

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the **2018** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NYSARC, INC., BROOME-CHENANGO-TIOGA-COUNTIES CHAPTER		D Employer identification number 15-0619307
	Doing business as ACHIEVE		E Telephone number (607) 723-8361
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 31,418,603.
	125 CUTLER POND ROAD		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code BINGHAMTON, NY 13905		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No," attach a list. (see instructions)
F Name and address of principal officer: BARBARA SCHINDLER 125 CUTLER POND ROAD, BINGHAMTON, NY 13905		H(c) Group exemption number ▶ 1256	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.ACHIEVENY.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1949 M State of legal domicile: NY

CLIENT COPY

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		
	2	Check this box <input type="checkbox"/> 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 38	7b	6,337.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,353,364.	Current Year 477,372.
	9	Program service revenue (Part VIII, line 2g)	25,837,220.	29,263,967.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	44,791.	542,711.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,235,375.	30,284,050.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	17,907,127.	20,441,785.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,767,217.	8,687,441.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	26,674,344.	29,129,226.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	561,031.	1,154,824.
	20	Total assets (Part X, line 16)	Beginning of Current Year 13,315,052.	End of Year 14,066,516.
	21	Total liabilities (Part X, line 26)	4,145,142.	4,371,142.
22	Net assets or fund balances. Subtract line 21 from line 20	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 <i>Barbara Schindler</i>	Date 10/30/19
	BARBARA SCHINDLER, TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name ROBERT GRAMUGLIA	Preparer's signature ROBERT GRAMUGLIA	Date 10/24/19	Check if self-employed <input type="checkbox"/>	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

Part III Statement of Program Service Accomplishments

Check 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.**)
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.

4b (Code:) (Expenses \$ **10,380,861.** including grants of \$) (Revenue \$ **11,458,195.**)
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

4c (Code:) (Expenses \$ **1,269,326.** including grants of \$) (Revenue \$ **1,423,084.**)
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.

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.**

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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>	X	
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>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		X
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>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
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>		X
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>	X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>		X
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>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
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>		X
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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check 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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	97
1b	0

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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? 2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a	X	
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	X	
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		X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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? 12a		
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.			
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?		X
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?		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
If "Yes," complete Form 4720, Schedule O.			

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

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	1a 114		
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	1b 114		
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?	2		X
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?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6	X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
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	9		X

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?	10a	X	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
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	12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14	X	
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	15a	X	
b Other officers or key employees of the organization	15b	X	
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?	16a		X
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?	16b		

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 Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 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 - (607) 723-8361**
47 RIVERSIDE DRIVE, JOHNSON CITY, NY 13790

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(1) ROBERT SALANKIEWICZ ASSISTANT TREASURER	0.50 2.00	X		X				0.	0.	0.
(2) ELLEN FELDMAN PRESIDENT	0.50 2.50	X		X				0.	0.	0.
(3) GARY SHAY BOARD MEMBER	0.50 2.00	X						0.	0.	0.
(4) THOMAS J. TALBETT BOARD OF GOV. REP.	0.50	X						0.	0.	0.
(5) JEROME ISAACS BOARD OF GOV. REP.	0.50	X						0.	0.	0.
(6) IDA RIOS BOARD OF GOV. REP.	0.50	X						0.	0.	0.
(7) RAPHAEL SMITH BOARD OF GOV. REP.	0.50	X						0.	0.	0.
(8) TODD JACOBSON BOARD OF GOV. REP.	0.50	X						0.	0.	0.
(9) MARY ANNE VANDENBURGH BOARD OF GOV. REP.	0.50	X						0.	0.	0.
(10) DOROTHY WHEELER BOARD OF GOV. REP.	0.50	X						0.	0.	0.
(11) ROSE MARY CELLA BOARD OF GOV. REP.	0.50	X						0.	0.	0.
(12) DONALD GEER BOARD OF GOV. REP.	0.50	X						0.	0.	0.
(13) RONALD GEORGE BOARD OF GOV. REP.	0.50	X						0.	0.	0.
(14) CHERYL ENGLERT BOARD OF GOV. REP.	0.50	X						0.	0.	0.
(15) MARCY VANZANDT BOARD OF GOV. REP.	0.50	X						0.	0.	0.
(16) RANDY SCHAAL BOARD OF GOV. REP.	0.50	X						0.	0.	0.
(17) SALLY ROMANO BOARD OF GOV. REP.	0.50	X						0.	0.	0.

