

Annual Report for NFC Development Corporation

Fiscal Year Ending: 12/31/2023

Run Date: 03/25/2024

Status: CERTIFIED

Certified Date: 03/25/2024

**Governance Information (Authority-Related)**

| Question |   | Response | URL (if Applicable)  |
|----------|---|----------|--|
| 1.       | Has the Authority prepared its annual report on operations and accomplishments for the reporting period as required by section 2800 of PAL? | No       |  |
| 2.       | As required by section 2800(9) of PAL, did the Authority prepare an assessment of the effectiveness of its internal controls?               | No       |  |
| 3.       | Has the lead audit partner for the independent audit firm changed in the last five years in accordance with section 2802(4) of PAL?         | No       | N/A  |
| 4.       | Does the independent auditor provide non-audit services to the Authority?   | No       | N/A  |
| 5.       | Does the Authority have an organization chart?  | No       |  |
| 6.       | Are any Authority staff also employed by another government agency?   | Yes      | City of Niagara Falls, NY  |
| 7.       | Has the Authority posted their mission statement to their website?  | Yes      | <a href="http://www.niagarafallsusa.org">www.niagarafallsusa.org</a> |
| 8.       | Has the Authority's mission statement been revised and adopted during the reporting period?   | No       | N/A  |
| 9.       | Attach the Authority's measurement report, as required by section 2824-a of PAL and provide the URL.  |          | <a href="http://www.niagarafallsusa.org">www.niagarafallsusa.org</a> |

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**Governance Information (Board-Related)**

| Question  | Response | URL (If Applicable)   |
|---|----------|---|
| 1. Has the Board established a Governance Committee in accordance with Section 2824(7) of PAL?  | No       | N/A   |
| 2. Has the Board established an Audit Committee in accordance with Section 2824(4) of PAL?  | No       | N/A   |
| 3. Has the Board established a Finance Committee in accordance with Section 2824(8) of PAL?   | No       | N/A   |
| 4. Provide a URL link where a list of Board committees can be found (including the name of the committee and the date established):                 |          | <a href="https://niagarafallsusa.org/government/city-departments/nfc-development-corp/">https://niagarafallsusa.org/government/city-departments/nfc-development-corp/</a> |
| 5. Does the majority of the Board meet the independence requirements of Section 2825(2) of PAL?   | Yes      | N/A   |
| 6. Provide a URL link to the minutes of the Board and committee meetings held during the covered fiscal year  |          | <a href="https://niagarafallsusa.org/government/city-departments/nfc-development-corp/">https://niagarafallsusa.org/government/city-departments/nfc-development-corp/</a> |
| 7. Has the Board adopted bylaws and made them available to Board members and staff?   | Yes      | <a href="https://niagarafallsusa.org/government/city-departments/nfc-development-corp/">https://niagarafallsusa.org/government/city-departments/nfc-development-corp/</a> |
| 8. Has the Board adopted a code of ethics for Board members and staff?  | Yes      | <a href="https://niagarafallsusa.org/government/city-departments/nfc-development-corp/">https://niagarafallsusa.org/government/city-departments/nfc-development-corp/</a> |
| 9. Does the Board review and monitor the Authority's implementation of financial and management controls?   | Yes      | N/A   |
| 10. Does the Board execute direct oversight of the CEO and management in accordance with Section 2824(1) of PAL?                                    | Yes      | N/A   |
| 11. Has the Board adopted policies for the following in accordance with Section 2824(1) of PAL?   |          |   |
| Salary and Compensation   | No       | N/A   |
| Time and Attendance   | No       | N/A   |
| Whistleblower Protection  | Yes      | N/A   |
| Defense and Indemnification of Board Members  | Yes      | N/A   |
| 12. Has the Board adopted a policy prohibiting the extension of credit to Board members and staff in accordance with Section 2824(5) of PAL?        | Yes      | N/A   |
| 13. Are the Authority's Board members, officers, and staff required to submit financial disclosure forms in accordance with Section 2825(3) of PAL? | Yes      | N/A   |
| 14. Was a performance evaluation of the board completed?  | No       | N/A   |
| 15. Was compensation paid by the Authority made in accordance with employee or union contracts?   | No       | N/A   |
| 16. Has the board adopted a conditional/additional compensation policy governing all employees?   | No       |   |

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**Board of Directors Listing**

|   |               |  |       |
|---|---------------|--|-------|
| <b>Name</b>                                       | Aversa, Ralph | <b>Nominated By</b>  | Local |
| <b>Chair of the Board</b>                         | No            | <b>Appointed By</b>  | Local |
| <b>If yes, Chair Designated by</b>                |               | <b>Confirmed by Senate?</b>  | N/A   |
| <b>Term Start Date</b>                            | 1/1/2021      | <b>Has the Board Member/Designee Signed the Acknowledgement of Fiduciary Duty?</b>                     | Yes   |
| <b>Term Expiration Date</b>                       | 12/31/2022    | <b>Complied with Training Requirement of Section 2824?</b>   | No    |
| <b>Title</b>                                      |               | <b>Does the Board Member/Designee also Hold an Elected or Appointed State Government Position?</b>     | No    |
| <b>Has the Board Member Appointed a Designee?</b> |               | <b>Does the Board Member/Designee also Hold an Elected or Appointed Municipal Government Position?</b> | No    |
| <b>Designee Name</b>                              |               | <b>Ex-Officio</b>  |       |

|   |                     |  |       |
|---|---------------------|--|-------|
| <b>Name</b>                                       | Bax, Traci          | <b>Nominated By</b>  | Local |
| <b>Chair of the Board</b>                         | No                  | <b>Appointed By</b>  | Local |
| <b>If yes, Chair Designated by</b>                |                     | <b>Confirmed by Senate?</b>  | N/A   |
| <b>Term Start Date</b>                            | 1/1/2022            | <b>Has the Board Member/Designee Signed the Acknowledgement of Fiduciary Duty?</b>                     | Yes   |
| <b>Term Expiration Date</b>                       | Ex-Officio          | <b>Complied with Training Requirement of Section 2824?</b>   | No    |
| <b>Title</b>                                      | City Council Member | <b>Does the Board Member/Designee also Hold an Elected or Appointed State Government Position?</b>     | No    |
| <b>Has the Board Member Appointed a Designee?</b> | No                  | <b>Does the Board Member/Designee also Hold an Elected or Appointed Municipal Government Position?</b> | Yes   |
| <b>Designee Name</b>                              |                     | <b>Ex-Officio</b>  | Yes   |

