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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable

Address change

Name change

Initial return

Final return/terminated

Amended return

Application pending

C Name of organization

NYSARC INC BROOME-CHENANGO-TIOGA-COUNTIES CHAPTER

Doing business as

ACHIEVE

Number and street (or P O box if mail is not delivered to street address) Room/suite

125 CUTLER POND ROAD

City or town, state or province, country, and ZIP or foreign postal code

BINGHAMTON, NY 13905

F Name and address of principal officer

BARBARA SCHINDLER

125 CUTLER POND ROAD

BINGHAMTON, NY 13905

H(a) Is this a group return for subordinates?

Yes

No

H(b) Are all subordinates included?

Yes

No

If "No," attach a list (see instructions)

H(c) Group exemption number

1256

Gross receipts \$ 31,418,603

I Tax-exempt status

501(c)(3)

501(c) ()

(insert no)

4947(a)(1) or

527

J Website:

WWW.ACHIEVENY.ORG

K Form of organization

Corporation

Trust

Association

Other

L Year of formation

1949

M State of legal domicile

NY

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

NYSARC WAS FOUNDED IN 1949 TO MEET A CRITICAL MISSION -- TO IMPROVE THE QUALITY OF LIFE FOR PEOPLE WITH INTELLECTUAL AND OTHER DEVELOPMENTAL DISABILITIES

2 Check this box

if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

3

114

4 Number of independent voting members of the governing body (Part VI, line 1b)

4

114

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

5

681

6 Total number of volunteers (estimate if necessary)

6

116

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a

3,220

7b Net unrelated business taxable income from Form 990-T, line 34

7b

6,337

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

Current Year

1,353,364

477,372

25,837,220

29,263,967

44,791

542,711

0

0

27,235,375

30,284,050

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

0

8,687,441

29,129,226

561,031

1,154,824

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Beginning of Current Year

End of Year

13,315,052

14,066,516

4,145,142

4,371,142

9,169,910

9,695,374

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

2019-10-24

Date

BARBARA SCHINDLER TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2019-10-24

Check if self-employed

PTIN P00454779

Firm's name ▶ BRYANS & GRAMUGLIA CPAS LLC

Firm's EIN ▶ 20-2954888

Firm's address ▶ 1 PINE WEST PLAZA SUITE 107

ALBANY, NY 12205

Phone no (518) 452-8055

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes

No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

TO PROVIDE LEADERSHIP, ADVOCACY AND OPPORTUNITIES WHICH ENABLE PERSONS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES AND THEIR FAMILIES TO ENHANCE THE QUALITY OF THEIR LIVES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code)	(Expenses \$	12,045,655	including grants of \$	) (Revenue \$	13,514,986)
See Additional Data						

4b	(Code)	(Expenses \$	10,380,861	including grants of \$	) (Revenue \$	11,458,195)
See Additional Data						



















4c	(Code)	(Expenses \$	1,269,326	including grants of \$	) (Revenue \$	1,423,084)
See Additional Data						

See Additional Data Table

4d	Other program services (Describe in Schedule O)				
	(Expenses \$	2,755,279	including grants of \$) (Revenue \$	2,864,482)

4e	Total program service expenses ▶	26,451,121
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9 Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 97	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	681			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Yes	
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: NY

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
▶ ANN YEAGER 47 RIVERSIDE DRIVE JOHNSON CITY, NY 13790 (607) 723-8361

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

[illegible]

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	451,661	0	65,019

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

From the organization: Report compensation for the calendar year ending with or within the organization's tax year		
(A) Name and business address	(B) Description of services	(C) Compensation
STAFFWORKS INC 600 FRENCH ROAD NEW HARTFORD, NY 13413	STAFFING RECRUITMENT	483,191
FIRST TRANSIT INC 22192 NETWORK PLACE CHICAGO, IL 606731221	TRANSPORTATION	427,680
DONSON TRANSPORTATION 3000 WAYNE STREET ENDWELL, NY 13760	TRANSPORTATION	148,496
EMPLOYMENT SOLUTIONS PO BOX 8000 DEPT 834 BUFFALO, NY 14267	STAFFING RECRUITMENT	112,946

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 4

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . .	1b	3,872			
	c	Fundraising events . . .	1c	79,482			
	d	Related organizations	1d	10,000			
	e	Government grants (contributions)	1e	201,508			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	182,510			
	g	Noncash contributions included in lines 1a - 1f \$ _____					
	h	Total. Add lines 1a-1f		477,372			
Program Service Revenue			Business Code				
	2a	RESIDENTIAL	623990	13,514,986	13,514,986		
	b	VOCATIONAL	624310	11,458,195	11,458,195		
	c	MEDICAID SERVICE COORDINATION	900099	1,598,022	1,598,022		
	d	FAMILY SUPPORT SERVICES	624100	1,423,084	1,423,084		
	e	TRANSPORTATION	480000	1,073,847	1,073,847		
	f	All other program service revenue		195,833	192,613	3,220	
	g	Total. Add lines 2a-2f		29,263,967			
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	60,530		60,530	
	4		Income from investment of tax-exempt bond proceeds				
	5		Royalties				
	6a	(i) Real	(ii) Personal				
		Gross rents					
		b	Less rental expenses				
		c	Rental income or (loss)				
	d	Net rental income or (loss)					
	7a	(i) Securities	(ii) Other				
		Gross amount from sales of assets other than inventory					
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
	d	Net gain or (loss)		482,181		482,181	
	8a	Gross income from fundraising events (not including \$ 79,482 of contributions reported on line 1c) See Part IV, line 18		a	49,565		
		b	Less direct expenses	b	49,565		
		c	Net income or (loss) from fundraising events		0		
	9a	Gross income from gaming activities See Part IV, line 19		a			
		b	Less direct expenses	b			
c		Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances		a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions			30,284,050	29,260,747	3,220	
						542,711	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	630,557		630,557	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	14,961,979	14,027,904	934,075	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	242,836	222,323	20,513	
9 Other employee benefits.	3,439,081	3,075,051	364,030	
10 Payroll taxes.	1,167,332	1,041,960	125,372	
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	15,122	15,122		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12 Advertising and promotion.	7,960	7,960		
13 Office expenses.	229,195	102,982	126,213	
14 Information technology.				
15 Royalties.				
16 Occupancy.	480,209	450,900	29,309	
17 Travel.	1,314,376	1,289,254	25,122	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	44,062	40,046	4,016	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	650,202	594,736	55,466	
23 Insurance.	102,107	90,550	11,557	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a CONTRACT MATERIAL	1,106,785	1,106,785		
b CONSUMER/FAMILY RELATED	760,652	760,652		
c CONSULTANTS/TEMPORARY S	726,364	723,741	2,623	
d REPAIRS AND MAINTENANCE	656,662	631,124	25,538	
e All other expenses	2,593,745	2,270,031	323,714	
25 Total functional expenses. Add lines 1 through 24e.	29,129,226	26,451,121	2,678,105	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing			1		
	2	Savings and temporary cash investments		1,262,504	2	888,435	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		3,714,602	4	4,271,268	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		176,163	8	177,912	
	9	Prepaid expenses and deferred charges		276,965	9	129,660	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	12,958,049			
	b	Less: accumulated depreciation	10b	6,986,441	4,895,075	10c	5,971,608
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11		2,497,184	12	2,389,723	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		492,559	15	237,910	
16	Total assets. Add lines 1 through 15 (must equal line 34)		13,315,052	16	14,066,516		
Liabilities	17	Accounts payable and accrued expenses		1,554,515	17	1,758,169	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		159,492	21	176,799	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties		1,991,610	23	1,976,674	
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		439,525	25	459,500	
	26	Total liabilities. Add lines 17 through 25		4,145,142	26	4,371,142	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		8,823,409	27	9,685,374	
	28	Temporarily restricted net assets		346,501	28	10,000	
	29	Permanently restricted net assets			29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
33	Total net assets or fund balances		9,169,910	33	9,695,374		
34	Total liabilities and net assets/fund balances		13,315,052	34	14,066,516		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	30,284,050
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,129,226
3	Revenue less expenses Subtract line 2 from line 1	3	1,154,824
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,169,910
5	Net unrealized gains (losses) on investments	5	-629,360
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,695,374