**NYSARC, INC., BROOME-CHENANGO-TIOGA-
COUNTIES CHAPTER**

Form 990 (2018)

15-0619307 Page **8**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) DONALD SMITH BOARD OF GOV. REP.	0.50	X						0.	0.	0.
(19) DR. JOHN KOWALCZYK BOARD OF GOV. REP.	0.50	X						0.	0.	0.
(20) GORDON EYER BOARD OF GOV. REP.	0.50	X						0.	0.	0.
(21) JOANNA GRECO BOARD OF GOV. REP.	0.50	X						0.	0.	0.
(22) JOANNE GRANT BOARD OF GOV. REP.	0.50	X						0.	0.	0.
(23) JAMES CANNON BOARD OF GOV. REP.	0.50	X						0.	0.	0.
(24) MARLENE HILL BOARD OF GOV. REP.	0.50	X						0.	0.	0.
(25) MARY ANN BARBARINO BOARD OF GOV. REP.	0.50	X						0.	0.	0.
(26) DEBORAH WILBUR BOARD OF GOV. REP.	0.50	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								451,661.	0.	65,019.
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? If "Yes," complete Schedule J for such individual	3	X
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? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

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.

(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 60673-1221	TRANSPORTATION	427,680.
DONSON TRANSPORTATION 3000 WAYNE STREET, ENDWELL, NY 13760	TRANSPORTATION	148,496.
EMPLOYMENT SOLUTIONS P.O. 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**

SEE PART VII, SECTION A CONTINUATION SHEETS

**NYSARC, INC., BROOME-CHENANGO-TIOGA-
COUNTIES CHAPTER**

Form 990

15-0619307

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) WALTER HOGAN BOARD OF GOV. REP.	0.50	X					0.	0.	0.	
(28) SUSAN LUCAS BOARD OF GOV. REP.	0.50	X					0.	0.	0.	
(29) RICHARD RIMA BOARD OF GOV. REP.	0.50	X					0.	0.	0.	
(30) DIANE DEARBORN BOARD OF GOV. REP.	0.50	X					0.	0.	0.	
(31) PATRICIA CAMPANELLA BOARD OF GOV. REP.	0.50	X					0.	0.	0.	
(32) JOHN DESANTO BOARD OF GOV. REP.	0.50	X					0.	0.	0.	
(33) HAROLD HOFFMEIER, JR. BOARD OF GOV. REP.	0.50	X					0.	0.	0.	
(34) MARCIA KASPRZYK BOARD OF GOV. REP.	0.50	X					0.	0.	0.	
(35) BARBARA KANIA BOARD OF GOV. REP.	0.50	X					0.	0.	0.	
(36) ARTHUR STILWELL BOARD OF GOV. REP.	0.50	X					0.	0.	0.	
(37) STEVEN DROBYSH BOARD OF GOV. REP.	0.50	X					0.	0.	0.	
(38) ROBERT BOENING BOARD OF GOV. REP.	0.50	X					0.	0.	0.	
(39) DANIEL MARTINDALE BOARD OF GOV. REP.	0.50	X					0.	0.	0.	
(40) ANNE MARIE LOCKHART BOARD OF GOV. REP.	0.50	X					0.	0.	0.	
(41) DIAN CIFUNI BOARD OF GOV. REP.	0.50	X					0.	0.	0.	
(42) ANGELO DEFELIPPP BOARD OF GOV. REP.	0.50	X					0.	0.	0.	
(43) SHEREE CROSS BOARD OF GOV. REP.	0.50	X					0.	0.	0.	
(44) ELLEN OWENS BOARD OF GOV. REP.	0.50	X					0.	0.	0.	
(45) MISHELLE K. SHATTUCK BOARD OF GOV. REP.	0.50	X					0.	0.	0.	
(46) HOWARD JURIST BOARD OF GOV. REP.	0.50	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