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|   |                |  |       |
|---|----------------|--|-------|
| <b>Name</b>                                       | Casale, Joseph | <b>Nominated By</b>  | Local |
| <b>Chair of the Board</b>                         | No             | <b>Appointed By</b>  | Local |
| <b>If yes, Chair Designated by</b>                |                | <b>Confirmed by Senate?</b>  | N/A   |
| <b>Term Start Date</b>                            | 1/1/2006       | <b>Has the Board Member/Designee Signed the Acknowledgement of Fiduciary Duty?</b>                     | Yes   |
| <b>Term Expiration Date</b>                       | 12/31/2022     | <b>Complied with Training Requirement of Section 2824?</b>   | No    |
| <b>Title</b>                                      |                | <b>Does the Board Member/Designee also Hold an Elected or Appointed State Government Position?</b>     | No    |
| <b>Has the Board Member Appointed a Designee?</b> |                | <b>Does the Board Member/Designee also Hold an Elected or Appointed Municipal Government Position?</b> | No    |
| <b>Designee Name</b>                              |                | <b>Ex-Officio</b>  |       |

|   |                     |  |            |
|---|---------------------|--|------------|
| <b>Name</b>                                       | Cauley, Vincent     | <b>Nominated By</b>  | Ex-Officio |
| <b>Chair of the Board</b>                         | No                  | <b>Appointed By</b>  | Ex-Officio |
| <b>If yes, Chair Designated by</b>                |                     | <b>Confirmed by Senate?</b>  | N/A        |
| <b>Term Start Date</b>                            | 1/1/2023            | <b>Has the Board Member/Designee Signed the Acknowledgement of Fiduciary Duty?</b>                     | Yes        |
| <b>Term Expiration Date</b>                       | Ex-Officio          | <b>Complied with Training Requirement of Section 2824?</b>   | No         |
| <b>Title</b>                                      | City Council Member | <b>Does the Board Member/Designee also Hold an Elected or Appointed State Government Position?</b>     | No         |
| <b>Has the Board Member Appointed a Designee?</b> | No                  | <b>Does the Board Member/Designee also Hold an Elected or Appointed Municipal Government Position?</b> | No         |
| <b>Designee Name</b>                              |                     | <b>Ex-Officio</b>  | Yes        |

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|---|---------------|--|-------|
| <b>Name</b>                                       | Fera, Stanley | <b>Nominated By</b>  | Local |
| <b>Chair of the Board</b>                         | No            | <b>Appointed By</b>  | Local |
| <b>If yes, Chair Designated by</b>                |               | <b>Confirmed by Senate?</b>  | N/A   |
| <b>Term Start Date</b>                            | 1/1/2020      | <b>Has the Board Member/Designee Signed the Acknowledgement of Fiduciary Duty?</b>                     | Yes   |
| <b>Term Expiration Date</b>                       | 12/31/2022    | <b>Complied with Training Requirement of Section 2824?</b>   | No    |
| <b>Title</b>                                      |               | <b>Does the Board Member/Designee also Hold an Elected or Appointed State Government Position?</b>     | No    |
| <b>Has the Board Member Appointed a Designee?</b> |               | <b>Does the Board Member/Designee also Hold an Elected or Appointed Municipal Government Position?</b> | No    |
| <b>Designee Name</b>                              |               | <b>Ex-Officio</b>  |       |

|   |                     |  |       |
|---|---------------------|--|-------|
| <b>Name</b>                                       | Henwood, Jacqueline | <b>Nominated By</b>  | Local |
| <b>Chair of the Board</b>                         | No                  | <b>Appointed By</b>  | Local |
| <b>If yes, Chair Designated by</b>                |                     | <b>Confirmed by Senate?</b>  | N/A   |
| <b>Term Start Date</b>                            | 1/1/2010            | <b>Has the Board Member/Designee Signed the Acknowledgement of Fiduciary Duty?</b>                     | Yes   |
| <b>Term Expiration Date</b>                       | 12/31/2022          | <b>Complied with Training Requirement of Section 2824?</b>   | No    |
| <b>Title</b>                                      |                     | <b>Does the Board Member/Designee also Hold an Elected or Appointed State Government Position?</b>     | No    |
| <b>Has the Board Member Appointed a Designee?</b> |                     | <b>Does the Board Member/Designee also Hold an Elected or Appointed Municipal Government Position?</b> | No    |
| <b>Designee Name</b>                              |                     | <b>Ex-Officio</b>  |       |

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|---|-----------------|--|------------|
| <b>Name</b>                                       | Hooper, Michael | <b>Nominated By</b>  | Ex-Officio |
| <b>Chair of the Board</b>                         | No              | <b>Appointed By</b>  | Ex-Officio |
| <b>If yes, Chair Designated by</b>                |                 | <b>Confirmed by Senate?</b>  | No         |
| <b>Term Start Date</b>                            | 3/1/2005        | <b>Has the Board Member/Designee Signed the Acknowledgement of Fiduciary Duty?</b>                     | Yes        |
| <b>Term Expiration Date</b>                       | Ex-Officio      | <b>Complied with Training Requirement of Section 2824?</b>   | No         |
| <b>Title</b>                                      | NFURA           | <b>Does the Board Member/Designee also Hold an Elected or Appointed State Government Position?</b>     | No         |
| <b>Has the Board Member Appointed a Designee?</b> | No              | <b>Does the Board Member/Designee also Hold an Elected or Appointed Municipal Government Position?</b> | No         |
| <b>Designee Name</b>                              |                 | <b>Ex-Officio</b>  | Yes        |

|   |                          |  |       |
|---|--------------------------|--|-------|
| <b>Name</b>                                       | Indelicato-Matar, Angela | <b>Nominated By</b>  | Local |
| <b>Chair of the Board</b>                         | No                       | <b>Appointed By</b>  | Local |
| <b>If yes, Chair Designated by</b>                |                          | <b>Confirmed by Senate?</b>  | N/A   |
| <b>Term Start Date</b>                            | 9/23/2021                | <b>Has the Board Member/Designee Signed the Acknowledgement of Fiduciary Duty?</b>                     | Yes   |
| <b>Term Expiration Date</b>                       | 12/31/2022               | <b>Complied with Training Requirement of Section 2824?</b>   | No    |
| <b>Title</b>                                      |                          | <b>Does the Board Member/Designee also Hold an Elected or Appointed State Government Position?</b>     | No    |
| <b>Has the Board Member Appointed a Designee?</b> |                          | <b>Does the Board Member/Designee also Hold an Elected or Appointed Municipal Government Position?</b> | No    |
| <b>Designee Name</b>                              |                          | <b>Ex-Officio</b>  |       |

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|---|---------------------|--|-------|
| <b>Name</b>                                       | Meyles, Donta       | <b>Nominated By</b>  | Local |
| <b>Chair of the Board</b>                         | No                  | <b>Appointed By</b>  | Local |
| <b>If yes, Chair Designated by</b>                |                     | <b>Confirmed by Senate?</b>  | N/A   |
| <b>Term Start Date</b>                            | 1/1/2022            | <b>Has the Board Member/Designee Signed the Acknowledgement of Fiduciary Duty?</b>                     | Yes   |
| <b>Term Expiration Date</b>                       | Ex-Officio          | <b>Complied with Training Requirement of Section 2824?</b>   | Yes   |
| <b>Title</b>                                      | City Council Member | <b>Does the Board Member/Designee also Hold an Elected or Appointed State Government Position?</b>     | No    |
| <b>Has the Board Member Appointed a Designee?</b> | No                  | <b>Does the Board Member/Designee also Hold an Elected or Appointed Municipal Government Position?</b> | Yes   |
| <b>Designee Name</b>                              |                     | <b>Ex-Officio</b>  | Yes   |

|   |                    |  |            |
|---|--------------------|--|------------|
| <b>Name</b>                                       | Mooradian, Douglas | <b>Nominated By</b>  | Ex-Officio |
| <b>Chair of the Board</b>                         | No                 | <b>Appointed By</b>  | Ex-Officio |
| <b>If yes, Chair Designated by</b>                |                    | <b>Confirmed by Senate?</b>  | No         |
| <b>Term Start Date</b>                            | 3/6/2017           | <b>Has the Board Member/Designee Signed the Acknowledgement of Fiduciary Duty?</b>                     | Yes        |
| <b>Term Expiration Date</b>                       | Ex-Officio         | <b>Complied with Training Requirement of Section 2824?</b>   | No         |
| <b>Title</b>                                      | NFURA              | <b>Does the Board Member/Designee also Hold an Elected or Appointed State Government Position?</b>     | No         |
| <b>Has the Board Member Appointed a Designee?</b> | No                 | <b>Does the Board Member/Designee also Hold an Elected or Appointed Municipal Government Position?</b> | No         |
| <b>Designee Name</b>                              |                    | <b>Ex-Officio</b>  | Yes        |