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:
Software Version:
EIN: 15-0619307
Name: NYSARC INC BROOME-CHENANGO-TIOGA-COUNTIES CHAPTER

Form 990 (2018)

Form 990, Part III, Line 4a:

RESIDENTIAL SERVICES ACHIEVE OPERATED SUPERVISED AND SUPPORTIVE INDIVIDUAL RESIDENTIAL ALTERNATIVES FOR 191 INDIVIDUALS EACH TYPE OF RESIDENCE PROVIDES A HOME FOR INDIVIDUALS WHO HAVE INTELLECTUAL AND OTHER DEVELOPMENTAL DISABILITIES INDIVIDUALS LIVING IN A RESIDENCE HAVE THE OPPORTUNITY TO IMPROVE AND ENHANCE THEIR LEVEL OF INDEPENDENCE AS WELL AS INTEGRATE INTO THE COMMUNITY EACH RESIDENCE IS LICENSED BY THE NYS OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES

Form 990, Part III, Line 4b:

VOCATIONAL SERVICES- THE PRE-VOCATIONAL PROGRAM IS DESIGNED TO IMPROVE AND ENHANCE VOCATIONAL AND PRE-VOCATIONAL OPPORTUNITIES, INCREASE PRODUCTIVITY AND EARNING POTENTIAL, AND PROMOTE INDEPENDENCE AND IDENTITY AS A VALUED MEMBER OF THE WORK FORCE AND COMMUNITY SERVICES PROVIDED TO APPROXIMATELY 416 INDIVIDUALS INCLUDING PRE-VOCATIONAL TRAINING, BEHAVIORAL MANAGEMENT, WORK ADJUSTMENT/ASSIMILATION, AND OTHER WORK SKILLS TRAINING SERVICES PROVIDED TO 187 CONSUMERS THROUGH OUR DAY HABILITATION PROGRAM INCLUDE ACTIVITIES OF DAILY LIVING SKILLS, COGNITIVE SKILL DEVELOPMENT, RECREATION, COMMUNICATION DEVELOPMENT, OCCUPATIONAL, PHYSICAL AND SPEECH THERAPY, AND COMPREHENSIVE NURSING SERVICES SUPPORTED EMPLOYMENT PROVIDED SERVICES TO 632 CONSUMERS WORKING TOWARD PLACING THOSE INDIVIDUALS IN AN OUTSIDE WORK ENVIRONMENT

Form 990, Part III, Line 4c:

FAMILY SUPPORT SERVICES- OUR FAMILY SUPPORT PROGRAM PROVIDES A VARIETY OF SERVICES FAMILY EMPOWERMENT ASSISTS FAMILIES BY PROVIDING REIMBURSEMENTS FOR IN-HOME RESPITE SERVICES RESPITE PROVIDES TEMPORARY RELIEF FROM THE DEMANDS OF CARE GIVING, WHICH HELPS REDUCE OVERALL FAMILY STRESS THE RECREATION/RESPITE SERVICE PROVIDES RECREATIONAL AND SOCIAL ACTIVITIES TO BOTH TEENS AND ADULTS PARTY NIGHT OCCURS EIGHT TIMES A YEAR AND PROVIDES A SOCIAL OUTING FOR INDIVIDUALS AS WELL AS RESPITE FOR FAMILIES COMMUNITY HABILITATION SERVICES ARE INDIVIDUALLY TAILORED SUPPORTS THAT ASSIST WITH SKILLS RELATED TO LIVING IN THE COMMUNITY COMMUNITY HABILITATION SERVICES ARE PROVIDED TO INDIVIDUALS WHO LIVE INDEPENDENTLY OR WITH THEIR FAMILY THE FAMILY SUPPORT PROGRAM SERVED OVER 141 INDIVIDUALS THROUGHOUT 2018

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Expenses \$	1,110,458	including grants of \$) (Revenue \$	1,598,022)
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MEDICAID SERVICE COORDINATION

(Code) (Expenses \$	104,787	including grants of \$) (Revenue \$	117,631)
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SUMMER PROGRAM

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.				
(Code)	(Expenses \$	1,103,211	including grants of \$	(Revenue \$ 1,073,847)
TRANSPORTATION				
(Code)	(Expenses \$	185,376	including grants of \$	(Revenue \$ 248)
CHAPTER FUNDS				