**NYSARC, INC., BROOME-CHENANGO-TIOGA-
COUNTIES CHAPTER**

Form 990

15-0619307

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(47) JOSEPH CASSARINI BOARD OF GOV. REP.	0.50 2.00	X						0.	0.	0.
(48) JAMES SAVAGE BOARD MEMBER	0.50 2.00	X						0.	0.	0.
(49) KATHY SHEEHAN BOARD MEMBER	0.50 2.00	X						0.	0.	0.
(50) SHARON BOYD BOARD OF GOV. REP.	0.50 2.00	X						0.	0.	0.
(51) CYNTHIA LACKI BOARD OF GOV. REP.	0.50 2.00	X						0.	0.	0.
(52) JOHN STEVENS BOARD MEMBER	0.50 2.00	X						0.	0.	0.
(53) DAVE SEBASTIANELLI 1ST VICE PRESIDENT & BOG	0.50 2.00	X		X				0.	0.	0.
(54) LISA DOLPHIN BOARD MEMBER	0.50 2.00	X						0.	0.	0.
(55) KELLY EURILLO BOARD MEMBER	0.50 2.00	X						0.	0.	0.
(56) DOROLLO NIXON BOARD MEMBER	0.50 2.00	X						0.	0.	0.
(57) NICKI FRENCH SECRETARY & BOG	0.50 2.00	X		X				0.	0.	0.
(58) DEB THOMPSON BOARD OF GOV. REP.	0.50 2.00	X						0.	0.	0.
(59) MARLENE SIRIANNI, ESQ BOARD OF GOV. REP.	0.50 2.00	X						0.	0.	0.
(60) KIM PARKER 2ND VICE PRESIDENT	0.50 2.00	X		X				0.	0.	0.
(61) JAMES WARREN BOARD OF GOV. REP.	0.50 2.00	X						0.	0.	0.
(62) DAVE MILLER BOARD OF GOV. REP.	0.50 2.00	X						0.	0.	0.
(63) DEBRAH FISCHER BOARD OF GOV. REP.	0.50 2.00	X						0.	0.	0.
(64) LORRAINE COSTELLO BOARD OF GOV. REP.	0.50 2.00	X						0.	0.	0.
(65) DAVID IRISH BOARD OF GOV. REP.	0.50 2.00	X						0.	0.	0.
(66) MARY PAT HARRIS BOARD OF GOV. REP.	0.50 2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

NYSARC, INC., BROOME-CHENANGO-TIOGA-
COUNTIES CHAPTER

Form 990

15-0619307

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(67) CAROL KENYON BOARD OF GOV. REP.	0.50	X					0.	0.	0.	
(68) STEPHANIE DYER BOARD OF GOV. REP.	0.50	X					0.	0.	0.	
(69) JOANNE RHODE BOARD OF GOV. REP.	0.50	X					0.	0.	0.	
(70) SHARYN VAN REEPINGHEN BOARD OF GOV. REP.	0.50	X					0.	0.	0.	
(71) ROSA RODRIGUEZ BOARD OF GOV. REP.	0.50	X					0.	0.	0.	
(72) JOSEPH ZIFCHOCK BOARD OF GOV. REP.	0.50	X					0.	0.	0.	
(73) DR. THOMAS DELANEY BOARD OF GOV. REP.	0.50	X					0.	0.	0.	
(74) PETER J. MARTIN, ESQ. BOARD OF GOV. REP.	0.50	X					0.	0.	0.	
(75) ELLEN SHANAHAN BECKER, ESQ. BOARD OF GOV. REP.	0.50	X					0.	0.	0.	
(76) JUDY O'ROURKE BOARD OF GOV. REP.	0.50	X					0.	0.	0.	
(77) MARIE O'HORO BOARD OF GOV. REP.	0.50	X					0.	0.	0.	
(78) POLLY SULLIVAN BOARD OF GOV. REP.	0.50	X					0.	0.	0.	
(79) MIKE OSTRANDER BOARD OF GOV. REP.	0.50	X					0.	0.	0.	
(80) REV. DR. LISA VANDERWAL BOARD OF GOV. REP.	0.50	X					0.	0.	0.	
(81) MARY MULLER BOARD OF GOV. REP.	0.50	X					0.	0.	0.	
(82) MARY JO HEBERT BOARD OF GOV. REP.	0.50	X					0.	0.	0.	
(83) NANCY COOKE BOARD OF GOV. REP.	0.50	X					0.	0.	0.	
(84) SHARON RUSSITANO BOARD OF GOV. REP.	0.50	X					0.	0.	0.	
(85) DENISE GRENIER PETERSON BOARD OF GOV. REP.	0.50	X					0.	0.	0.	
(86) LAURA KEARINS BOARD OF GOV. REP.	0.50	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