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|---|------------|--|-------|
| <b>Name</b>                                       | Muto, Lucy | <b>Nominated By</b>  | Local |
| <b>Chair of the Board</b>                         | No         | <b>Appointed By</b>  | Local |
| <b>If yes, Chair Designated by</b>                |            | <b>Confirmed by Senate?</b>  | No    |
| <b>Term Start Date</b>                            | 1/1/2003   | <b>Has the Board Member/Designee Signed the Acknowledgement of Fiduciary Duty?</b>                     | Yes   |
| <b>Term Expiration Date</b>                       | 12/31/2022 | <b>Complied with Training Requirement of Section 2824?</b>   | No    |
| <b>Title</b>                                      |            | <b>Does the Board Member/Designee also Hold an Elected or Appointed State Government Position?</b>     | No    |
| <b>Has the Board Member Appointed a Designee?</b> |            | <b>Does the Board Member/Designee also Hold an Elected or Appointed Municipal Government Position?</b> | No    |
| <b>Designee Name</b>                              |            | <b>Ex-Officio</b>  |       |

|   |                  |  |            |
|---|------------------|--|------------|
| <b>Name</b>                                       | O'Connor, Doreen | <b>Nominated By</b>  | Ex-Officio |
| <b>Chair of the Board</b>                         | No               | <b>Appointed By</b>  | Ex-Officio |
| <b>If yes, Chair Designated by</b>                |                  | <b>Confirmed by Senate?</b>  | No         |
| <b>Term Start Date</b>                            | 3/28/2018        | <b>Has the Board Member/Designee Signed the Acknowledgement of Fiduciary Duty?</b>                     | Yes        |
| <b>Term Expiration Date</b>                       | Ex-Officio       | <b>Complied with Training Requirement of Section 2824?</b>   | No         |
| <b>Title</b>                                      | NFURA            | <b>Does the Board Member/Designee also Hold an Elected or Appointed State Government Position?</b>     | No         |
| <b>Has the Board Member Appointed a Designee?</b> | No               | <b>Does the Board Member/Designee also Hold an Elected or Appointed Municipal Government Position?</b> | No         |
| <b>Designee Name</b>                              |                  | <b>Ex-Officio</b>  | Yes        |



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|---|------------------|--|------------|
| <b>Name</b>                                       | Restaino, Robert | <b>Nominated By</b>  | Ex-Officio |
| <b>Chair of the Board</b>                         | Yes              | <b>Appointed By</b>  | Ex-Officio |
| <b>If yes, Chair Designated by</b>                | Elected by Board | <b>Confirmed by Senate?</b>  | N/A        |
| <b>Term Start Date</b>                            | 1/1/2020         | <b>Has the Board Member/Designee Signed the Acknowledgement of Fiduciary Duty?</b>                     | Yes        |
| <b>Term Expiration Date</b>                       | Ex-Officio       | <b>Complied with Training Requirement of Section 2824?</b>   | No         |
| <b>Title</b>                                      | Mayor            | <b>Does the Board Member/Designee also Hold an Elected or Appointed State Government Position?</b>     | No         |
| <b>Has the Board Member Appointed a Designee?</b> | No               | <b>Does the Board Member/Designee also Hold an Elected or Appointed Municipal Government Position?</b> | No         |
| <b>Designee Name</b>                              |                  | <b>Ex-Officio</b>  | Yes        |

|   |               |  |       |
|---|---------------|--|-------|
| <b>Name</b>                                       | Sawicki, Anne | <b>Nominated By</b>  | Local |
| <b>Chair of the Board</b>                         | No            | <b>Appointed By</b>  | Local |
| <b>If yes, Chair Designated by</b>                |               | <b>Confirmed by Senate?</b>  | N/A   |
| <b>Term Start Date</b>                            | 1/1/2020      | <b>Has the Board Member/Designee Signed the Acknowledgement of Fiduciary Duty?</b>                     | Yes   |
| <b>Term Expiration Date</b>                       | 12/31/2022    | <b>Complied with Training Requirement of Section 2824?</b>   | No    |
| <b>Title</b>                                      |               | <b>Does the Board Member/Designee also Hold an Elected or Appointed State Government Position?</b>     | No    |
| <b>Has the Board Member Appointed a Designee?</b> |               | <b>Does the Board Member/Designee also Hold an Elected or Appointed Municipal Government Position?</b> | No    |
| <b>Designee Name</b>                              |               | <b>Ex-Officio</b>  |       |

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|---|---------------------|--|------------|
| <b>Name</b>                                       | Tompkins, Kenny     | <b>Nominated By</b>  | Ex-Officio |
| <b>Chair of the Board</b>                         | No                  | <b>Appointed By</b>  | Ex-Officio |
| <b>If yes, Chair Designated by</b>                |                     | <b>Confirmed by Senate?</b>  | N/A        |
| <b>Term Start Date</b>                            | 1/1/2016            | <b>Has the Board Member/Designee Signed the Acknowledgement of Fiduciary Duty?</b>                     | Yes        |
| <b>Term Expiration Date</b>                       | Ex-Officio          | <b>Complied with Training Requirement of Section 2824?</b>   | No         |
| <b>Title</b>                                      | City Council Member | <b>Does the Board Member/Designee also Hold an Elected or Appointed State Government Position?</b>     | No         |
| <b>Has the Board Member Appointed a Designee?</b> | No                  | <b>Does the Board Member/Designee also Hold an Elected or Appointed Municipal Government Position?</b> | Yes        |
| <b>Designee Name</b>                              |                     | <b>Ex-Officio</b>  | Yes        |

|   |                |  |       |
|---|----------------|--|-------|
| <b>Name</b>                                       | Whittaker, Lee | <b>Nominated By</b>  | Local |
| <b>Chair of the Board</b>                         | No             | <b>Appointed By</b>  | Local |
| <b>If yes, Chair Designated by</b>                |                | <b>Confirmed by Senate?</b>  | N/A   |
| <b>Term Start Date</b>                            | 1/1/1999       | <b>Has the Board Member/Designee Signed the Acknowledgement of Fiduciary Duty?</b>                     | Yes   |
| <b>Term Expiration Date</b>                       | 12/31/2021     | <b>Complied with Training Requirement of Section 2824?</b>   | No    |
| <b>Title</b>                                      |                | <b>Does the Board Member/Designee also Hold an Elected or Appointed State Government Position?</b>     | No    |
| <b>Has the Board Member Appointed a Designee?</b> |                | <b>Does the Board Member/Designee also Hold an Elected or Appointed Municipal Government Position?</b> | No    |
| <b>Designee Name</b>                              |                | <b>Ex-Officio</b>  |       |

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|---|---------------------|--|-------|
| <b>Name</b>                                       | Zajac, David        | <b>Nominated By</b>  | Local |
| <b>Chair of the Board</b>                         | No                  | <b>Appointed By</b>  | Local |
| <b>If yes, Chair Designated by</b>                |                     | <b>Confirmed by Senate?</b>  | N/A   |
| <b>Term Start Date</b>                            | 1/1/2022            | <b>Has the Board Member/Designee Signed the Acknowledgement of Fiduciary Duty?</b>                     | Yes   |
| <b>Term Expiration Date</b>                       | Ex-Officio          | <b>Complied with Training Requirement of Section 2824?</b>   | Yes   |
| <b>Title</b>                                      | City Council Member | <b>Does the Board Member/Designee also Hold an Elected or Appointed State Government Position?</b>     | Yes   |
| <b>Has the Board Member Appointed a Designee?</b> | No                  | <b>Does the Board Member/Designee also Hold an Elected or Appointed Municipal Government Position?</b> | Yes   |
| <b>Designee Name</b>                              |                     | <b>Ex-Officio</b>  | Yes   |