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code)	(Expenses \$	179,450	including grants of \$	(Revenue \$	0)
FUNDRAISING AND DEVELOPMENT					
(Code)	(Expenses \$	0	including grants of \$	(Revenue \$	4,960)
ADMINISTRATIVE EXPENSES					

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code	) (Expenses \$	71,997	including grants of \$	) (Revenue \$	69,774)
CLINIC -					

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT SALANKIEWICZ ASSISTANT TREASURER	0 50 2 00	X		X				0	0	0
ELLEN FELDMAN PRESIDENT	0 50 2 50	X		X				0	0	0
GARY SHAY BOARD MEMBER	0 50 2 00	X						0	0	0
THOMAS J TALBETT BOARD OF GOV REP	0 50	X						0	0	0
JEROME ISAACS BOARD OF GOV REP	0 50	X						0	0	0
IDA RIOS BOARD OF GOV REP	0 50	X						0	0	0
RAPHAEL SMITH BOARD OF GOV REP	0 50	X						0	0	0
TODD JACOBSON BOARD OF GOV REP	0 50	X						0	0	0
MARY ANNE VANDENBURGH BOARD OF GOV REP	0 50	X						0	0	0
DOROTHY WHEELER BOARD OF GOV REP	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROSE MARY CELLA BOARD OF GOV REP	0 50	X						0	0	0
DONALD GEER BOARD OF GOV REP	0 50	X						0	0	0
RONALD GEORGE BOARD OF GOV REP	0 50	X						0	0	0
CHERYL ENGLERT BOARD OF GOV REP	0 50	X						0	0	0
MARCY VANZANDT BOARD OF GOV REP	0 50	X						0	0	0
RANDY SCHAAL BOARD OF GOV REP	0 50	X						0	0	0
SALLY ROMANO BOARD OF GOV REP	0 50	X						0	0	0
DONALD SMITH BOARD OF GOV REP	0 50	X						0	0	0
DR JOHN KOWALCZYK BOARD OF GOV REP	0 50	X						0	0	0
GORDON EYER BOARD OF GOV REP	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOANNA GRECO BOARD OF GOV REP	0 50	X						0	0	0
JOANNE GRANT BOARD OF GOV REP	0 50	X						0	0	0
JAMES CANNON BOARD OF GOV REP	0 50	X						0	0	0
MARLENE HILL BOARD OF GOV REP	0 50	X						0	0	0
MARY ANN BARBARINO BOARD OF GOV REP	0 50	X						0	0	0
DEBORAH WILBUR BOARD OF GOV REP	0 50	X						0	0	0
WALTER HOGAN BOARD OF GOV REP	0 50	X						0	0	0
SUSAN LUCAS BOARD OF GOV REP	0 50	X						0	0	0
RICHARD RIMA BOARD OF GOV REP	0 50	X						0	0	0
DIANE DEARBORN BOARD OF GOV REP	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICIA CAMPANELLA BOARD OF GOV REP	0 50	X						0	0	0
JOHN DESANTO BOARD OF GOV REP	0 50	X						0	0	0
HAROLD HOFFMEIER JR BOARD OF GOV REP	0 50	X						0	0	0
MARCIA KASPRZYK BOARD OF GOV REP	0 50	X						0	0	0
BARBARA KANIA BOARD OF GOV REP	0 50	X						0	0	0
ARTHUR STILWELL BOARD OF GOV REP	0 50	X						0	0	0
STEVEN DROBYSH BOARD OF GOV REP	0 50	X						0	0	0
ROBERT BOENING BOARD OF GOV REP	0 50	X						0	0	0
DANIEL MARTINDALE BOARD OF GOV REP	0 50	X						0	0	0
ANNE MARIE LOCKHART BOARD OF GOV REP	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DIAN CIFUNI BOARD OF GOV REP	0 50	X						0	0	0
ANGELO DEFELIPPP BOARD OF GOV REP	0 50	X						0	0	0
SHEREE CROSS BOARD OF GOV REP	0 50	X						0	0	0
ELLEN OWENS BOARD OF GOV REP	0 50	X						0	0	0
MISCHELLE K SHATTUCK BOARD OF GOV REP	0 50	X						0	0	0
HOWARD JURIST BOARD OF GOV REP	0 50	X						0	0	0
JOSEPH CASSARINI BOARD OF GOV REP	0 50	X						0	0	0
JAMES SAVAGE BOARD MEMBER	0 50 2 00	X						0	0	0
KATHY SHEEHAN BOARD MEMBER	0 50 2 00	X						0	0	0
SHARON BOYD BOARD OF GOV REP	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CYNTHIA LACKI BOARD OF GOV REP	0 50	X						0	0	0
JOHN STEVENS BOARD MEMBER	0 50	X						0	0	0
DAVE SEBASTIANELLI 1ST VICE PRESIDENT & BOG	2 00 0 50	X		X				0	0	0
LISA DOLPHIN BOARD MEMBER	0 50	X						0	0	0
KELLY EURILLO BOARD MEMBER	0 50	X						0	0	0
DOROLLO NIXON BOARD MEMBER	0 50	X						0	0	0
NICKI FRENCH SECRETARY & BOG	0 50	X		X				0	0	0
DEB THOMPSON BOARD OF GOV REP	0 50	X						0	0	0
MARLENE SIRIANNO ESQ BOARD OF GOV REP	0 50	X						0	0	0
KIM PARKER 2ND VICE PRESIDENT	0 50	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES WARREN BOARD OF GOV REP	0 50	X						0	0	0
DAVE MILLER BOARD OF GOV REP	0 50	X						0	0	0
DEBRAH FISCHER BOARD OF GOV REP	0 50	X						0	0	0
LORRAINE COSTELLO BOARD OF GOV REP	0 50	X						0	0	0
DAVID IRISH BOARD OF GOV REP	0 50	X						0	0	0
MARY PAT HARRIS BOARD OF GOV REP	0 50	X						0	0	0
CAROL KENYON BOARD OF GOV REP	0 50	X						0	0	0
STEPHANIE DYER BOARD OF GOV REP	0 50	X						0	0	0
JOANNE RHODE BOARD OF GOV REP	0 50	X						0	0	0
SHARYN VAN REEPINGHEN BOARD OF GOV REP	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROSA RODRIGUEZ BOARD OF GOV REP	0 50	X						0	0	0
JOSEPH ZIFCHOCK BOARD OF GOV REP	0 50	X						0	0	0
DR THOMAS DELANEY BOARD OF GOV REP	0 50	X						0	0	0
PETER J MARTIN ESQ BOARD OF GOV REP	0 50	X						0	0	0
ELLEN SHANAHAN BECKER ESQ BOARD OF GOV REP	0 50	X						0	0	0
JUDY O'ROURKE BOARD OF GOV REP	0 50	X						0	0	0
MARIE O'HORO BOARD OF GOV REP	0 50	X						0	0	0
POLLY SULLIVAN BOARD OF GOV REP	0 50	X						0	0	0
MIKE OSTRANDER BOARD OF GOV REP	0 50	X						0	0	0
REV DR LISA VANDERWAL BOARD OF GOV REP	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARY MULLER BOARD OF GOV REP	0 50	X						0	0	0
MARY JO HEBERT BOARD OF GOV REP	0 50	X						0	0	0
NANCY COOKE BOARD OF GOV REP	0 50	X						0	0	0
SHARON RUSSITANO BOARD OF GOV REP	0 50	X						0	0	0
DENISE GRENIER PETERSON BOARD OF GOV REP	0 50	X						0	0	0
LAURA KEARINS BOARD OF GOV REP	0 50	X						0	0	0
BARBARA SCHINDLER TREASURER	0 50 2 00	X		X				0	0	0
WILLIAM WHITAKER BOARD MEMBER	0 50 2 00	X						0	0	0
DENNIS MIRABITO BOARD MEMBER	0 50 2 50	X						0	0	0
JEREMY SEDELMAYER BOARD MEMBER	0 50 2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARGARET COLLINS BOARD MEMBER	0 50 2 00	X						0	0	0
PAMELA STEWART FAHS BOARD MEMBER	0 50 2 00	X						0	0	0
MICHELLE KAREDES BOARD MEMBER	0 50 2 00	X						0	0	0
GAIL RATTINGER BOARD MEMBER	0 50 2 00	X						0	0	0
EILEEN REMEC BOARD OF GOV REP	0 50	X						0	0	0
JOANNA VALENTE ORR BOARD OF GOV REP	0 50	X						0	0	0
SHELLEY WINTERS BOARD OF GOV REP	0 50	X						0	0	0
ROBERT KLEPPANG BOARD OF GOV REP	0 50	X						0	0	0
MARY SULLIVAN BOARD OF GOV REP	0 50	X						0	0	0
JOHNA PEACHIN BOARD OF GOV REP	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
COLLEEN BELZER BOARD OF GOV REP	0 50	X						0	0	0
ANNE GORDON BOARD OF GOV REP	0 50	X						0	0	0
JACKIE CURTIS BOARD OF GOV REP	0 50	X						0	0	0
JOSEPH KELLY BOARD OF GOV REP	0 50	X						0	0	0
HARRIETT TRAVERSA BOARD OF GOV REP	0 50	X						0	0	0
CELIA REED BOARD OF GOV REP	0 50	X						0	0	0
JOHN M SMITH BOARD OF GOV REP	0 50	X						0	0	0
LAWRENCE FEIN BOARD OF GOV REP	0 50	X						0	0	0
ELIZABETH HENNESSY BOARD OF GOV REP	0 50	X						0	0	0
EILEEN HOLGATE BOARD OF GOV REP	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DONNA PASIK BOARD OF GOV REP	0 50	X						0	0	0
SUSAN WATERS BOARD OF GOV REP	0 50	X						0	0	0
LYNDA KIMBALL BOARD OF GOV REP	0 50	X						0	0	0
SAUNDRA M GUMEROVE BOARD OF GOV REP	0 50	X						0	0	0
AMY HOWARD CHIEF EXECUTIVE OFFICER	39 50 0 50			X				147,531	0	23,653
ANN YEAGER CHIEF FINANCIAL OFFICER	39 50 0 50			X				95,822	0	25,063
ERIC MOORE DIRECTOR OF OPERATIONS	39 75 0 25					X		105,517	0	2,426
DAVID MARKIE V P FACILITY OPERATIONS	39 75 0 25					X		102,791	0	13,877

