- A motion was made by Mark Madderra to accept the minutes and ratify the actions taken by the Loan Committee. The motion was seconded by Lloyd Clark and passed unanimously.

#### II. PUBLIC COMMENTS ON AGENDA ITEMS

None

#### III. UNFINISHED AND NEW BUSINESS

None

JEDCO Development Corporation	
May 25, 2017	

#### IV. ADJOURNMENT

There being no further business, a motion was made by Lynda Nugent-Smith; seconded by Bruce Layburn to adjourn the meeting. The motion passed unanimously.

Respectfully submitted,						
	_					
Lloyd J. Clark, Secretary						

# MINUTES FROM JEDCO DEVELOPMENT CORPORATION LOAN COMMITTEE MEETING HELD ON APRIL 12, 2017

Members in attendance:

Roy Gattuso, Thomas Gennaro, Matt Gibson, Brian Heiden, Keith Merritt, Paul Rivera

Members absent:

Jimmy Baum, Josline Frank, Lynda Nugent-Smith, Bill Peperone, Stan Salathe

JEDCO Staff in attendance:

Jerry Bologna, Corinne Pritchett

JEDCO's Loan Processing Contractor:

Belinda Little-Wood

- I. Call to Order- The meeting was called to order by Brian Heiden.
  - Approval of Absences A motion was made by Mr. Gattuso and seconded by Mr.
    Gennaro to excuse Jimmy Baum, Joseline Frank, Lynda Nugent-Smith, Bill Peperone and
    Stan Salathe. The motion passed unanimously.
  - Approval of Minutes A motion was made by Mr. Gattuso and seconded by Mr. Merritt to approve the minutes from the meeting held on February 7, 2017. The motion passed unanimously.

#### II. Public Comments on Agenda Items

None

#### III. Executive Session

Mr. Gattuso made a motion to move into Executive Session to discuss the privileged and confidential information regarding loan applicants. Mr. Merritt seconded. The motion passed unanimously.

#### Loan Proposals

3409 Division, LLC

Ms. Little-Wood presented a request from 3409 Division, LLC for a loan in the amount of \$1,132,000.00 to purchase land and building to house operations.

The project will have the following structure:

SOURCES	<b>AMOUNT</b>	RATE	<b>TERM</b>
Private Lender	\$1,373,000.00	4.8%	10 Years
JEDCO/SBA	1,132,000.00	(*)	20 Years
Equity	274,600.00		
Total	\$2,779,600.00		

<sup>\*</sup> The rate of interest of the SBA 504 loan will be determined on the date of the debenture sale.

The Committee discussed the project.

#### Pel Hughes Printing, LLC

Ms. Little-Wood presented a request from Pel Hughes Printing, LLC for a loan in the amount of \$937,000.00 to purchase equipment and for leasehold improvements.

The project will have the following structure:

<b>SOURCES</b>	<u>AMOUNT</u>	RATE	<b>TERM</b>
Private Lender	\$1,142,995.00	4.8%	10 Years
JEDCO/SBA	937,000.00	(*)	20 Years
Equity	228,599.00		
Total	\$2,308,594.00		

<sup>\*</sup> The rate of interest of the SBA 504 loan will be determined on the date of the debenture sale.

The Committee discussed the project.

#### Loan Reviews

Rose Enterprise, LLC/Ideal Lighting, Inc. - Rated "1"

Mr. Gattuso motioned to adjourn Executive Session and reconvene Open Session. Mr. Gennaro seconded. The motion passed unanimously.

#### IV. (Re-convene as Open Session) - Unfinished and New Business

#### • 3409 Division, LLC

A motion was made by Mr. Gattuso and seconded by Mr. Merritt to approve the loan for 3409 Division, LLC as submitted, including all listed collateral and conditions. The motion passed unanimously.

#### • Pel Hughes Printing, LLC

A motion was made by Mr. Gattuso and seconded by Mr. Gibson to approve the loan for Pel Hughes Printing, LLC as submitted, including all listed collateral and conditions. The motion passed unanimously.

#### V. Adjournment

A motion was made by Mr. Gattuso and seconded by Mr. Merritt to adjourn the meeting. The motion passed unanimously.

These minutes were approved by the JEDCO Development Corporation Loan Committee on this 8thday of August, 2017.