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**Staff Listing**

| Name                  | Title                       | Group                          | Department/<br>Subsidiary | Union<br>Name | Bargaining<br>Unit | Full Time/<br>Part Time | Exempt | Base<br>Annualized<br>Salary | Actual<br>salary paid<br>to the<br>Individual | Overtime<br>paid by<br>Authority | Performance<br>Bonus | Extra Pay | Other<br>Compensati<br>on/Allowanc<br>es/Adjustme<br>nts | Total<br>Compensati<br>on paid<br>by<br>Authority | Individual<br>also paid by<br>another<br>entity to<br>perform the<br>work of the<br>Authority | If yes, Is<br>the<br>payment<br>made by a<br>State or<br>local<br>governme<br>nt |
|-----------------------|-----------------------------|--------------------------------|---------------------------|---------------|--------------------|-------------------------|--------|------------------------------|---|----------------------------------|----------------------|-----------|--|---|---|--|
| Bimont, Gail          | Administrative<br>Assistant | Administrative<br>and Clerical |                           |               |                    | PT                      | Yes    | \$2,000.00                   | \$2,000.00                                    | \$0.00                           | \$0.00               | \$0.00    | \$0.00   | \$2,000.00  | Yes   | Yes  |
| Brown, Maria          | Accountant                  | Professional                   |                           |               |                    | PT                      | Yes    | \$0.00                       | \$0.00  | \$0.00                           | \$0.00               | \$0.00    | \$0.00   | \$0.00  | Yes   | Yes  |
| Maggi, Joe            | Accountant                  | Professional                   |                           |               |                    | PT                      | Yes    | \$0.00                       | \$0.00  | \$0.00                           | \$0.00               | \$0.00    | \$0.00   | \$0.00  | Yes   | Yes  |
| Mazur,<br>Christopher | General<br>Counsel          | Professional                   |                           |               |                    | PT                      | Yes    | \$0.00                       | \$0.00  | \$0.00                           | \$0.00               | \$0.00    | \$0.00   | \$0.00  | Yes   | Yes  |
| Tedesco,<br>Thomas    | Executive<br>Director       | Operational                    |                           |               |                    | PT                      | Yes    | \$3,750.00                   | \$3,750.00                                    | \$0.00                           | \$0.00               | \$0.00    | \$0.00   | \$3,750.00  | Yes   | Yes  |

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**Benefit Information**

|   |    |
|---|----|
| During the fiscal year, did the Authority continue to pay for any of the above mentioned benefits for former staff or individuals affiliated With the Authority after those individuals left the Authority? | No |
|---|----|

**Board Members**

| Name                     | Title              | Severance Package | Payment for Unused Leave | Club Memberships | Use of Corporate Credit Cards | Personal Loans | Auto | Transportation | Housing Allowance | Spousal / Dependent Life Insurance | Tuition Assistance | Multi-Year Employment | None of these Benefits | Other |
|--------------------------|--------------------|-------------------|--------------------------|------------------|-------------------------------|----------------|------|----------------|-------------------|------------------------------------|--------------------|-----------------------|------------------------|-------|
| Aversa, Ralph            | Board of Directors |                   |                          |                  |                               |                |      |                |                   |                                    |                    |                       | X                      |       |
| Bax, Traci               | Board of Directors |                   |                          |                  |                               |                |      |                |                   |                                    |                    |                       | X                      |       |
| Casale, Joseph           | Board of Directors |                   |                          |                  |                               |                |      |                |                   |                                    |                    |                       | X                      |       |
| Cauley, Vincent          | Board of Directors |                   |                          |                  |                               |                |      |                |                   |                                    |                    |                       | X                      |       |
| Fera, Stanley            | Board of Directors |                   |                          |                  |                               |                |      |                |                   |                                    |                    |                       | X                      |       |
| Henwood, Jacqueline      | Board of Directors |                   |                          |                  |                               |                |      |                |                   |                                    |                    |                       | X                      |       |
| Hooper, Michael          | Board of Directors |                   |                          |                  |                               |                |      |                |                   |                                    |                    |                       | X                      |       |
| Indelicato-Matar, Angela | Board of Directors |                   |                          |                  |                               |                |      |                |                   |                                    |                    |                       | X                      |       |
| Meyles, Donta            | Board of Directors |                   |                          |                  |                               |                |      |                |                   |                                    |                    |                       | X                      |       |
| Mooradian, Douglas       | Board of Directors |                   |                          |                  |                               |                |      |                |                   |                                    |                    |                       | X                      |       |
| Muto, Lucy               | Board of Directors |                   |                          |                  |                               |                |      |                |                   |                                    |                    |                       | X                      |       |
| O'Connor, Doreen         | Board of Directors |                   |                          |                  |                               |                |      |                |                   |                                    |                    |                       | X                      |       |
| Restaino, Robert         | Board of Directors |                   |                          |                  |                               |                |      |                |                   |                                    |                    |                       | X                      |       |
| Sawicki, Anne            | Board of Directors |                   |                          |                  |                               |                |      |                |                   |                                    |                    |                       | X                      |       |

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| Name            | Title              | Severance Package | Payment for Unused Leave | Club Memberships | Use of Corporate Credit Cards | Personal Loans | Auto | Transportation | Housing Allowance | Spousal / Dependent Life Insurance | Tuition Assistance | Multi-Year Employment | None of these Benefits | Other |
|-----------------|--------------------|-------------------|--------------------------|------------------|-------------------------------|----------------|------|----------------|-------------------|------------------------------------|--------------------|-----------------------|------------------------|-------|
| Tompkins, Kenny | Board of Directors |                   |                          |                  |                               |                |      |                |                   |                                    |                    |                       | X                      |       |
| Whittaker, Lee  | Board of Directors |                   |                          |                  |                               |                |      |                |                   |                                    |                    |                       | X                      |       |
| Zajac, David    | Board of Directors |                   |                          |                  |                               |                |      |                |                   |                                    |                    |                       | X                      |       |

**Staff**

| Name | Title | Severance Package | Payment for Unused Leave | Club Memberships | Use of Corporate Credit Cards | Personal Loans | Auto | Transportation | Housing Allowance | Spousal / Dependent Life Insurance | Tuition Assistance | Multi-Year Employment | None of these Benefits | Other |
|------|-------|-------------------|--------------------------|------------------|-------------------------------|----------------|------|----------------|-------------------|------------------------------------|--------------------|-----------------------|------------------------|-------|
|------|-------|-------------------|--------------------------|------------------|-------------------------------|----------------|------|----------------|-------------------|------------------------------------|--------------------|-----------------------|------------------------|-------|

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**Subsidiary/Component Unit Verification**

|  |     |
|--|-----|
| Is the list of subsidiaries, as assembled by the Office of the State Comptroller, correct?   | Yes |
| Are there other subsidiaries or component units of the Authority that are active, not included in the PARIS reports submitted by this Authority and not independently filing reports in PARIS? | No  |

| Name of Subsidiary/Component Unit | Status |
|-----------------------------------|--------|
|-----------------------------------|--------|

**Request Subsidiary/Component Unit Change**

| Name of Subsidiary/Component Unit | Status | Requested Changes |
|-----------------------------------|--------|-------------------|
|-----------------------------------|--------|-------------------|