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

NYSARC INC BROOME-CHENANGO-TIOGA-COUNTIES CHAPTER

Employer identification number

15-0619307

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	671,287	754,710	509,208	1,353,364	477,372	3,765,941
2	Tax revenues levied for the organization'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	Total. Add lines 1 through 3	671,287	754,710	509,208	1,353,364	477,372	3,765,941
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						3,765,941

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	671,287	754,710	509,208	1,353,364	477,372	3,765,941
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,293	1,339	1,027	44,791	542,711	591,161
9	Net income from unrelated business activities, whether or not the business is regularly carried on					1,529	1,529
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						4,358,631
12	Gross receipts from related activities, etc (see instructions)					12	117,742,729
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14 86.400 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15 98.860 %
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>	
b	33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>	

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	4b	
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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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? <i>If "Yes," provide detail in Part VI.</i>	6	
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
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? <i>If "Yes," provide detail in Part VI.</i>	9b	
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? <i>If "Yes," provide detail in Part VI.</i>	9c	
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)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	
	11b	
	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	2b	
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:
Software Version:
EIN: 15-0619307
Name: NYSARC INC BROOME-CHENANGO-TIOGA-
COUNTIES CHAPTER

Part VI

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493297006019	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.</div>			<div>OMB No 1545-0047</div> <div>2018</div> <div>Open to Public Inspection</div>
Name of the organization NYSARC INC BROOME-CHENANGO-TIOGA-COUNTIES CHAPTER				Employer identification number 15-0619307	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1		Total number at end of year			
2		Aggregate value of contributions to (during year)			
3		Aggregate value of grants from (during year)			
4		Aggregate value at end of year			
5		Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
6		Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1 Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space</div>					
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year					
				Held at the End of the Year	
a Total number of conservation easements				2a	
b Total acreage restricted by conservation easements				2b	
c Number of conservation easements on a certified historic structure included in (a)				2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register				2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►					
4 Number of states where property subject to conservation easement is located ►					
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►					
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$					
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements					
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items					
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items					
(i) Revenue included on Form 990, Part VIII, line 1 ► \$					
(ii) Assets included in Form 990, Part X ► \$					
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items					
a Revenue included on Form 990, Part VIII, line 1 ► \$					
b Assets included in Form 990, Part X ► \$					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2018	