Brian Heiden

JEDCO Development Corporation

**Caution:** Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None"in the "Page Scaling" selection box in the Adobe "Print" dialog.



#### LAPORTE CPAS & BUSINESS ADVISORS 111 VETERANS MEMORIAL BLVD., #600 METAIRIE, LA 70005-4958

AUGUST 21, 2017

JEDCO DEVELOPMENT CORPORATION 700 CHURCHILL PARKWAY AVONDALE, LA 70094

JEDCO DEVELOPMENT CORPORATION:

ENCLOSED IS THE ORGANIZATION'S 2016 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990-EZ RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY,

LAPORTE CPAS & BUSINESS ADVISORS

### **TAX RETURN FILING INSTRUCTIONS**

FORM 990-EZ

#### FOR THE YEAR ENDING

DECEMBER 31, 2016

Prepared for	JEDCO DEVELOPMENT CORPORATION 700 CHURCHILL PARKWAY AVONDALE, LA 70094
Prepared by	LAPORTE, APAC 111 VETERANS MEMORIAL BLVD., #600 METAIRIE, LA 70005-4958
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

#### EXTENDED TO NOVEMBER 15, 2017

Form **990-EZ** 

## Short Form Return of Organization Exempt From Income Tax

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

2016

OMB No. 1545-1150

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-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

			endar year, or tax year beginning	and en	ding				
B	Check if applicat	f ole:	C Name of organization			D Emp	loyer i	identification nu	mber
Ļ	Addr	ess change							
Ļ	_Nam	e change		**-***0063					
Ļ	∐Initia □ Einal	l return return/		number	_				
Ļ	termi	inated	504-875-3908						
Ļ	Amei	nded return	F Gro	up Exe	emption				
$\bot$		ation pending	AVONDALE, LA 70094		nber 🕨				
		nting Meth	· · · · · · · · · · · · · · · · · · ·			I		<b>X</b> if the orga	
		te: $ ightharpoonup rac{N}{N}$		not	require	ed to attach Sche	edule B		
<u>1</u>	Tax-ex	cempt stati	us (check only one) $ X$ 501(c)(3) $-$ 501(c) ( ) $\blacktriangleleft$ (insert no.)	4947(a)(1)	or 527	(For	m 990	), 990-EZ, or 990	-PF).
		of organizat	•	Other					
			and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 o					_	
_	columr	ı (B) below	v) are \$500,000 or more, file Form 990 instead of Form 990-EZenue, Expenses, and Changes in Net Assets or Fund				<b>\$</b>	6	0,662.
Pa	art I	_							
			if the organization used Schedule O to respond to any question in this Part I						Х
	1		ions, gifts, grants, and similar amounts received				1		
	2		service revenue including government fees and contracts				2	6	0,662.
	3	Members	hip dues and assessments				3		
	4	Investme	nt income				4		
	5a	Gross am	ount from sale of assets other than inventory	5a					
	b	Less: cos	t or other basis and sales expenses	5b					
	C								
Φ	6	Gaming a	and fundraising events						
	a	9 9 1							
nue		\$15,000)		6a					
Revenue	b	Gross inc	ome from fundraising events (not including \$	of contribution	1S				
ш.		from fundraising events reported on line 1) (attach Schedule G if the sum of such							
			ome and contributions exceeds \$15,000)	6b					
	C	Less: dire	ect expenses from gaming and fundraising events	6c					
	d		ne or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	tract line 6c)			6d		
	7a	Gross sal	es of inventory, less returns and allowances	7a					
	b	Less: cos	t of goods sold	7b					
	C	Gross pro	ofit or (loss) from sales of inventory (Subtract line 7b from line 7a)				7c		
	8	Other rev	enue (describe in Schedule O)				8		
	9	Total rev	<b>enue</b> . Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			. ▶	9	6	0,662.
	10	Grants an	d similar amounts paid (list in Schedule O)				10		
	11	Benefits p	oaid to or for members				11		
es	12	Salaries,	other compensation, and employee benefits				12		9,118.
Expenses	13	Professio	nal fees and other payments to independent contractors				13		
xbe	14	Occupano	cy, rent, utilities, and maintenance				14	1	0,458.
Ш	15	Printing, p	publications, postage, and shipping				15		
	16	Other exp	enses (describe in Schedule 0)	E SCHED	ULE O		16		1,086.
	17	Total exp	penses. Add lines 10 through 16			. ▶	17	6	0,662.
S	18	Excess or	r (deficit) for the year (Subtract line 17 from line 9)				18		0.
set	19	Net asset	s or fund balances at beginning of year (from line 27, column (A))			Ī			
As		(must agi	ree with end-of-year figure reported on prior year's return)				19		0.
Net Assets	20		inges in net assets or fund balances (explain in Schedule 0)			ı	20		0.
_	21	Net asset	s or fund balances at end of year. Combine lines 18 through 20			. ▶	21		0.
LH/	A For	Paperwor	k Reduction Act Notice, see the separate instructions.					Form <b>990</b>	<b>-EZ</b> (2016)