**Request Add Subsidiaries/Component Units**

| Name of Subsidiary/Component Unit | Establishment Date | Purpose of Subsidiary/Component Unit |
|-----------------------------------|--------------------|--------------------------------------|
|-----------------------------------|--------------------|--------------------------------------|

**Request Delete Subsidiaries/Component Units**

| Name of Subsidiary/Component Unit | Termination Date | Reason for Termination | Proof of Termination Document Name |
|-----------------------------------|------------------|------------------------|------------------------------------|
|-----------------------------------|------------------|------------------------|------------------------------------|

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**Summary Financial Information**
**SUMMARY STATEMENT OF NET ASSETS**

|                               |   |  | Amount                |
|-------------------------------|---|--|-----------------------|
| <b>Assets</b>                 |   |  |                       |
| <b>Current Assets</b>         |   |  |                       |
|                               | Cash and cash equivalents                       |  | \$3,247,729.00        |
|                               | Investments                                     |  | \$0.00                |
|                               | Receivables, net                                |  | \$5,962.00            |
|                               | Other assets                                    |  | \$0.00                |
|                               | Total current assets                            |  | \$3,253,691.00        |
| <b>Noncurrent Assets</b>      |   |  |                       |
|                               | Restricted cash and investments                 |  | \$0.00                |
|                               | Long-term receivables, net                      |  | \$4,033.00            |
|                               | Other assets                                    |  | \$0.00                |
| <b>Capital Assets</b>         |   |  |                       |
|                               |   | Land and other nondepreciable property | \$0.00                |
|                               |   | Buildings and equipment                | \$0.00                |
|                               |   | Infrastructure                         | \$0.00                |
|                               |   | Accumulated depreciation               | \$0.00                |
|                               |   | Net Capital Assets                     | \$0.00                |
|                               | Total noncurrent assets                         |  | \$4,033.00            |
| <b>Total assets</b>           |   |  | <b>\$3,257,724.00</b> |
| <b>Liabilities</b>            |   |  |                       |
| <b>Current Liabilities</b>    |   |  |                       |
|                               | Accounts payable                                |  | \$31,908.00           |
|                               | Pension contribution payable                    |  | \$0.00                |
|                               | Other post-employment benefits                  |  | \$0.00                |
|                               | Accrued liabilities                             |  | \$0.00                |
|                               | Deferred revenues                               |  | \$0.00                |
|                               | Bonds and notes payable                         |  | \$0.00                |
|                               | Other long-term obligations due within one year |  | \$0.00                |
|                               | Total current liabilities                       |  | \$31,908.00           |
| <b>Noncurrent Liabilities</b> |   |  |                       |



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|                            |   |  |                |
|----------------------------|---|--|----------------|
|                            | Pension contribution payable                    |  | \$0.00         |
|                            | Other post-employment benefits                  |  | \$0.00         |
|                            | Bonds and notes payable                         |  | \$0.00         |
|                            | Long term leases                                |  | \$0.00         |
|                            | Other long-term obligations                     |  | \$2,586,559.00 |
|                            | Total noncurrent liabilities                    |  | \$2,586,559.00 |
| <b>Total liabilities</b>   |   |  | \$2,618,467.00 |
| <b>Net Asset (Deficit)</b> |   |  |                |
| <b>Net Assets</b>          |   |  |                |
|                            | Invested in capital assets, net of related debt |  | \$0.00         |
|                            | Restricted                                      |  | \$320.00       |
|                            | Unrestricted                                    |  | \$638,937.00   |
|                            | Total net assets                                |  | \$639,257.00   |

**SUMMARY STATEMENT OF REVENUE, EXPENSES AND CHANGES IN NET ASSETS**

|                                |                                 |  | Amount       |
|--------------------------------|---------------------------------|--|--------------|
| <b>Operating Revenues</b>      |                                 |  |              |
|                                | Charges for services            |  | \$942.00     |
|                                | Rental and financing income     |  | \$0.00       |
|                                | Other operating revenues        |  | \$356,936.00 |
|                                | Total operating revenue         |  | \$357,878.00 |
| <b>Operating Expenses</b>      |                                 |  |              |
|                                | Salaries and wages              |  | \$0.00       |
|                                | Other employee benefits         |  | \$0.00       |
|                                | Professional services contracts |  | \$0.00       |
|                                | Supplies and materials          |  | \$0.00       |
|                                | Depreciation and amortization   |  | \$0.00       |
|                                | Other operating expenses        |  | \$61,465.00  |
|                                | Total operating expenses        |  | \$61,465.00  |
| <b>Operating income (loss)</b> |                                 |  | \$296,413.00 |
| <b>Nonoperating Revenues</b>   |                                 |  |              |
|                                | Investment earnings             |  | \$38,685.00  |
|                                | State subsidies/grants          |  | \$0.00       |
|                                | Federal subsidies/grants        |  | \$0.00       |
|                                | Municipal subsidies/grants      |  | \$0.00       |
|                                | Public authority subsidies      |  | \$0.00       |

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|   |                                       |  |               |
|---|---------------------------------------|--|---------------|
|   | Other nonoperating revenues           |  | \$0.00        |
|   | Total nonoperating revenue            |  | \$38,685.00   |
| <b>Nonoperating Expenses</b>                  |                                       |  |               |
|   | Interest and other financing charges  |  | \$0.00        |
|   | Subsidies to other public authorities |  | \$0.00        |
|   | Grants and donations                  |  | \$400,514.00  |
|   | Other nonoperating expenses           |  | \$0.00        |
|   | Total nonoperating expenses           |  | \$400,514.00  |
|   | Income (loss) before contributions    |  | (\$65,416.00) |
| <b>Capital contributions</b>                  |                                       |  | \$0.00        |
| <b>Change in net assets</b>                   |                                       |  | (\$65,416.00) |
| <b>Net assets (deficit) beginning of year</b> |                                       |  | \$704,673.00  |
| <b>Other net assets changes</b>               |                                       |  | \$0.00        |
| <b>Net assets (deficit) at end of year</b>    |                                       |  | \$639,257.00  |

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**Current Debt**

| Question |  | Response |
|----------|--|----------|
| 1.       | Did the Authority have any outstanding debt, including conduit debt, at any point during the reporting period? | No       |
| 2.       | If yes, has the Authority issued any debt during the reporting period?   |          |

**New Debt Issuances**

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**Schedule of Authority Debt**

| Type of Debt                        |                                     |  | Statutory Authorization(\$) | Outstanding Start of Fiscal Year(\$) | New Debt Issuances(\$) | Debt Retired (\$) | Outstanding End of Fiscal Year(\$) |
|-------------------------------------|-------------------------------------|--|-----------------------------|--------------------------------------|------------------------|-------------------|------------------------------------|
| State Obligation                    | State Guaranteed                    |  |                             |                                      |                        |                   |                                    |
| State Obligation                    | State Supported                     |  |                             |                                      |                        |                   |                                    |
| State Obligation                    | State Contingent Obligation         |  |                             |                                      |                        |                   |                                    |
| State Obligation                    | State Moral Obligation              |  |                             |                                      |                        |                   |                                    |
| Other State-Funded                  | Other State-Funded                  |  |                             |                                      |                        |                   |                                    |
| Authority Debt - General Obligation | Authority Debt - General Obligation |  |                             |                                      |                        |                   |                                    |
| Authority Debt - Revenue            | Authority Debt - Revenue            |  |                             |                                      |                        |                   |                                    |
| Authority Debt - Other              | Authority Debt - Other              |  |                             |                                      |                        |                   |                                    |
| Conduit                             |                                     | Conduit Debt                             |                             |                                      |                        |                   |                                    |
| Conduit                             |                                     | Conduit Debt - Pilot Increment Financing |                             |                                      |                        |                   |                                    |
| <b>TOTALS</b>                       |                                     |  |                             |                                      |                        |                   |                                    |

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**Real Property Acquisition/Disposal List**

This Authority has indicated that it had no real property acquisitions or disposals during the reporting period.