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ **Yes** ☐ **No**

Part IV

Escrow and Custodial Arrangements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☒ **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☒ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☒

Part V

Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		25,600		25,600
b Buildings		8,388,481	3,800,329	4,588,152
c Leasehold improvements				
d Equipment		1,354,511	1,104,258	250,253
e Other		3,189,457	2,081,854	1,107,603
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				5,971,608

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) CASH AND MONEY MARKET FUNDS	209,202	F
(B) FIXED INCOME	482,303	F
(C) MUTUAL FUNDS AND EQUITIES	1,645,794	F
(D) REAL ASSETS	52,424	F
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	2,389,723	

Part VIII

Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO OPWDD	122,505
DUE TO AFFILIATES	211,446
POST EMPLOYMENT OBLIGATION	125,549
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	459,500

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

☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 15-0619307
Name: NYSARC INC BROOME-CHENANGO-TIOGA-COUNTIES CHAPTER

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	NYSARC, INC , BROOME-CHENANGO-TIOGA COUNTIES CHAPTER HAS SIGNATURE AUTHORITY OVER PARTICIPANT FUNDS THESE FUNDS ARE USED FOR AUTHORIZED AND ALLOWABLE PURCHASES OF PARTICIPANTS' PERSONAL ITEMS

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	<p>THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED ASC 740-10 WHICH REQUIRES ENTITIES TO DISCLOSE IN THEIR FINANCIAL STATEMENTS THE NATURE OF ANY UNCERTAINTY IN THEIR TAX POSITION FOR TAX-EXEMPT ENTITIES, THEIR TAX-EXEMPT STATUS ITSELF IS DEEMED TO BE AN UNCERTAINTY, SINCE EVENTS COULD OCCUR TO JEOPARDIZE THEIR TAX-EXEMPT STATUS THE CHAPTER IMPLEMENTED FASB ASC 740-10 AND ITS CURRENT ACCOUNTING POLICY FOR EVALUATING UNCERTAIN TAX POSITIONS IS IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES THE CHAPTER HAS NOT RECOGNIZED ANY BENEFITS FROM UNCERTAIN TAX POSITIONS IN 2018 AND BELIEVES IT HAS NO UNCERTAIN TAX POSITIONS FOR WHICH IT IS REASONABLY POSSIBLE THAT THE TOTAL AMOUNTS OF UNRECOGNIZED TAX BENEFITS WILL SIGNIFICANTLY INCREASE OR DECREASE WITHIN 12 MONTHS OF THE STATEMENTS OF FINANCIAL POSITION DATE THE CHAPTER EVALUATED ITS TAX POSITION AND CONCLUDED THAT ALL OF THE POSITIONS TAKEN BY THE CHAPTER WOULD MORE LIKELY THAN NOT BE SUSTAINED UPON EXAMINATION, BASED ON TECHNICAL MERITS THE INFORMATION RETURNS OF THE CHAPTER FOR 2015, 2016, AND 2017 ARE SUBJECT TO EXAMINATION BY TAX AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED</p>

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	<div>Supplemental Information Regarding Fundraising or Gaming Activities</div> <div>Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information</div>	OMB No 1545-0047
		2018
		Open to Public Inspection
Name of the organization NYSARC INC BROOME-CHENANGO-TIOGA-COUNTIES CHAPTER		Employer identification number 15-0619307

Part I Fundraising Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and email solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

3

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		SAVOR THE SUMMER (event type)	ANNUAL BANQUET (event type)	2 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	60,342	26,745	41,960	129,047
	2 Less Contributions	47,065	5,112	27,305	79,482
	3 Gross income (line 1 minus line 2)	13,277	21,633	14,655	49,565
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	13,277	21,633	14,655	49,565
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				49,565
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				0

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
13 Indicate the percentage of gaming activity conducted in							
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 10%;">13a</td> <td style="width: 80%;"></td> <td style="width: 10%; text-align: right;">%</td> </tr> <tr> <td>13b</td> <td></td> <td style="text-align: right;">%</td> </tr> </table>	13a		%	13b		%
13a		%					
13b		%					
b An outside facility							
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records							
Name ►							
Address ►							
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$							
c If "Yes," enter name and address of the third party							
Name ►							
Address ►							
16 Gaming manager information							
Name ►							
Gaming manager compensation ► \$							
Description of services provided ►							
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor							
17 Mandatory distributions							
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?							
<input type="checkbox"/> Yes <input type="checkbox"/> No							
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$							

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
------------------	-------------

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization
NYSARC INC BROOME-CHENANGO-TIOGA-
COUNTIES CHAPTER

Employer identification number
15-0619307

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

No

4b

No

4c

No

5a

No

5b

No

6a

No

6b

No

7

No

8

No

9

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

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

[illegible]

Part III **Supplemental Information**

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

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NYSARC INC BROOME-CHENANGO-TIOGA-COUNTIES CHAPTER

Employer identification number
15-0619307

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JAMES HAYES	BOARD MEMBER OF THE BROOME-TIOGA FOUNDATION WHO IS SOLE MEMBER OF ACHIEVE	12,025	LEGAL FEES		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