632171 12-08-16

Pa	art II	Balance Sheets (see the instructions for Part II)					
		Check if the organization used Schedule O to resp	ond to any ques	stion in this Part II			X
		<u>_</u>		(A) Beginning of year		( <b>B</b> ) E	nd of year
22	Cash,	savings, and investments		4,001	• 22		6,733.
23		and buildings			23		
24		assets (describe in Schedule 0)			24	,	
25				4,001	• 25	;	6,733.
26	Total	assets  iabilities(describe in Schedule 0)		4,001			6,733.
27		ssets or fund balances (line 27 of column (B) must agree with line 21)		. 0			0.
	art III	Statement of Program Service Accomplishmen	nts (see the instr	uctions for Part III)		+	(penses
		Check if the organization used Schedule O to resp	•	,	X	(Required	for section
Wha	at is the o	rganization's primary exempt purpose?SEE SCHEDULE O		stron in this r tart in			and 501(c)(4) ons; optional for
		ganization's program service accomplishments for each of its three largest program		vnenses. In a clear and concise		others.)	ons, optional for
		be the services provided, the number of persons benefited, and other relevant inform		Aponoco. In a oreal and conoise			
28	SEE	SCHEDULE O					
	-						
	(Grants	\$ 0 • ) If this amount includes foreign g	irants check here		$\Box$	28a	22,709.
29	(Granto	y - y ii tiilo amount inoladoo foreigii g	ranto, oncontriore			+===	,
	(Grants	\$ ) If this amount includes foreign g	rants check here			29a	
30	(Ciranto	) ii tiis amount includes foreigir g	nants, check here			1204	
00							
	-						
	(Grants	\$ ) If this amount includes foreign g	ranta abaak bara		$\overline{}$	30a	
21						1000	
01	(Grants	-	wents shock have			31a	
22		rogram service expenses (add lines 28a through 31a)				32	22,709.
D	art IV	List of Officers, Directors, Trustees, and Key E	mplovees (list each	one even if not compensated	see the		
Г	ait iv	Check if the organization used Schedule O to resp			See till	; instructions i	X
_		Check if the organization used Schedule O to resp	(b) Average hours		(d) H	ealth benefits,	(e) Estimated
		(a) Name and title	per week devoted	compensation (Forms	` cont	tributions to	amount of other
		(a) Name and title	position	W-2/1099-MISC) (if not paid, enter -0-)	plans,	, and deferred	compensation
<b>17</b> T	NCEN	IT PEPERONE			COI	iperisation	
	MBER		0.52	0.		0.	0.
		RIVERA	0.52	<u> </u>			0.
	MBER		0.52	0.		0.	0.
		ADLER	0.52		-		· ·
	MBER		0.44	0.		0.	0.
		HEIDEN	0.44	·			· •
	MBER		0.52	0.		0.	0.
		CLARK	0.52	<u> </u>			0.
	MBER		0.52	0.		0.	0.
		GENNARO	0.54	0.			0.
	MBER		0.04	0.		0.	0.
		BAUM	0.04	0.	-	<u> </u>	0.
	CRET		0.50	_		0	0.
			0.52	0.		0.	0.
		GARVEY	0 00			^	
	MBER		0.08	0.	-	0.	0.
		N SALATHE	۸ - ۸	_		^	_
	MBER		0.52	0.	<u> </u>	0.	0.
		NUGENT-SMITH	2 - 2			^	
	MBER		0.52	0.	<u> </u>	0.	0.
		ORDAN		_		_	_
	MBER		0.52	0.		0.	0.
		BAZILE				=	
TR	EASU	IRER	0.48	0.	ı	0.	Ι ο.

632172 12-08-16

Form **990-EZ** (2016)

Pa	ort V Other Information (Note the Schedule A and personal benefit contract statement requirement			<u> </u>				
	instructions for Part V) Check if the organization used Sch. O to respond to any question in thi	s Part		X				
			Yes	No				
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			37				
	activity in Schedule 0	33		Х				
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	34		X				
35 a	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions)  5a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported							
oo a	on lines 2, 6a, and 7a, among others)?	35a		х				
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/					
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax							
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х				
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"							
	complete applicable parts of Schedule N	36		X				
	Enter amount of political expenditures, direct or indirect, as described in the instructions   37a   0	_		,,,				
	Did the organization file Form 1120-POL for this year?	37b		X				
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made	38a		Х				
h	in a prior year and still outstanding at the end of the tax year covered by this return?  If "Yes," complete Schedule L, Part II and enter the total amount involved   38b   N/A	30a						
39	Section 501(c)(7) organizations. Enter:	_						
	Initiation fees and capital contributions included on line 9							
	Gross receipts, included on line 9, for public use of club facilities 39b N/A							
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:							
	section 4911 ► ; section 4912 ► ; section 4955 ► 0 •							
b	Section $501(c)(3)$ , $501(c)(4)$ , and $501(c)(29)$ organizations. Did the organization engage in any section 4958 excess benefit							
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any							
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X				
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958							
4	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed							
u								
е	by the organization  All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter							
·	transaction? If "Yes," complete Form 8886-T	40e		х				
41	List the states with which a copy of this return is filed <b>NONE</b>							
42 a	The organization's books are in care of ► CYNTHIA GROWS Telephone no. ► 504-8							
	Located at ► 700 CHURCHILL PARKWAY, AVONDALE, LA ZIP+4 ►	7009	4					
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority							
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	401	Yes					
	account)?  If "Yes," enter the name of the foreign country:	42b		X				
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
r	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		Х				
	If "Yes," enter the name of the foreign country:		1					
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here		🕨					
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A						
			Yes	No				
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			v				
	Form 990-EZ	44a		X				
D	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	446		X				
^	of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?	44b 44c	1	X				
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	446						
u	in Schedule O	44d						
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х				
	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b						
		Form (	90-F7	(2016)				

	5						Yes	S NO		
		ganization engage, directly or indirectly, in pol					46	X		
Par	t VI	omplete Schedule C, Part I Section 501(c)(3) organizations	only				46	ΙΛ.		
<u>. u.</u>		All section 501(c)(3) organizations must a		19b and 52, and comp	lete the tables for lin	es 50 and 51.				
		Check if the organization used Schedule		•						
		3		•			Yes	s No		
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II									
		anization a school as described in section 170					48	X		
		ganization make any transfers to an exempt n					49a	X		
		as the related organization a section 527 orga					49b			
	•	this table for the organization's five highest co		,	tors, trustees, and key o	employees) who ea	ch receive	d more		
•	than \$100	0,000 of compensation from the organization.	If there is none, enter "N		1 (-)	[(d)	(-) [-4]			
		(a) Name and title of each employee		(b) Average hours per week devoted to	(C) Reportable compensation (Forms	(d) Health benefits, contributions to	(e) Esti			
		NON	re.	position	W-2/1099-MISC)	employee benefit plans, and deferred compensation	compen			
		1101	<u> </u>			compensation				
		nber of other employees paid over \$100,000								
		ion. If there is none, enter "None." NON lame and business address of each independe			<b>(b)</b> Type of service	(c) C	ompensati	on		
				,						
		4								
	T-4-1	the second section and section								
		nber of other independent contractors each rec ganization complete Schedule A? <b>Note:</b> All se			<b>–</b>					
		d Schedule A				► X	Yes	No		
		s of perjury, I declare that I have examined this								
	•	nd complete. Declaration of preparer (other tha	, 0	. , ,	*	,	jo ana bom	31, 11 10		
	Í		,	'		<u>,                                      </u>				
Sigr		Signature of officer				Date				
Here	e   <b> </b>	MARK MADDERRA, CHAI	RMAN							
		Type or print name and title								
		Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN				
Paic	t	JEANNE M. DRISCOLL,			self- emplo	·	F2701	1		
Prep	oarer	CPA	C		1	<del></del>	53701	L		
Use	Only	Firm's name ► LAPORTE, APA Firm's address ► 111 VETERAN		BIAD #60	Firm's Ell			)		
		METAIRIE, I		-	O Phone no	. 504-035	-3344	<u> </u>		
May t	he IBS die	scuss this return with the preparer shown above				<b>▶</b> □	Yes	No		
iviay li	ii iO uli	saco uno rotarri mui uio proparoi silowii abo	ooo maa aaaaaaaa				orm <b>990-E</b>			
						1 (	000 L	_ \_0 10		