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**Personal Property**

This Authority has indicated that it had no personal property disposals during the reporting period.

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**Property Documents**

| Question |   | Response | URL (If Applicable)   |
|----------|---|----------|---|
| 1.       | In accordance with Section 2896(3) of PAL, the Authority is required to prepare a report at least annually of all real property of the Authority. Has this report been prepared?          | Yes      | <a href="https://niagarafallsusa.org/government/city-departments/nfc-development-corp/nfc-document-archives/">https://niagarafallsusa.org/government/city-departments/nfc-development-corp/nfc-document-archives/</a>   |
| 2.       | Has the Authority prepared policies, procedures, or guidelines regarding the use, awarding, monitoring, and reporting of contracts for the acquisition and disposal of property?          | Yes      | <a href="https://niagarafallsusa.org/government/city-departments/nfc-development-corp/nfc-document-archives/e">https://niagarafallsusa.org/government/city-departments/nfc-development-corp/nfc-document-archives/e</a> |
| 3.       | In accordance with Section 2896(1) of PAL, has the Authority named a contracting officer who shall be responsible for the Authority's compliance with and enforcement of such guidelines? | Yes      | N/A   |

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**Grant Information**

|  |                                 |
|--|---------------------------------|
| <b>Source of Grant Funds</b>                                       | Municipal                       |
| <b>Name of Grant Recipient</b>                                     | 324 Niagara Street Landlord LLC |
| <b>Address Line1</b>   | 324 Niagara Street              |
| <b>Address Line2</b>   |                                 |
| <b>City</b>  | NIAGARA FALLS                   |
| <b>State</b>   | NY                              |
| <b>Postal Code - Plus4</b>   | 14301                           |
| <b>Province/Region</b>   |                                 |
| <b>Country</b>   | United States                   |
| <b>Amount of Grant Award Provided During Reporting Year</b>        | \$40,000.00                     |
| <b>Date Grant Awarded</b>  | 7/13/2023                       |
| <b>Purpose of Grant</b>  | Business Expansion/Startup      |
| <b>Was the Grant Expected to Result in New Jobs Being Created?</b> | Yes                             |
| <b>If yes, How Many Jobs Were Planned to be Created?</b>           | 1                               |
| <b>If yes, How Many Jobs Have Been Created to Date?</b>            | 1                               |

|  |                                    |
|--|------------------------------------|
| <b>Source of Grant Funds</b>                                       | Federal                            |
| <b>Name of Grant Recipient</b>                                     | Berger Factory Niagara Falls (A&W) |
| <b>Address Line1</b>   | 151 Buffalo Ave, Apt 610           |
| <b>Address Line2</b>   |                                    |
| <b>City</b>  | NIAGARA FALLS                      |
| <b>State</b>   | NY                                 |
| <b>Postal Code - Plus4</b>   | 14301                              |
| <b>Province/Region</b>   |                                    |
| <b>Country</b>   | United States                      |
| <b>Amount of Grant Award Provided During Reporting Year</b>        | \$25,000.00                        |
| <b>Date Grant Awarded</b>  | 10/25/2023                         |
| <b>Purpose of Grant</b>  | Business Expansion/Startup         |
| <b>Was the Grant Expected to Result in New Jobs Being Created?</b> | Yes                                |
| <b>If yes, How Many Jobs Were Planned to be Created?</b>           | 1                                  |
| <b>If yes, How Many Jobs Have Been Created to Date?</b>            | 1                                  |



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|  |                            |
|--|----------------------------|
| <b>Source of Grant Funds</b>                                       | Federal                    |
| <b>Name of Grant Recipient</b>                                     | Budget Host Inn            |
| <b>Address Line1</b>   | 6621 Niagara Falls BLVD    |
| <b>Address Line2</b>   |                            |
| <b>City</b>  | NIAGARA FALLS              |
| <b>State</b>   | NY                         |
| <b>Postal Code - Plus4</b>   | 14304                      |
| <b>Province/Region</b>   |                            |
| <b>Country</b>   | United States              |
| <b>Amount of Grant Award Provided During Reporting Year</b>        | \$25,000.00                |
| <b>Date Grant Awarded</b>  | 3/8/2023                   |
| <b>Purpose of Grant</b>  | Business Expansion/Startup |
| <b>Was the Grant Expected to Result in New Jobs Being Created?</b> | Yes                        |
| <b>If yes, How Many Jobs Were Planned to be Created?</b>           | 1                          |
| <b>If yes, How Many Jobs Have Been Created to Date?</b>            | 1                          |

|  |                                    |
|--|------------------------------------|
| <b>Source of Grant Funds</b>                                       | Federal                            |
| <b>Name of Grant Recipient</b>                                     | Chiropractic Office Solutions, INC |
| <b>Address Line1</b>   | 10158 Niagara Falls BLVD           |
| <b>Address Line2</b>   |                                    |
| <b>City</b>  | NIAGARA FALLS                      |
| <b>State</b>   | NY                                 |
| <b>Postal Code - Plus4</b>   | 14304                              |
| <b>Province/Region</b>   |                                    |
| <b>Country</b>   | United States                      |
| <b>Amount of Grant Award Provided During Reporting Year</b>        | \$25,000.00                        |
| <b>Date Grant Awarded</b>  | 8/9/2023                           |
| <b>Purpose of Grant</b>  | Business Expansion/Startup         |
| <b>Was the Grant Expected to Result in New Jobs Being Created?</b> | Yes                                |
| <b>If yes, How Many Jobs Were Planned to be Created?</b>           | 1                                  |
| <b>If yes, How Many Jobs Have Been Created to Date?</b>            | 1                                  |

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|  |                            |
|--|----------------------------|
| <b>Source of Grant Funds</b>                                       | Federal                    |
| <b>Name of Grant Recipient</b>                                     | Daredevil Records          |
| <b>Address Line1</b>   | 324 Niagara Street         |
| <b>Address Line2</b>   |                            |
| <b>City</b>  | NIAGARA FALLS              |
| <b>State</b>   | NY                         |
| <b>Postal Code - Plus4</b>   | 14301                      |
| <b>Province/Region</b>   |                            |
| <b>Country</b>   | United States              |
| <b>Amount of Grant Award Provided During Reporting Year</b>        | \$10,213.00                |
| <b>Date Grant Awarded</b>  | 1/11/2023                  |
| <b>Purpose of Grant</b>  | Business Expansion/Startup |
| <b>Was the Grant Expected to Result in New Jobs Being Created?</b> | Yes                        |
| <b>If yes, How Many Jobs Were Planned to be Created?</b>           | 1                          |
| <b>If yes, How Many Jobs Have Been Created to Date?</b>            | 1                          |

|  |                            |
|--|----------------------------|
| <b>Source of Grant Funds</b>                                       | Federal                    |
| <b>Name of Grant Recipient</b>                                     | Green Earth Opportunity    |
| <b>Address Line1</b>   | 1027 Main St               |
| <b>Address Line2</b>   |                            |
| <b>City</b>  | NIAGARA FALLS              |
| <b>State</b>   | NY                         |
| <b>Postal Code - Plus4</b>   | 14301                      |
| <b>Province/Region</b>   |                            |
| <b>Country</b>   | United States              |
| <b>Amount of Grant Award Provided During Reporting Year</b>        | \$25,000.00                |
| <b>Date Grant Awarded</b>  | 2/22/2023                  |
| <b>Purpose of Grant</b>  | Business Expansion/Startup |
| <b>Was the Grant Expected to Result in New Jobs Being Created?</b> | Yes                        |
| <b>If yes, How Many Jobs Were Planned to be Created?</b>           | 1                          |
| <b>If yes, How Many Jobs Have Been Created to Date?</b>            | 1                          |