NYSARC INC BROOME-CHENANGO-TIOGA-COUNTIES CHAPTER

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

15-0619307

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	NYSARC, INC IS A UNITARY CORPORATION CONSISTING OF ITS 45 CHAPTERS NYSARC, INC , BROOME-CHENANGO-TIOGA COUNTIES CHAPTER IS ONE DIVISION OF THE CORPORATION THE CORPORATION AND CHAPTER'S GOVERNING BODY IS THE BOARD OF GOVERNORS REPRESENTING THE INDIVIDUAL MEMBERSHIP IN EACH CHAPTER'S JURISDICTION EACH CHAPTER HAS FROM 1 TO 6 GOVERNORS BASED ON MEMBERSHIP THE CORPORATION THROUGH ITS BYLAWS DELEGATES DAY-TO-DAY OPERATING AUTHORITY TO THE CHAPTER'S BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE OF THE BOARD OF GOVERNORS (SEE PART VI, LINE 7A BELOW) COMPRISES THE CORPORATION'S ELECTED OFFICERS AND EXCERCISES ALL POWERS OF THE BOARD OF GOVERNORS BETWEEN PLANARY MEETINGS OF THE GOVERNORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE DELEGATION ASSEMBLY, WHICH REPRESENTS NYSARC'S 100,000 MEMBERS, ELECTS THE CORPORATION PRESIDENT, SECRETARY, TREASURER AND ASSISTANT TREASURER TO 1-YEAR TERMS DELEGATES ELECT REGIONAL VICE PRESIDENTS TO 1-YEAR TERMS FROM THEIR RESPECTIVE REGIONS THE BOARD OF GOVERNORS ELECTS ONE SENIOR VICE PRESIDENT THE BROOME-CHENANGO-TIOGA COUNTIES CHAPTER ELECTION PROCEDURE IS AS FOLLOWS CHAPTER MEMBERS ARE NOTIFIED PRIOR TO THE DATE OF THE ANNUAL MEETING WITH THE NAMES OF CHAPTER OFFICERS, DIRECTORS AND NOMINATING COMMITTEE MEMBER NOMINEES VOTING TAKES PLACE AT THE ANNUAL MEETING IN PERSON OR BY PROXY DIRECTORS SHALL BE ELECTED FOR A TERM OF THREE YEARS OFFICERS, CONSISTING OF PRESIDENT, VICE PRESIDENT, SECOND VICE PRESIDENT, SECRETARY, TREASURER, ASSISTANT TREASURER AND SUCH OTHER OFFICERS AS THE BOARD DEEMS NECESSARY SHALL BE ELECTED FOR A TERM OF ONE YEAR EACH MEMBER OF THE NOMINATING COMMITTEE SHALL SERVE FOR A TERM OF ONE YEAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	CHAPTER BYLAW AMENDMENTS ARE SUBJECT TO BOARD OF GOVERNOR APPROVAL ANY ACTION OF THE BOARD OF GOVERNORS MAY BE REVIEWED AT THE SUCCEEDING DELEGATE ASSEMBLY NO ACTION OF THE GOVERNORS THAT AFFECTS THE IRREVOCABLE RIGHTS OF THIRD PARTIES MAY BE RESCINDED CORPORATE BYLAW AMENDMENTS ARE SUBJECT TO APPROVAL BY A MAJORITY OF CHAPTERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE BOARD OF GOVERNORS DOES NOT REVIEW THE CHAPTER'S FORM 990'S BEFORE THEY ARE FILED. EACH INDIVIDUAL CHAPTER SUBMITS A COPY OF ITS FORM 990 TO THE CORPORATIONS BOARD OF GOVERNORS WHEN THE FORM 990 IS FILED BY THE CHAPTER. EACH CHAPTER MUST HAVE A POLICY AND PROCEDURE PROCESS FOR ITS BOARD OF DIRECTORS TO REVIEW THE CHAPTER'S FORM 990. THE POLICY OF NYSARC, INC., BROOME-CHENANGO-TIOGA COUNTIES CHAPTER, WILL BE, ON AN ANNUAL BASIS, TO HAVE THE AUDIT AND CORPORATE COMPLIANCE COMMITTEE REVIEW AND RECOMMEND APPROVAL OF THE FEDERAL FORM 990 TO THE FULL BOARD OF DIRECTORS AND THE BOARD WILL BE REQUIRED TO APPROVE THE FORM 990. THE TREASURER OR, ANY OFFICER IF THE TREASURER IS UNAVAILABLE, WILL PROVIDE THE SIGNATURE REQUIRED ON THE FEDERAL FORM 990 BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE. THIS POLICY WILL SATISFY THE NYSARC, INC., BROOME-CHENANGO-TIOGA COUNTIES CHAPTER'S RESPONSIBILITY FOR COMPLIANCE WITH THE INTERNAL REVENUE SERVICE REQUIREMENT FOR PRIOR BOARD REVIEW AND APPROVAL OF THE FEDERAL FORM 990 ON AN ANNUAL BASIS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	AT TIME OF HIRE ALL STAFF ARE PROVIDED WITH A NYSARC, INC , BROOME-CHENANGO-TIOGA COUNTIES CHAPTER CONFLICT OF INTEREST POLICY TO REVIEW AND SIGN BOARD MEMBERS AND THE EXECUTIVE MANAGEMENT TEAM SIGN ANNUALLY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>AS IT RELATES TO THE CHIEF EXECUTIVE OFFICER'S COMPENSATION REVIEW, THE EXECUTIVE COMMITTEE WILL BE GUIDED BY THE FOLLOWING 1 REVIEWS AND DETERMINES, BASED ON THE PERFORMANCE EVALUATION, THE COMPENSATION AND BENEFITS OF THE CEO AND RECOMMENDS THEM TO THE FULL BOARD 2 RETAINS, AS NECESSARY, CONSULTANT AND/OR DATA AND INFORMATION TO ASSIST THE COMMITTEE IN THE EVALUATION OF THE COMPENSATION OF THE CEO THIS EVALUATION MUST BE ADEQUATE IN SCOPE TO SATISFY THE INTERNAL REVENUE SERVICE REQUIREMENTS REGARDING EXCESS COMPENSATION IN ITS INTERMEDIATE SANCTION REGULATIONS 3 A REVIEW OF EXECUTIVE COMPENSATION PLANS TO THE EXTENT REQUIRED BY FEDERAL AND STATE LAWS AND REGULATIONS THE EXECUTIVE COMMITTEE UTILIZES A COMPENSATION AND REVIEW PROCESS THAT ENSURES DUE DILIGENCE, WHICH MAY INCLUDE ANALYSIS OF SALARIES FOR COMPARABLE POSITIONS (990 FORMS FROM OTHER LIKE AGENCIES, SURVEY INFORMATION, ETC), BUDGET CONSIDERATION, AND A REVIEW OF INTERNAL EQUITY CONSIDERATIONS THE PERFORMANCE EVALUATION WILL BE A KEY FACTOR IN THE COMPENSATION RECOMMENDATIONS PRIOR TO FORMALIZING ANY COMPENSATION PLAN, OR PLAN REVISION, THE CHAIRPERSON MAY REVIEW THE PLAN WITH THE CHIEF FINANCIAL OFFICER TO ENSURE COMPLIANCE WITH ALL APPLICABLE LAWS AND REGULATIONS AS WELL AS TO ENSURE FEASIBILITY OF ADMINISTRATION OF THE PLAN WITHIN THE STRUCTURE AND POLICIES OF THE AGENCY THE EXECUTIVE COMMITTEE WILL REVIEW AS REQUIRED THE CONTRACT FOR THE CEO AND PROVIDE RECOMMENDATIONS REGARDING CHANGE THERE TO ANY CHANGES REGARDING THESE BENEFITS ARE REFLECTED IN THE CEO CONTRACT A COPY OF THE CONTRACT WILL BE KEPT IN THE CEO'S PERSONNEL FILE THE CHAIRPERSON OF THE COMMITTEE SHALL REPORT TO THE BOARD THE DELIBERATIONS, ACTIONS, AND RECOMMENDATIONS OF THE COMMITTEE THE CHAIRPERSON (OR DESIGNEE) WILL MEET WITH THE CEO TO INFORM HIM/HER OF CHANGES IN THE CONTRACT AND IN COMPENSATION AND BENEFITS AGREED UPON BY THE BOARD KEY EXECUTIVE MANAGEMENT STAFF ARE EVALUATED ANNUALLY BY THE CEO ANY CHANGES IN COMPENSATION ARE MADE BASED ON COMPARATIVE MARKET ANALYSIS AND AGENCY BUDGET COMPARATIVE DATA</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	<p>UNDER REGULATIONS THAT BECAME EFFECTIVE IN 1999, NYSARC, INC , BROOME-CHENANGO-TIOGA