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

## Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization TEDCO DEVELOPMENT CORPORATION Employer identification number \*\*-\*\*\*0063

				ENI CORFORAL				0003				
Pa	irt I	Reason for Public (	Charity Status (	All organizations must co	omplete th	is part.) S	ee instructions.					
The	organ	nization is not a private found	ation because it is: (	For lines 1 through 12, o	heck only	one box.)						
1		A church, convention of ch	urches, or associatio	on of churches described	d in <b>sectio</b>	n 170(b)(	1)(A)(i).					
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)										
3		A hospital or a cooperative	hospital service orga	anization described in <b>se</b>	ection 170	(b)(1)(A)(i	ii).					
4		A medical research organiz						the hospital's name,				
		city, and state:										
5			or the benefit of a co	llege or university owned	d or opera	ted by a q	overnmental unit describ	ped in				
		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.)										
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7		A federal, state, or local government or governmental unit described in <b>section 1/U(b)(1)(A)(v).</b> 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). (C		inta part of ito capport	rom a gov	orranio raca	anic or nom the goneral	public decembed in				
8		A community trust describe		(1)(A)(vi) (Complete Part	+ II \							
9		An agricultural research org				ed in conju	inction with a land-grant	college				
J		or university or a non-land-g										
		university:	grant college or agric	alture (see iristructions).	Linter tine	marrie, cit	y, and state of the collec	Je oi				
10	X	An organization that norma	lly receives: (1) more	than 33 1/3% of its sur	nort from	contributi	one mambarehin face s	and gross receipts from				
10		activities related to its exen										
		income and unrelated busin		(less section 511 tax) in	om busine	sses acqu	illed by the organization	arter June 30, 1973.				
11		See <b>section 509(a)(2).</b> (Cor An organization organized a		ively to test for public sa	efoty Soo	saction 50	00(2)(4)					
12	H	An organization organized a						nurnosos of one or				
12		more publicly supported or	•		•		· · · · · · · · · · · · · · · · · · ·					
		lines 12a through 12d that						DIRECK THE DOX III				
		¬	* -			-		, giving				
а												
		the supported organization			а ппајопцу	or the dire	ctors or trustees or the s	supporting				
<b>h</b>		organization. You must o			tion with it	o cupport	od organization(s) by be	wing				
b	,											
		control or management o			arrie perso	טווס נוומנ טנ	ontrol of manage the sup	pported				
		organization(s). You mus  Type III functionally inte			in connoc	tion with	and functionally integrat	od with				
С	,	its supported organization	-				• •	ea with,				
d		Type III non-functionally						ization(s)				
u	' '-	that is not functionally int	=				• • • •					
		•		•	•		•	11/611633				
_		requirement (see instruct	•	-								
е	,	Check this box if the orga functionally integrated, or					a type i, type ii, type iii					
f	Ente	er the number of supported o	* *	rially liftegrated support	ing organi	zation.						
		vide the following information		ad organization(s)								
9		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other				
		organization	.,	(described on lines 1-10	in your governi	No	support (see instructions)	support (see instructions)				
				above (see instructions))								

#### 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
_	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest,			7.7			
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
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						
12	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
	organization, check this box and stop	here					<b>&gt;</b>
Sec	ction C. Computation of Publi	ic Support Pe	rcentage				
14	Public support percentage for 2016 (li	ine 6, column (f) di	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2016. If the o	•		•		•	
	stop here. The organization qualifies	as a publicly supp	orted organization	١			▶□
b	33 1/3% support test - 2015. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac-						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	t - <b>2015.</b> If the org	anization did not o	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ie "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explair	n in Part VI how the	e
	organization meets the "facts-and-circ	umstances" test.	The organization of	qualifies as a publ	icly supported org	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17			
					Sche	edule A (Form 990	or 990-EZ) 2016

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	qualify under the tests listed be ction A. Public Support	elow, please comp	olete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	(a) 2012	( <b>b)</b> 2013	(6) 2014	(u) 2015	(e) 2010	(I) TOTAL
'	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	80,162.	39,193.	109,423.	59,330.	60 662.	348,770.
2	Gross receipts from activities that	00,1020	3371331	103,1230	33,3301	00,0021	31077700
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	80,162.	39,193.	109,423.	59,330.	60,662.	348,770.
	Amounts included on lines 1, 2, and	00,1020	3371331	105,1250	33,3301	00,0021	31077700
,,	3 received from disqualified persons						0.
Ł	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						0.
,	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						348,770.
	ction B. Total Support						,
Cale	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
	Amounts from line 6	80,162.	(b) 2013 39,193.	109,423.	(d) 2015 59,330.	60,662.	(f) Total 348,770.
	Gross income from interest,			-	-	-	
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	80,162.	39,193.	109,423.	59,330.	60,662.	348,770.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here						<b>&gt;</b>
Se	ction C. Computation of Publi	ic Support Pe	rcentage				
15	Public support percentage for 2016 (I	ine 8, column (f) di	ivided by line 13, o	column (f))			100.00 %
	Public support percentage from 2015					16	100.00 %
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17					- T	17	.00 %
18	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2016. If the						
	more than 33 1/3%, check this box are						<b>&gt;</b> X
k	33 1/3% support tests - 2015. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins	tructions	<u></u>

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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 (as 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
	1		
	•		
	2		
	3a		
	3b		
	3с		
	_		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	•		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
m 0	90 or 99	10-F7	2016

Par	t IV	Supporting Organizations (continued)			
		(Commisse)		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son 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 fam	ily member of a person described in (a) above?	11b		
С	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		
		3. Type I Supporting Organizations			
				Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to			
	regula	rly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	•	ar? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
		be how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organi	izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec		C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sec	tion [	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (	ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organ	ization'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			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	son of the relationship described in (2), did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		rted 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 yea(see instructions).			
а	Ш	The organization satisfied the Activities Test. Complete line 2 below.			
b	Ш	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 insti	ructions	).	
2		ies Test. <i>Answer (a) and (b) below.</i>		Yes	No
а	Did su	ibstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		pported 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 ti	ne organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b		e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
3		t of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? Provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	anizations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must con	nplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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			
	factors (explain in detail in <b>Part VI</b> ):			
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	integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity				
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	is	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in <b>Part VI</b> ). See instructions			
7	Total	annual distributions. Add lines 1 through 6			
8		outions to attentive supported organizations to which the	ne organization is responsive	<del></del>	
		de details in <b>Part VI</b> ). See instructions	3		
9		outable amount for 2016 from Section C, line 6			
10		amount divided by Line 9 amount			
			(i)	(ii)	(iii)
			Excess Distributions	Underdistributions	Distributable
Secti	ion E -	Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distrik	outable amount for 2016 from Section C, line 6			
2		rdistributions, if any, for years prior to 2016 (reason-			
_		cause required- explain in Part VI). See instructions			
3		s distributions carryover, if any, to 2016:			
а	LXCCC	s distributions carryover, if arry, to 2010.			
b					
	From	2013			
	From				
	From				
		of lines 3a through e			
		ed to underdistributions of prior years			
		ed to 2016 distributable amount			
<u></u>		over from 2011 not applied (see instructions)			
÷		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2016 from Section D,			
7	line 7:				
		υ ed to underdistributions of prior years			
		ed to 2016 distributable amount			
		inder. Subtract lines 4a and 4b from 4	7		
5		ining underdistributions for years prior to 2016, if			
3		Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in Part VI. See instructions			
6		ining underdistributions for 2016. Subtract lines 3h			
•		b from line 1. For result greater than zero, explain in			
		/I. See instructions			
7		ss distributions carryover to 2017. Add lines 3j			
•	and 4				
8		down of line 7:			
о a	Dieak	GOWIT OF HITE 1.			
	Evece	ss from 2013			
		ss from 2014			
		ss from 2015			
		ss from 2016			
_	レヘレビン	33 11 U111 EU 1U			

Schedule A (Form 990 or 990-EZ) 2016

#### **SCHEDULE 0** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

Department of the Treasury Internal Revenue Service Name of the organization

JEDCO DEVELOPMENT CORPORATION

**Employer identification number** \*\*-\*\*\*0063

JEDCO DEVELOPMENT CORPORATION		
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:		
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION OF OTHER EXPENSES:		AMOUNT:
TRAVEL & ENTERTAINMENT		1,728.
SUBSCRIPTIONS		1,405.
ADMINISTRATIVE		37,953.
TOTAL TO FORM 990-EZ, LINE 16		41,086.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:		
DESCRIPTION BEG. OF	YEAR :	END OF YEAR
SBA ESCROW 4	1,001.	2,000.
DUE TO JEDCO	0.	4,733.
TOTAL TO FORM 990-EZ, LINE 26	1,001.	6,733.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROVI	DE U.S.	SMALL
BUSINESS ADMINISTRATION (SBA) LOANS TO SMALL BUSINESSES	LOCATED 1	WITHIN
THE GEOGRAPHIC AREA OF JEFFERSON PARISH, LOUISIANA BY WO		
SBA AND PARTICIPATING PRIVATE LENDERS.		
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLI	SHMENTS:	
THE SBA 504 LOAN PROGRAM IS AN ECONOMIC DEVELOPMENT		
PROGRAM OFFERING A FINANCING PACKAGE THAT STIMULATES		
PRIVATE SECTOR INVESTMENT IN LONG-TERM FIXED ASSETS TO		
INCREASE PRODUCTIVITY, CREATE NEW JOBS, AND INCREASE THE	TOCAL T	AX
BASE. THE STIMULUS IS PROVIDED BY MAKING LONG-TERM, LOW		
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sch		90 or 990-EZ) (2016)
632211 08-25-16 1 3		

#### SCHEDULE O (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.

2016
Open to Public Inspection

Name of the organization

JEDCO DEVELOPMENT CORPORATION

Employer identification number \*\*-\*\*\*0063

REASONABLY PRICED FIXED-RATE FINANCING TO HEALTHY AND EXPANDING BUSINESSES WHICH HAVE THE HIGHEST PROBABILITY OF SUCCESSFULLY CREATING NEW JOBS AND COMPETING IN THE WORLD MARKETPLACE. CERTIFIED DEVELOPMENT COMPANIES (CDCS) ARE NON-PROFIT CORPORATIONS CERTIFIED AND REGULATED BY THE SMALL BUSINESS ADMINISTRATION TO PACKAGE, PROCESS, CLOSE, AND SERVICE 504 LOANS. THESE 504 LOANS ARE ISSUED THROUGH A PARTNERSHIP WITH CERTIFIED DEVELOPMENT COMPANIES (CDC) THIRD PARTY LENDERS. THERE ARE A SMALL NUMBER OF AND PRIVATE SECTOR, FOR-PROFIT CDCS THAT HAVE BEEN GRANDFATHERED INTO THE CURRENT 504 PROGRAM. THE PROVISIONS OF THIS SOP APPLY TO THE NON-PROFIT AND THE FOR-PROFIT CDCS IN ACCORDANCE WITH THE TERMS OF THE REGULATIONS. JEDCO DEVELOPMENT CORPORATION IS A CDC IN THE SBA 504 LOAN PROGRAM. BETWEEN 1990 AND 2016 JEDCO DEVELOPMENT CORPORATION HAS APPROVED 111 SBA 504 LOANS AND FUNDED 75 SBA 504 LOANS. THE FINANCE DEPARTMENT IS CURRENTLY STAFFED BY 3 EMPLOYEES OF THE RELATED GOVERNMENTAL ENTITY, JEFFERSON PARISH ECONOMIC DEVELOPMENT & PORT DISTRICT. THE ECONOMIC DEVELOPMENT FINANCE MANAGER MEETS WITH APPLICANTS, GATHERS INFORMATION NECESSARY TO COMPLETE APPLICATIONS AND SUBMITS APPLICATIONS TO THE FINANCE COMMITTEE OF JEDCO DEVELOPMENT CORPORATION FOR APPROVAL. THE FINANCING OPERATIONS MANAGER IS RESPONSIBLE FOR COORDINATING LOAN CLOSINGS WITH BORROWERS AND CLOSING ATTORNEYS. SHE PREPARES ALL CLOSING DOCUMENTS, ATTENDS THE CLOSINGS, AND ENSURES THAT ALL LEGAL DOCUMENTS ARE FILED WITH THE CLERK OF COURT. THE FINANCING PROGRAMS COORDINATOR INPUTS THE LOAN INFORMATION INTO A SOFTWARE PROGRAM USED TO MONITOR LOAN REQUIREMENTS FOR THE LIFE OF THE WHICH IS TYPICALLY 20 YEARS.

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

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

#### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury

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 Open to Public Inspection

Internal Revenue Service Name of the organization

JEDCO DEVELOPMENT CORPORATION

**Employer identification number** \*\*-\*\*\*0063

OVER THE LIFE OF JEDCO'S SBA LOAN PROGRAM, 858 JOBS HAVE BEEN CREATED
AND 355 JOBS HAVE BEEN RETAINED. SBA REQUIRES THAT A CDC CREATE/RETAIN
1 JOB FOR EVERY \$65,000 OF SBA LOANS. JEDCO HAS CREATED/RETAINED 1 JOB
FOR EVERY \$25,000 OF SBA FUNDING.
IN 2016, TWO LOANS WERE FUNDED TOTALING \$1,235,000 (\$145,000 AND
\$1,090,000 WITH ANTICIPATED CREATION OF 13 NEW JOBS.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Name of the organization

JEDCO DEVELOPMENT CORPORATION

Employer identification number \*\*-\*\*\*0063

JEDCO DEVELOPMENT COR			**-***00	
Part IV List of Officers, Directors, Trustees, and Key E				
(a) Name and title	(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
TERESA LAWRENCE				
MEMBER	0.44	0.	0.	0.
TINA DANDRY-MAYES	0.00			
MEMBER	0.08	0.	0.	0.
BRUCE DANTIN MEMBER	0.52	0.	0.	
JOSEPH EWELL	0.52	0.	0.	0.
MEMBER	0.52	0.	0.	0.
ROY GATTUSO	0.52			
MEMBER	0.52	0.	0.	0.
STEPHEN ROBINSON	0002		"	"
MEMBER	0.44	0.	0.	0.
JOSEPH LISS				
MEMBER	0.48	0.	0.	0.
MARK MADDERRA				
CHAIRMAN	0.52	0.	0.	0.
DR. VINICIO MADRIGAL				
MEMBER	0.08	0.	0.	0.
MAYRA PINEDA				
MEMBER	0.52	0.	0.	0.
BRUCE LAYBURN	0 50			
VICE-CHAIR MIKE RONGEY	0.52	0.	0.	0.
MEMBER	0.04	0.	0.	0.
LARISSA LITTLETON STEIB	0.04	0.	0.	0.
MEMBER	0.04	0.	0.	0.
	7		, ·	
			1	
000474_04_04_40			hadula O (Earm	000 au 000 EZ

### Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

#### Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

## filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts

must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print \*\*-\*\*\*0063 JEDCO DEVELOPMENT CORPORATION File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 700 CHURCHILL PARKWAY City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions AVONDALE, LA 70094 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1 Return Application Return

Application Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 07 01 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12

	CYNTHIA GROWS			
	The books are in the care of $ ightharpoonup$ 700 CHURCHILL PARKWAY - AVONDALE, LA 70	094		
-	Telephone No. ► 504-875-3930 Fax No. ►			
•	If the organization does not have an office or place of business in the United States, check this box			▶ □
•	If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this	s is fo	the whole	group, check this
XOC	. If it is for part of the group, check this box  and attach a list with the names and EINs of all	memb	ers the exte	ension is for.
1	I request an automatic 6-month extension of time until NOVEMBER 15, 2017, to file the	e exem	pt organiza	ation return
	for the organization named above. The extension is for the organization's return for:			
	2016			
	ightharpoonup calendar year $2016$ or			
	tax year beginning, and ending		_ ·	
2	If the tax year entered in line 1 is for less than 12 months, check reason:	al retur	n	
	Change in accounting period			
За	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			_
	nonrefundable credits. See instructions.	3a	\$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,			
	by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3с	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2017)