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|  |                            |
|--|----------------------------|
| <b>Source of Grant Funds</b>                                       | Federal                    |
| <b>Name of Grant Recipient</b>                                     | KR Events & Design LLC     |
| <b>Address Line1</b>   | 447-451 Third Street       |
| <b>Address Line2</b>   |                            |
| <b>City</b>  | NIAGARA FALLS              |
| <b>State</b>   | NY                         |
| <b>Postal Code - Plus4</b>   | 14301                      |
| <b>Province/Region</b>   |                            |
| <b>Country</b>   | United States              |
| <b>Amount of Grant Award Provided During Reporting Year</b>        | \$25,000.00                |
| <b>Date Grant Awarded</b>  | 1/18/2023                  |
| <b>Purpose of Grant</b>  | Business Expansion/Startup |
| <b>Was the Grant Expected to Result in New Jobs Being Created?</b> | Yes                        |
| <b>If yes, How Many Jobs Were Planned to be Created?</b>           | 1                          |
| <b>If yes, How Many Jobs Have Been Created to Date?</b>            | 1                          |

|  |                             |
|--|-----------------------------|
| <b>Source of Grant Funds</b>                                       | Federal                     |
| <b>Name of Grant Recipient</b>                                     | Khondoker Karim Street Cafe |
| <b>Address Line1</b>   | 526 Niagara Street          |
| <b>Address Line2</b>   |                             |
| <b>City</b>  | NIAGARA FALLS               |
| <b>State</b>   | NY                          |
| <b>Postal Code - Plus4</b>   | 14301                       |
| <b>Province/Region</b>   |                             |
| <b>Country</b>   | United States               |
| <b>Amount of Grant Award Provided During Reporting Year</b>        | \$20,467.00                 |
| <b>Date Grant Awarded</b>  | 6/21/2023                   |
| <b>Purpose of Grant</b>  | Business Expansion/Startup  |
| <b>Was the Grant Expected to Result in New Jobs Being Created?</b> | Yes                         |
| <b>If yes, How Many Jobs Were Planned to be Created?</b>           | 1                           |
| <b>If yes, How Many Jobs Have Been Created to Date?</b>            | 1                           |

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|  |                            |
|--|----------------------------|
| <b>Source of Grant Funds</b>                                       | Federal                    |
| <b>Name of Grant Recipient</b>                                     | NCRAS Five, INC            |
| <b>Address Line1</b>   | 10158 Niagara Falls BLVD   |
| <b>Address Line2</b>   |                            |
| <b>City</b>  | NIAGARA FALLS              |
| <b>State</b>   | NY                         |
| <b>Postal Code - Plus4</b>   | 14304                      |
| <b>Province/Region</b>   |                            |
| <b>Country</b>   | United States              |
| <b>Amount of Grant Award Provided During Reporting Year</b>        | \$25,000.00                |
| <b>Date Grant Awarded</b>  | 4/19/2023                  |
| <b>Purpose of Grant</b>  | Business Expansion/Startup |
| <b>Was the Grant Expected to Result in New Jobs Being Created?</b> | Yes                        |
| <b>If yes, How Many Jobs Were Planned to be Created?</b>           | 1                          |
| <b>If yes, How Many Jobs Have Been Created to Date?</b>            | 1                          |

|  |                               |
|--|-------------------------------|
| <b>Source of Grant Funds</b>                                       | Federal                       |
| <b>Name of Grant Recipient</b>                                     | NF International Cuisine, Inc |
| <b>Address Line1</b>   | 151 Buffalo Ave, Apt 610      |
| <b>Address Line2</b>   |                               |
| <b>City</b>  | NIAGARA FALLS                 |
| <b>State</b>   | NY                            |
| <b>Postal Code - Plus4</b>   | 14304                         |
| <b>Province/Region</b>   |                               |
| <b>Country</b>   | United States                 |
| <b>Amount of Grant Award Provided During Reporting Year</b>        | \$25,000.00                   |
| <b>Date Grant Awarded</b>  | 10/18/2023                    |
| <b>Purpose of Grant</b>  | Business Expansion/Startup    |
| <b>Was the Grant Expected to Result in New Jobs Being Created?</b> | Yes                           |
| <b>If yes, How Many Jobs Were Planned to be Created?</b>           | 1                             |
| <b>If yes, How Many Jobs Have Been Created to Date?</b>            | 1                             |

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| <b>Source of Grant Funds</b>                                       | Federal                     |
| <b>Name of Grant Recipient</b>                                     | Niagara Industrial Products |
| <b>Address Line1</b>   | 566 Third Street            |
| <b>Address Line2</b>   |                             |
| <b>City</b>  | NIAGARA FALLS               |
| <b>State</b>   | NY                          |
| <b>Postal Code - Plus4</b>   | 14304                       |
| <b>Province/Region</b>   |                             |
| <b>Country</b>   | United States               |
| <b>Amount of Grant Award Provided During Reporting Year</b>        | \$42,973.00                 |
| <b>Date Grant Awarded</b>  | 4/12/2023                   |
| <b>Purpose of Grant</b>  | Business Expansion/Startup  |
| <b>Was the Grant Expected to Result in New Jobs Being Created?</b> | Yes                         |
| <b>If yes, How Many Jobs Were Planned to be Created?</b>           | 1                           |
| <b>If yes, How Many Jobs Have Been Created to Date?</b>            | 1                           |

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|--|----------------------------|
| <b>Source of Grant Funds</b>                                       | Federal                    |
| <b>Name of Grant Recipient</b>                                     | Noey's Nails and Beauty    |
| <b>Address Line1</b>   | 926 91st Street            |
| <b>Address Line2</b>   |                            |
| <b>City</b>  | NIAGARA FALLS              |
| <b>State</b>   | NY                         |
| <b>Postal Code - Plus4</b>   | 14304                      |
| <b>Province/Region</b>   |                            |
| <b>Country</b>   | United States              |
| <b>Amount of Grant Award Provided During Reporting Year</b>        | \$25,000.00                |
| <b>Date Grant Awarded</b>  | 7/26/2023                  |
| <b>Purpose of Grant</b>  | Business Expansion/Startup |
| <b>Was the Grant Expected to Result in New Jobs Being Created?</b> | Yes                        |
| <b>If yes, How Many Jobs Were Planned to be Created?</b>           | 1                          |
| <b>If yes, How Many Jobs Have Been Created to Date?</b>            | 1                          |

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|--|----------------------------|
| <b>Source of Grant Funds</b>                                       | Federal                    |
| <b>Name of Grant Recipient</b>                                     | Ravenell Services          |
| <b>Address Line1</b>   | 18 Fairfield St            |
| <b>Address Line2</b>   |                            |
| <b>City</b>  | BUFFALO                    |
| <b>State</b>   | NY                         |
| <b>Postal Code - Plus4</b>   | 14214                      |
| <b>Province/Region</b>   |                            |
| <b>Country</b>   | United States              |
| <b>Amount of Grant Award Provided During Reporting Year</b>        | \$25,000.00                |
| <b>Date Grant Awarded</b>  | 9/27/2023                  |
| <b>Purpose of Grant</b>  | Business Expansion/Startup |
| <b>Was the Grant Expected to Result in New Jobs Being Created?</b> | Yes                        |
| <b>If yes, How Many Jobs Were Planned to be Created?</b>           | 1                          |
| <b>If yes, How Many Jobs Have Been Created to Date?</b>            | 1                          |

|  |                            |
|--|----------------------------|
| <b>Source of Grant Funds</b>                                       | Municipal                  |
| <b>Name of Grant Recipient</b>                                     | Stadium Grill              |
| <b>Address Line1</b>   | 1234 Hyde Park BLVD        |
| <b>Address Line2</b>   |                            |
| <b>City</b>  | NIAGARA FALLS              |
| <b>State</b>   | NY                         |
| <b>Postal Code - Plus4</b>   | 14301                      |
| <b>Province/Region</b>   |                            |
| <b>Country</b>   | United States              |
| <b>Amount of Grant Award Provided During Reporting Year</b>        | \$4,226.00                 |
| <b>Date Grant Awarded</b>  | 3/29/2023                  |
| <b>Purpose of Grant</b>  | Business Expansion/Startup |
| <b>Was the Grant Expected to Result in New Jobs Being Created?</b> | Yes                        |
| <b>If yes, How Many Jobs Were Planned to be Created?</b>           | 1                          |
| <b>If yes, How Many Jobs Have Been Created to Date?</b>            | 1                          |

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|  |                            |
|--|----------------------------|
| <b>Source of Grant Funds</b>                                       | Federal                    |
| <b>Name of Grant Recipient</b>                                     | Swift Current Eatery, LLC  |
| <b>Address Line1</b>   | 520 30th Street            |
| <b>Address Line2</b>   |                            |
| <b>City</b>  | NIAGARA FALLS              |
| <b>State</b>   | NY                         |
| <b>Postal Code - Plus4</b>   | 14301                      |
| <b>Province/Region</b>   |                            |
| <b>Country</b>   | United States              |
| <b>Amount of Grant Award Provided During Reporting Year</b>        | \$25,000.00                |
| <b>Date Grant Awarded</b>  | 9/13/2023                  |
| <b>Purpose of Grant</b>  | Business Expansion/Startup |
| <b>Was the Grant Expected to Result in New Jobs Being Created?</b> | Yes                        |
| <b>If yes, How Many Jobs Were Planned to be Created?</b>           | 1                          |
| <b>If yes, How Many Jobs Have Been Created to Date?</b>            | 1                          |

|  |                            |
|--|----------------------------|
| <b>Source of Grant Funds</b>                                       | Federal                    |
| <b>Name of Grant Recipient</b>                                     | The Archives Pub           |
| <b>Address Line1</b>   | 439 3rd Street             |
| <b>Address Line2</b>   |                            |
| <b>City</b>  | NIAGARA FALLS              |
| <b>State</b>   | NY                         |
| <b>Postal Code - Plus4</b>   | 14301                      |
| <b>Province/Region</b>   |                            |
| <b>Country</b>   | United States              |
| <b>Amount of Grant Award Provided During Reporting Year</b>        | \$7,635.00                 |
| <b>Date Grant Awarded</b>  | 2/15/2023                  |
| <b>Purpose of Grant</b>  | Business Expansion/Startup |
| <b>Was the Grant Expected to Result in New Jobs Being Created?</b> | Yes                        |
| <b>If yes, How Many Jobs Were Planned to be Created?</b>           | 1                          |
| <b>If yes, How Many Jobs Have Been Created to Date?</b>            | 1                          |

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|  |                            |
|--|----------------------------|
| <b>Source of Grant Funds</b>                                       | Federal                    |
| <b>Name of Grant Recipient</b>                                     | The River Pub, LLC         |
| <b>Address Line1</b>   | 7303 Buffalo Ave           |
| <b>Address Line2</b>   |                            |
| <b>City</b>  | NIAGARA FALLS              |
| <b>State</b>   | NY                         |
| <b>Postal Code - Plus4</b>   | 14304                      |
| <b>Province/Region</b>   |                            |
| <b>Country</b>   | United States              |
| <b>Amount of Grant Award Provided During Reporting Year</b>        | \$25,000.00                |
| <b>Date Grant Awarded</b>  | 10/4/2023                  |
| <b>Purpose of Grant</b>  | Business Expansion/Startup |
| <b>Was the Grant Expected to Result in New Jobs Being Created?</b> | Yes                        |
| <b>If yes, How Many Jobs Were Planned to be Created?</b>           | 1                          |
| <b>If yes, How Many Jobs Have Been Created to Date?</b>            | 1                          |



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**Loan Information**

|                               |                  |   |  |
|-------------------------------|------------------|---|--|
| <b>Source of Loan Funds</b>   | Municipal        | <b>Original Amount of Loan</b>                                    | \$100,000.00   |
| <b>Name of Loan Recipient</b> | Como Restaurant  | <b>Date Loan Awarded</b>  | 12/31/2008   |
| <b>Address Line1</b>          | 2220 Pine Avenue | <b>Interest Rate (%)</b>  | 3  |
| <b>Address Line2</b>          |                  | <b>Length of Loan(# of years to repay)</b>                        | 15   |
| <b>City</b>                   | NIAGARA FALLS    | <b>Amount of Loan Principal Repaid to Date</b>                    | \$88,677.00  |
| <b>State</b>                  | NY               | <b>Purpose of Loan</b>  | Commercial Property<br>Construction/Acquisition/Revitalization/Improvement |
| <b>Postal Code</b>            | 14301            | <b>Was the loan expected to result in new jobs being created?</b> | No   |
| <b>Plus4</b>                  |                  | <b>If Yes, how many jobs were planned to be created?</b>          |  |
| <b>Province/Region</b>        |                  | <b>If Yes, how many jobs have been created to date?</b>           |  |
| <b>Country</b>                | United States    | <b>Have the terms of the loan been completed?</b>                 | No   |

|                               |                     |   |                            |
|-------------------------------|---------------------|---|----------------------------|
| <b>Source of Loan Funds</b>   | Municipal           | <b>Original Amount of Loan</b>                                    | \$15,000.00                |
| <b>Name of Loan Recipient</b> | Flip Burger, Inc.   | <b>Date Loan Awarded</b>  | 3/15/2015                  |
| <b>Address Line1</b>          | 305 Prospect Street | <b>Interest Rate (%)</b>  | 3.25                       |
| <b>Address Line2</b>          |                     | <b>Length of Loan(# of years to repay)</b>                        | 10                         |
| <b>City</b>                   | NIAGARA FALLS       | <b>Amount of Loan Principal Repaid to Date</b>                    | \$12,066.00                |
| <b>State</b>                  | NY                  | <b>Purpose of Loan</b>  | Business Expansion/Startup |
| <b>Postal Code</b>            | 14303               | <b>Was the loan expected to result in new jobs being created?</b> | Yes                        |
| <b>Plus4</b>                  |                     | <b>If Yes, how many jobs were planned to be created?</b>          | 1                          |
| <b>Province/Region</b>        |                     | <b>If Yes, how many jobs have been created to date?</b>           | 1                          |
| <b>Country</b>                | United States       | <b>Have the terms of the loan been completed?</b>                 | No                         |

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**Bond Information**

This Authority has indicated that it did not have any outstanding bonds during the reporting period.

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**Additional Comments**