COUNTIES CHAPTER IS SUBJECT TO FEDERAL REQUIREMENTS TO MAKE THE FOLLOWING FORMS "WIDELY AVAILABLE" TO ALL MEMBERS OF THE GENERAL PUBLIC 1 THE THREE MOST RECENT ANNUAL INFORMATION RETURNS (FORM 990), EXCLUDING THE LIST OF SIGNIFICANT DONORS (SCHEDULE B) THAT IS ATTACHED TO THE FORM 990, BUT INCLUDING ANY OTHER ACCOMPANYING SCHEDULES AS REQUIRED 2 NYSARC, INC , BROOME-CHENANGO-TIOGA COUNTIES CHAPTER'S ORIGINAL APPLICATION FOR RECOGNITION OF ITS TAX-EXEMPT STATUS (FORM 1023), FILED WITH IRS AND ALL ACCOMPANYING SCHEDULES AND ATTACHMENTS IT IS THE POLICY OF NYSARC, INC , BROOME-CHENANGO-TIOGA COUNTIES CHAPTER TO ADHERE TO THE FOLLOWING GUIDELINES IN ORDER TO COMPLY WITH THE PRECEDING PUBLIC DISCLOSURE REQUIREMENTS 1 ANYONE APPEARING IN PERSON AT THE OFFICES OF NYSARC, INC , BROOME-CHENANGO-TIOGA COUNTIES CHAPTER DURING NORMAL WORKING HOURS MAKING A REQUEST TO INSPECT THE FORMS WILL BE GRANTED ACCESS TO A FILE COPY OF THE FORMS THE CFO SHALL BE RESPONSIBLE FOR MAINTAINING THIS COPY OF EACH FORM AND FOR MAKING IT AVAILABLE TO ALL REQUESTERS 2 FOR ALL WRITTEN REQUESTS FOR COPIES OF FORMS RECEIVED BY NYSARC, INC , BROOME-CHENANGO-TIOGA COUNTIES CHAPTER , THE ORGANIZATION SHALL REQUIRE PRE-PAYMENT OF ALL COPYING AND SHIPPING CHARGES FOR REQUESTS FOR COPIES THAT ARE RECEIVED WITHOUT PREPAYMENT, NYSARC, INC , BROOME-CHENANGO-TIOGA COUNTIES CHAPTER WILL NOTIFY THE REQUESTER OF THIS POLICY VIA PHONE CALL OR BY LETTER WITHIN 7 DAYS OF RECEIPT OF THE ORIGINAL REQUEST 3 THE COPYING COST CHARGED BY NYSARC, INC , BROOME-CHENANGO-TIOGA COUNTIES CHAPTER FOR PROVIDING COPIES OF REQUESTED FORMS SHALL BE \$1 00 FOR THE FIRST PAGE COPIES AND \$0 15 FOR EACH SUBSEQUENT PAGE ALL COPIES SHALL BE SHIPPED TO REQUESTERS VIA REGULAR FIRST CLASS MAIL, THUS, SHIPPING CHARGES WILL BE A STANDARD \$3 00 PER SHIPMENT 4 AFTER PAYMENT IS RECEIVED BY NYSARC, INC , BROOME-CHENANGO-TIOGA COUNTIES CHAPTER, ALL REQUESTED COPIES SHALL BE SHIPPED TO REQUESTERS WITHIN 30 DAYS MAKING ALL COPIES AND SHIPPING WITHIN THE 30-DAY TIME PERIOD SHALL BE THE RESPONSIBILITY OF THE BUSINESS OFFICE 5 FOR REQUESTS FOR COPIES MADE IN PERSON DURING NORMAL BUSINESS HOURS, COPIES SHALL BE PROVIDED WHILE THE REQUESTER WAITS 6 NYSARC, INC , BROOME-CHENANGO-TIOGA COUNTIES CHAPTER SHALL ACCEPT CERIFIED CHECKS AND MONEY ORDERS FOR REQUESTS FOR COPIES MADE IN PERSON NYSARC, INC , BROOME-CHENANGO-TIOGA COUNTY CHAPTER SHALL ACCEPT CERTIFIED CHECKS, MONEY ORDERS AND CREDIT CARDS AS PAYMENT FOR COPIES OF FORMS REQUESTED IN WRITING</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC	THOMAS J TALBETT - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 JEROME ISAACS - 29 BRITIS H AMERICAN BLVD , LATHAM, NY 12110 IDA RIOS - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 RAPHAEL SMITH - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 TODD JACOBSON - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 MARY ANNE VANDENBURGH - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 DOROTHY WHEELER - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 ROSE MARY CELL A - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 DONALD GEER - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 RONALD GEORGE - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 CHERYL ENGL ERT - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 MARCY VANZANDT - 29 BRITISH AMERICAN BL VD , LATHAM, NY 12110 RANDY SCHAAAL - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 SALLY R OMANO - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 DONALD SMITH - 29 BRITISH AMERICAN BL VD , LATHAM, NY 12110 DR JOHN KOWALCZYK - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 G ORDON EYER - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 JOANNA GRECO - 29 BRITISH AMERIC AN BLVD , LATHAM, NY 12110 JOANNE GRANT - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 JA MES CANNON - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 MARLENE HILL - 29 BRITISH AMERIC AN BLVD , LATHAM, NY 12110 MARY ANN BARBARINO - 29 BRITISH AMERICAN BLVD , LATHAM, NY 121 10 DEBORAH WILBUR - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 WALTER HOGAN - 29 BRITIS H AMERICAN BLVD , LATHAM, NY 12110 SUSAN LUCAS - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12 110 RICHARD RIMA - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 DIANE DEARBORN - 29 BRITI SH AMERICAN BLVD , LATHAM, NY 12110 PATRICIA CAMPANELLA - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 JOHN DESANTO - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 HAROLD HOFFMEIER , JR - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 MARCIA KASPRZYK - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 BARBARA KANIA - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 ART HUR STILWELL - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 STEVEN DROBYSH - 29 BRITISH AM ERICAN BLVD , LATHAM, NY 12110 ROBERT BOENING - 29 BRITISH AMERICAN BLVD , LATHAM, NY 121 10 DANIEL MARTINDALE - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 ANNE MARIE LOCKHART - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 DIAN CIFUNI - 29 BRITISH AMERICAN BLVD , LAT HAM, NY 12110 ANGELO DEFELIPPP - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 SHEREE CROS S - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 ELLEN OWENS - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 MISHELLE K SHATTUCK - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 HOW ARD JURIST - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 JOSEPH CASSARINI - 29 BRITISH AM ERICAN BLVD , LATHAM, NY 12110 SHARON BOYD - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 CYNTHIA LACKI - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 DEB THOMPSON - 29 BRITISH AM ERICAN BLVD , LATHAM, NY 12110 MARLENE SIRIANNNO, ESQ - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 JAMES WARREN - 29 B