**NYSARC, INC., BROOME-CHENANGO-TIOGA-
COUNTIES CHAPTER**

Form 990

15-0619307

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(87) BARBARA SCHINDLER TREASURER	0.50 2.00			X	X			0.	0.	0.
(88) WILLIAM WHITAKER BOARD MEMBER	0.50 2.00	X						0.	0.	0.
(89) DENNIS MIRABITO BOARD MEMBER	0.50 2.50	X						0.	0.	0.
(90) JEREMY SEDELMAYER BOARD MEMBER	0.50 2.00	X						0.	0.	0.
(91) MARGARET COLLINS BOARD MEMBER	0.50 2.00	X						0.	0.	0.
(92) PAMELA STEWART FAHS BOARD MEMBER	0.50 2.00	X						0.	0.	0.
(93) MICHELLE KAREDES BOARD MEMBER	0.50 2.00	X						0.	0.	0.
(94) GAIL RATTINGER BOARD MEMBER	0.50 2.00	X						0.	0.	0.
(95) EILEEN REMEC BOARD OF GOV. REP.	0.50	X						0.	0.	0.
(96) JOANNA VALENTE ORR BOARD OF GOV. REP.	0.50	X						0.	0.	0.
(97) SHELLEY WINTERS BOARD OF GOV. REP.	0.50	X						0.	0.	0.
(98) ROBERT KLEPPANG BOARD OF GOV. REP.	0.50	X						0.	0.	0.
(99) MARY SULLIVAN BOARD OF GOV. REP.	0.50	X						0.	0.	0.
(100) JOHNA PEACHIN BOARD OF GOV. REP.	0.50	X						0.	0.	0.
(101) COLLEEN BELZER BOARD OF GOV. REP.	0.50	X						0.	0.	0.
(102) ANNE GORDON BOARD OF GOV. REP.	0.50	X						0.	0.	0.
(103) JACKIE CURTIS BOARD OF GOV. REP.	0.50	X						0.	0.	0.
(104) JOSEPH KELLY BOARD OF GOV. REP.	0.50	X						0.	0.	0.
(105) HARRIETT TRAVERSA BOARD OF GOV. REP.	0.50	X						0.	0.	0.
(106) CELIA REED BOARD OF GOV. REP.	0.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

NYSARC, INC., BROOME-CHENANGO-TIOGA-COUNTIES CHAPTER

Form 990 (2018)

15-0619307 Page 9

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	1 a	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				
2 a		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	900099	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						
	6 a	Gross rents	(i) Real	(ii) Personal				
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses						
c	Gain or (loss)							
d	Net gain or (loss)			482,181.		482,181.		
8 a	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	49,565.				
		c	Net income or (loss) from fundraising events		0.			
9 a	Gross income from gaming activities. See Part IV, line 19	a						
		b	Less: direct expenses					
		c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a						
		b	Less: cost of goods sold					
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code						
11 a								
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.		

**NYSARC, INC., BROOME-CHENANGO-TIOGA-
COUNTIES CHAPTER**

Form 990 (2018)

15-0619307 Page 10

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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, lines 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 Sch 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 if following SOP 98-2 (ASC 958-720)

**NYSARC, INC., BROOME-CHENANGO-TIOGA-
COUNTIES CHAPTER**

Form 990 (2018)

15-0619307 Page 11

Part X Balance Sheet

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

		(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 instr). Complete Part II of Sch 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.		

Form 990 (2018)

**NYSARC, INC., BROOME-CHENANGO-TIOGA-
COUNTIES CHAPTER**

Form 990 (2018)

15-0619307 Page 12

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	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 Reporting

Check 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		X
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	X	
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.	X	
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?		X
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		

Form 990 (2018)

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

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.")	671,287.	754,710.	509,208.	1353364.	477,372.	3765941.
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.	1353364.	477,372.	3765941.
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.						3765941.

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.	1353364.	477,372.	3765941.
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						4358631.
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	86.40 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	98.86 %
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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>		
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>		
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>		
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>		
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>		
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 10b below.</i>		
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>		

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?	11a	
	b A family member of a person described in (a) above?	11b	
	c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
	2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.	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)? 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).	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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
	3 By reason of the relationship described in (2), did the organization's supported organizations have a 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	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? 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.	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? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
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? Provide details in Part VI.	3a	
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

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):		
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. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result 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			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization NYSARC, INC., BROOME-CHENANGO-TIOGA-COUNTIES CHAPTER	Employer identification number 15-0619307
---	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization NYSARC, INC., BROOME-CHENANGO-TIOGA-COUNTIES CHAPTER	Employer identification number 15-0619307
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	NYSARC, INC. TRUST P.O. BOX 1531 LATHAM, NY 12110	\$ <u>82,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	NYS CLOTHING GRANT, OPWDD 44 HOLLAND AVENUE ALBANY, NY 12229	\$ <u>39,677.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	NYSARC RECREATION GRANT 29 BRITISH AMERICAN BLVD, 2ND FLR LATHAM, NY 12110	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	NYS SPECIAL LEGISLATIVE GRANT - OPWDD 44 HOLLAND AVENUE ALBANY, NY 12229	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NYSARC, INC., BROOME-CHENANGO-TIOGA-COUNTIES CHAPTER	Employer identification number 15-0619307
---	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization NYSARC, INC., BROOME-CHENANGO-TIOGA-COUNTIES CHAPTER	Employer identification number 15-0619307
---	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

▶ 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 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
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?

Yes No

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)?

Yes No

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

▶ \$ _____

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:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 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 on 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:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 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 10c.)				5,971,608.

**NYSARC, INC., BROOME-CHENANGO-TIOGA-
COUNTIES CHAPTER**

Schedule D (Form 990) 2018

15-0619307 Page 3

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		
(B) FUNDS	209,202.	END-OF-YEAR MARKET VALUE
(C) FIXED INCOME	482,303.	END-OF-YEAR MARKET VALUE
(D) MUTUAL FUNDS AND EQUITIES	1,645,794.	END-OF-YEAR MARKET VALUE
(E) REAL ASSETS	52,424.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (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. (Col. (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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO OPWDD	122,505.
(3) DUE TO AFFILIATES	211,446.
(4) POST EMPLOYMENT OBLIGATION	125,549.
(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

**NYSARC, INC., BROOME-CHENANGO-TIOGA-
COUNTIES CHAPTER**

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.

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.

PART X, LINE 2:

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.

Part XIII Supplemental Information *(continued)*

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 20167 ARE SUBJECT TO EXAMINATION BY TAX AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

NYSARC, INC., BROOME-CHENANGO-TIOGA-

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) Total events (add col. (a) through col. (c))	
		SAVOR THE SUMMER (event type)	ANNUAL BANQUET (event type)	2 (total number)		
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: _____

NYSARC, INC., BROOME-CHENANGO-TIOGA-

- 11 Does the organization conduct gaming activities with nonmembers? Yes 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? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 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? Yes 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 ▶ _____

Director/officer Employee 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? Yes No

b Enter the amount of distributions required under state law to be 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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

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 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 (such as maid, chauffeur, chef) |

b If any of the boxes on 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, and officers, including the CEO/Executive Director, regarding the items checked on 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? **4a** Yes No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Yes No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 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? **5a** Yes No
- b** Any related organization? **5b** Yes No
- 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? **6a** Yes No
- b** Any related organization? **6b** Yes No
- 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 on 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

4b

4c

5a

5b

6a

6b

7

8

9

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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 aren't 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.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(i) AMY HOWARD	145,931.	600.	1,000.	0.	23,653.	171,184.	0.
(ii) CHIEF EXECUTIVE OFFICER	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ 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

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WITH INTELLECTUAL AND OTHER DEVELOPMENTAL DISABILITIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

WORK ENVIRONMENT.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MEDICAID SERVICE COORDINATION

EXPENSES \$ 1,110,458. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,598,022.

SUMMER PROGRAM

EXPENSES \$ 104,787. INCLUDING GRANTS OF \$ 0. REVENUE \$ 117,631.

TRANSPORTATION

EXPENSES \$ 1,103,211. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,073,847.

CHAPTER FUNDS

EXPENSES \$ 185,376. INCLUDING GRANTS OF \$ 0. REVENUE \$ 248.

FUNDRAISING AND DEVELOPMENT

EXPENSES \$ 179,450. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

ADMINISTRATIVE EXPENSES

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 4,960.

CLINIC -

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

Schedule O (Form 990 or 990-EZ) (2018)

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

Employer identification number
15-0619307

EXPENSES \$ 71,997. INCLUDING GRANTS OF \$ 0. REVENUE \$ 69,774.

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 EXERCISES ALL POWERS OF THE BOARD OF GOVERNORS BETWEEN PLANARY MEETINGS OF THE GOVERNORS.

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.

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

Employer identification number
15-0619307

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.

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 REQUIRMENT FOR PRIOR BOARD REVIEW AND APPROVAL OF THE FEDERAL FORM 990 ON AN ANNUAL BASIS.

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

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

Employer identification number
15-0619307

REVIEW AND SIGN. BOARD MEMBERS AND THE EXECUTIVE MANAGEMENT TEAM SIGN ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

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 REQUIRMENTS 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

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

Employer identification number
15-0619307

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.

FORM 990, PART VI, SECTION C, LINE 19:

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

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

Employer identification number
15-0619307

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 REQUIRMENTS:

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.

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

Employer identification number
15-0619307

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.

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

THOMAS J. TALBETT - 29 BRITISH AMERICAN BLVD., LATHAM, NY 12110

JEROME ISAACS - 29 BRITISH 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 CELLA - 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 ENGLERT - 29 BRITISH AMERICAN BLVD., LATHAM, NY 12110

MARCY VANZANDT - 29 BRITISH AMERICAN BLVD., LATHAM, NY 12110

Name of the organization	NYSARC, INC., BROOME-CHENANGO-TIOGA-COUNTIES CHAPTER	Employer identification number	15-0619307
--------------------------	--	--------------------------------	------------

RANDY SCHAAL - 29 BRITISH AMERICAN BLVD., LATHAM, NY 12110

SALLY ROMANO - 29 BRITISH AMERICAN BLVD., LATHAM, NY 12110

DONALD SMITH - 29 BRITISH AMERICAN BLVD., LATHAM, NY 12110

DR. JOHN KOWALCZYK - 29 BRITISH AMERICAN BLVD., LATHAM, NY 12110

GORDON EYER - 29 BRITISH AMERICAN BLVD., LATHAM, NY 12110

JOANNA GRECO - 29 BRITISH AMERICAN BLVD., LATHAM, NY 12110

JOANNE GRANT - 29 BRITISH AMERICAN BLVD., LATHAM, NY 12110

JAMES CANNON - 29 BRITISH AMERICAN BLVD., LATHAM, NY 12110

MARLENE HILL - 29 BRITISH AMERICAN BLVD., LATHAM, NY 12110

MARY ANN BARBARINO - 29 BRITISH AMERICAN BLVD., LATHAM, NY 12110

DEBORAH WILBUR - 29 BRITISH AMERICAN BLVD., LATHAM, NY 12110

WALTER HOGAN - 29 BRITISH AMERICAN BLVD., LATHAM, NY 12110

SUSAN LUCAS - 29 BRITISH AMERICAN BLVD., LATHAM, NY 12110

RICHARD RIMA - 29 BRITISH AMERICAN BLVD., LATHAM, NY 12110

DIANE DEARBORN - 29 BRITISH 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

ARTHUR STILWELL - 29 BRITISH AMERICAN BLVD., LATHAM, NY 12110

STEVEN DROBYSH - 29 BRITISH AMERICAN BLVD., LATHAM, NY 12110

ROBERT BOENING - 29 BRITISH AMERICAN BLVD., LATHAM, NY 12110

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., LATHAM, NY 12110

ANGELO DEFELIPPP - 29 BRITISH AMERICAN BLVD., LATHAM, NY 12110

SHEREE CROSS - 29 BRITISH AMERICAN BLVD., LATHAM, NY 12110

Name of the organization	NYSARC, INC., BROOME-CHENANGO-TIOGA-COUNTIES CHAPTER	Employer identification number	15-0619307
--------------------------	--	--------------------------------	------------

ELLEN OWENS - 29 BRITISH AMERICAN BLVD., LATHAM, NY 12110

MISCHELLE K. SHATTUCK - 29 BRITISH AMERICAN BLVD., LATHAM, NY 12110

HOWARD JURIST - 29 BRITISH AMERICAN BLVD., LATHAM, NY 12110

JOSEPH CASSARINI - 29 BRITISH AMERICAN 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 AMERICAN BLVD., LATHAM, NY 12110

MARLENE SIRIANNI, ESQ - 29 BRITISH AMERICAN BLVD., LATHAM, NY 12110

JAMES WARREN - 29 BRITISH 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., LATHAM, NY 12110

MARY PAT HARRIS - 29 BRITISH AMERICAN BLVD., LATHAM, NY 12110

CAROL KENYON - 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 VAN 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

Name of the organization	NYSARC, INC., BROOME-CHENANGO-TIOGA-COUNTIES CHAPTER	Employer identification number	15-0619307
--------------------------	--	--------------------------------	------------

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., LATHAM, 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

HARRIETT 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

LYNDA KIMBALL - 29 BRITISH AMERICAN BLVD., LATHAM, NY 12110

SAUNDRA M. GUMEROVE - 29 BRITISH AMERICAN BLVD., LATHAM, NY 12110

FORM 990 - PART XII - LINE 2C

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

Employer identification number
15-0619307

THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.

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		<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)		<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)	<input checked="" type="checkbox"/>	
d Loans or loan guarantees to or for related organization(s)		<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)	<input checked="" type="checkbox"/>	
f Dividends from related organization(s)		<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)		<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)		<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)		<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)		<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)	<input checked="" type="checkbox"/>	
l Performance of services or membership or fundraising solicitations for related organization(s)		<input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)		<input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<input checked="" type="checkbox"/>	
o Sharing of paid employees with related organization(s)		<input checked="" type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses		<input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses		<input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s)		<input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s)		<input checked="" type="checkbox"/>

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	
(4)			
(5)			
(6)			

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. NYSARC, INC., BROOME-CHENANGO-TIOGA-COUNTIES CHAPTER	Enter filer's identifying number Employer identification number (EIN) or 15-0619307
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 125 CUTLER POND ROAD	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BINGHAMTON, NY 13905	

Enter the Return Code for the return that this application is for (file a separate application for each return) **0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ANN YEAGER

• The books are in the care of ▶ **47 RIVERSIDE DRIVE - JOHNSON CITY, NY 13790**
Telephone No. ▶ **(607) 723-8361** Fax No. ▶ **(607) 231-5310**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2018** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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