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC	<p>RITISH AMERICAN BLVD , LATHAM, NY 12110 DAVE MILLER - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 DEBRAH FISCHER - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 LORRAINE COSTELLO - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 DAVID IRISH - 29 BRITISH AMERICAN BLVD , LA THAM, NY 12110 MARY PAT HARRIS - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 CAROL KENYO N - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 STEPHANIE DYER - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 JOANNE RHODE - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 SHARYN VA N REEPINGHEN - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 ROSA RODRIGUEZ - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 JOSEPH ZIFCHOCK - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 DR THOMAS DELANEY - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 PETER J MARTIN, ESQ - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 ELLEN SHANAHAN BECKER, ESQ - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 JUDY O'ROURKE - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 MARIE O'HORO - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 POLLY SULLIVAN - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 MIKE OSTRANDER - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 REV DR LISA VANDERWAL - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 MARY MULLER - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 MARY JO HEBERT - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 NANCY COOKE - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 SHARON RUSSITANO - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 DENISE GRENIER PETERSON - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 LAURA KEARINS - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 EILEEN REMEC - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 JOANNA VALENTE ORR - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 SHELLEY WINTERS - 29 BRITISH AMERICAN BLVD , LA THAM, NY 12110 ROBERT KLEPPANG - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 MARY SULLIVAN - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 JOHNA PEACHIN - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 COLLEEN BELZER - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 ANNE GORDON - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 JACKIE CURTIS - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 JOSEPH KELLY - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 HARRIET T TRAVERSA - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 CELIA REED - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 JOHN M SMITH - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 LAWRENCE FEIN - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 ELIZABETH HENNESSY - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 EILEEN HOLGATE - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 DONNA PASIK - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 SUSAN WATERS - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 LYNDIA KIMBALL - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110 SAUNDRA M GUMEROVE - 29 BRITISH AMERICAN BLVD , LATHAM, NY 12110</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - PART XII - LINE 2C	THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
NYSARC INC BROOME-CHENANGO-TIOGA-COUNTIES CHAPTER

Employer identification number
15-0619307

Part I Identification of Disregarded Entities

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) THE FOUNDATION OF THE BROOME-TIOGA ASSOCIATION FOR RETARDED CITIZENS 125 CUTLER POND ROAD BINGHAMTON, NY 13905 22-3273829	PLANNED GIVING ACTIVITIES	NY	501(C)(3)	7	NYSARC INC BROOME-CHENANGO-TIOGA COUNTIES CHAPTER	Yes	
(2) COUNTRY VALLEY INDUSTRIES INC 125 CUTLER POND ROAD BINGHAMTON, NY 13905 22-3081071	REALTY COMPANY	NY	501(C)(3)	7	NYSARC INC BROOME-CHENANGO-TIOGA COUNTIES CHAPTER	Yes	
(3) COUNTRY VALLEY COMMUNITY RESIDENCE INC 125 CUTLER POND ROAD BINGHAMTON, NY 13905 16-1082590	REALTY COMPANY	NY	501(C)(2)		NYSARC INC BROOME-CHENANGO-TIOGA COUNTIES CHAPTER	Yes	
(4) CHENANGO COMMUNITY RESIDENCES INC 125 CUTLER POND ROAD BINGHAMTON, NY 13905 15-0619307	REALTY COMPANY	NY	501(C)(2)		NYSARC INC BROOME-CHENANGO-TIOGA COUNTIES CHAPTER	Yes	
(5) NYSARC INC CHENANGO COUNTY CHAPTER 125 CUTLER POND ROAD BINGHAMTON, NY 13905 16-0970103	PROVIDE SERVICES TO DEVELOPMENTALLY DISABLED	NY	501(C)(3)	7	NYSARC INC BROOME-CHENANGO-TIOGA COUNTIES CHAPTER	Yes	

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)	Yes	
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) COUNTRY VALLEY INDUSTRIES INC	K	232,668	COST
(2) COUNTRY VALLEY INDUSTRIES INC	E	75,551	COST
(3) COUNTRY VALLEY COMMUNITY RESIDENCE INC	E	122,544	COST

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation