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Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final
 - Return/terminated
 - Amended return
 - Application pending

C Name of organization
NYSARC INC CHENANGO COUNTY CHAPTER

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
NORWICH, NY 13815

F Name and address of principal officer
WILLIAM WHITAKER
47 RIVERSIDE DRIVE
JOHNSON CITY, NY 13790

D Employer identification number
16-0970103

E Telephone number
(607) 334-5366

G Gross receipts \$ 10,028,372

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 1256

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ CWSPACKAGING.COM

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1949 **M** State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO IMPROVE THE QUALITY OF LIFE FOR PEOPLE WITH INTELLECTUAL AND OTHER DEVELOPMENTAL DISABILITIES

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	149
4 Number of independent voting members of the governing body (Part VI, line 1b)	149
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	188
6 Total number of volunteers (estimate if necessary)	149
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	483,106	245,997
9 Program service revenue (Part VIII, line 2g)	6,646,572	9,720,765
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	154,611	53,107
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,286,432	8,503
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,570,721	10,028,372
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)	6,156,110	7,030,715
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,448,368	3,691,281
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	8,604,478	10,721,996
19 Revenue less expenses Subtract line 18 from line 12	-33,757	-693,624
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	9,452,546	8,726,200
21 Total liabilities (Part X, line 26)	2,581,247	2,370,410
22 Net assets or fund balances Subtract line 21 from line 20	6,871,299	6,355,790

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 _____ Date 2017-11-08

WILLIAM WHITAKER TREASURER
Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name ROBERT V GRAMUGLIA Preparer's signature ROBERT V GRAMUGLIA Date 2017-06-15 Check if self-employed PTIN P00454779

Firm's name ▶ BRYANS & GRAMUGLIA CPAS LLC Firm's EIN ▶

Firm's address ▶ 1 PINE WEST PLAZA SUITE 107 ALBANY, NY 12205 Phone no (518) 452-8055

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

THE MISSION OF THE NYSARC, INC , CHENANGO COUNTY CHAPTER IS TO PROVIDE PROGRAMS THAT ARE SPECIFIC TO MEET A CONSUMER'S NEEDS IN THE AREAS OF VOCATIONAL REHABILITATION, JOB READINESS TRAINING, EMPLOYMENT OPPORTUNITY, RESIDENTIAL SERVICES, SERVICE COORDINATION, DAY HABILITATION AND OTHER SUPPORT SERVICES THAT WOULD ALLOW PARTICIPANTS THE OPPORTUNITY TO MEET THEIR OPTIMUM LEVEL OF SUCCESS AND INDEPENDENCE THESE MEASURES WILL BE DESIGNED TO ENSURE THAT PROGRAM PARTICIPANTS ARE NOT ONLY INVOLVED IN, BUT ARE MAKING POSITIVE CONTRIBUTIONS TO THEIR RESPECTIVE COMMUNITIES

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 \$ 5,858,759 including grants of \$) (Revenue \$ 5,269,330)

See Additional Data

4b (Code) (Expenses \$ 1,850,517 including grants of \$) (Revenue \$ 2,188,009)

See Additional Data

4c (Code) (Expenses \$ 1,232,455 including grants of \$) (Revenue \$ 1,104,800)

See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
(Expenses \$ 851,045 including grants of \$) (Revenue \$ 1,158,626)

4e Total program service expenses ▶ 9,792,776

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>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
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>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
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>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
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>		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		No
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>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
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>		No
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>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
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>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
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>		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>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (149); 1b Enter the number of voting members included in line 1a, above, who are independent (149); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (NY); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website, [X] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (ANN YEAGER 47 RIVERSIDE DRIVE JOHNSON CITY, NY 13790 (607) 723-8361)

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	188,750			
	e Government grants (contributions)	1e	56,760			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	487			
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f		245,997			
Program Service Revenue		Business Code				
	2a WORKSHOP	624310	5,269,330	5,269,330		
	b SUPERVISED IRA	623990	2,188,009	2,188,009		
	c DAY HABILITATION AND RESIDENTIAL	900099	1,104,800	1,104,800		
	d MEDICAID SERVICE COORDINATION	900099	691,615	691,615		
	e SUPPORTIVE APARTMENTS	623990	335,718	335,718		
	f All other program service revenue		131,293	131,293		
g Total. Add lines 2a-2f		9,720,765				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		53,107		53,107	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
			7,478			
		b Less rental expenses		0		
	c Rental income or (loss)		7,478			
	d Net rental income or (loss)		7,478		7,478	
	7a 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)					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a		1,025		
b Less direct expenses			0			
c Net income or (loss) from fundraising events			1,025		1,025	
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses					
	c Net income or (loss) from gaming activities					
10a 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					
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See Instructions		10,028,372	9,720,765	0	61,610	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	92,337		92,337	
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	5,297,535	4,955,297	342,238	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	63,446	47,740	15,706	
9 Other employee benefits	1,244,711	1,133,661	111,050	
10 Payroll taxes	332,686	295,419	37,267	
11 Fees for services (non-employees)				
a Management				
b Legal	8,564	295	8,269	
c Accounting	36,825		36,825	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses	47,585	27,369	20,216	
14 Information technology				
15 Royalties				
16 Occupancy	216,757	216,422	335	
17 Travel	478,013	475,953	2,060	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	77,499	72,714	4,785	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	454,880	410,149	44,731	
23 Insurance	56,598	35,854	20,744	
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 PROGRAM SUPPLIES	1,349,524	1,316,051	33,473	
b PROFESSIONAL FEES	239,192	149,232	89,960	
c REPAIRS & MAINTENANCE	184,535	178,869	5,666	
d RENT EXPENSE	116,199	116,199		
e All other expenses	425,110	361,552	63,558	
25 Total functional expenses. Add lines 1 through 24e	10,721,996	9,792,776	929,220	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,524	1	2,660
	2 Savings and temporary cash investments	520,574	2	329,102
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	554,213	4	859,403
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	257,972	8	216,020
	9 Prepaid expenses and deferred charges		9	29,820
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 11,919,780		
	b Less accumulated depreciation	10b 7,662,478	4,189,393	10c 4,257,302
	11 Investments—publicly traded securities	1,914,569	11	940,499
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	2,013,301	15	2,091,394
16 Total assets. Add lines 1 through 15 (must equal line 34)	9,452,546	16	8,726,200	
Liabilities	17 Accounts payable and accrued expenses	726,247	17	643,922
	18 Grants payable		18	
	19 Deferred revenue	86,030	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	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	880,879	23	1,430,149
	24 Unsecured notes and loans payable to unrelated third parties	750,000	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	138,091	25	296,339	
26 Total liabilities. Add lines 17 through 25	2,581,247	26	2,370,410	
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	6,871,299	27	6,355,790
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	6,871,299	33	6,355,790
	34 Total liabilities and net assets/fund balances	9,452,546	34	8,726,200

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	10,028,372
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,721,996
3	Revenue less expenses Subtract line 2 from line 1	3	-693,624
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,871,299
5	Net unrealized gains (losses) on investments	5	178,115
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	6,355,790

Part XII Financial Statements and Reporting

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

	Yes	No
<p>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</p>		
<p>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</p>	No	
<p>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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	Yes	
<p>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</p>	Yes	
<p>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?</p>		No
<p>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</p>		

Additional Data

Software ID:

Software Version:

EIN: 16-0970103

Name: NYSARC INC CHENANGO COUNTY CHAPTER

Form 990 (2016)

Form 990, Part III, Line 4a:

WORKSHOP - PROVIDES TRAINING & EMPLOYMENT FOR DEVELOPMENTALLY DISABLED INDIVIDUALS THE WORKSHOP PROVIDES SERVICES FOR APPROXIMATELY 126 INDIVIDUALS

Form 990, Part III, Line 4b:

SUPERVISED IRA (INDIVIDUALIZED RESIDENTIAL ALTERNATIVE) - PROGRAMS PROVIDE VARIOUS LEVELS OF ASSISTANCE TO DEVELOPMENTALLY DISABLED
INDIVIDUALS 39 INDIVIDUALS WERE SERVED IN 2016

Form 990, Part III, Line 4c:

THE RESIDENTIAL/DAY HABILITATION PROGRAM PROVIDES ACTIVITIES IN A COMMUNITY AND SOCIAL ENVIRONMENT FOR DEVELOPMENTALLY DISABLED INDIVIDUALS
IN 2016 THERE WERE 72 CONSUMERS AND 18,223 UNITS OF SERVICE

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

(Code) (Expenses \$ 489,951 including grants of \$) (Revenue \$ 691,615) MEDICAID SERVICE COORDINATION
(Code) (Expenses \$ 248,408 including grants of \$) (Revenue \$ 335,718) SUPPORTIVE APARTMENTS

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

(Code) (Expenses \$ 90,619 including grants of \$) (Revenue \$ 95,516) CLINIC
(Code) (Expenses \$ 22,067 including grants of \$) (Revenue \$ 35,777) RESPITE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KIM PARKER PRESIDENT	0 50	X		X				0	0	0
BARBARA SCHINDLER VICE PRESIDENT	0 50	X		X				0	0	0
WILLIAM WHITAKER SECRETARY/TREASURER	0 50	X		X				0	0	0
HOWARD SULLIVAN BOARD MEMBER	0 50	X						0	0	0
DENNIS MIRABITO BOARD MEMBER	0 50	X						0	0	0
KEVIN GILROY BOARD MEMBER	0 50	X						0	0	0
THOMAS TALBETT BOARD OF GOV REP	0 50	X						0	0	0
DEBRA THOMPSON BOARD OF GOV REP	0 50	X						0	0	0
JERRY ISAACS BOARD OF GOV REP	0 50	X						0	0	0
AL TURK BOARD OF GOV REP	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
IDA RIOS BOARD OF GOV REP	0 50	X						0	0	0
KATHY SHEEHAN BOARD OF GOV REP	0 50	X						0	0	0
JOHN STEVENS BOARD OF GOV REP	0 50	X						0	0	0
ELLEN FELDMAN BOARD OF GOV REP	0 50	X						0	0	0
RAPHAEL SMITH BOARD OF GOV REP	0 50	X						0	0	0
DR TODD JACOBSON BOARD OF GOV REP	0 50	X						0	0	0
BARBARA STEWART BOARD OF GOV REP	0 50	X						0	0	0
MARLENE SIRIANNO ESQ BOARD OF GOV REP	0 50	X						0	0	0
LUCIMER ESCUDERO BOARD OF GOV REP	0 50	X						0	0	0
SUSAN POST BOARD OF GOV REP	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD SISSON BOARD OF GOV REP	0 50	X						0	0	0
JILL ABDALLAH BOARD OF GOV REP	0 50	X						0	0	0
DR JAMES ASHE BOARD OF GOV REP	0 50	X						0	0	0
GILBERT DUKEN BOARD OF GOV REP	0 50	X						0	0	0
MERRILEE HAMLIN BOARD OF GOV REP	0 50	X						0	0	0
CYNTHIA LACKI BOARD OF GOV REP	0 50	X						0	0	0
MARY ANNE VANDENBURGH BOARD OF GOV REP	0 50	X						0	0	0
DOROTHY WHEELER BOARD OF GOV REP	0 50	X						0	0	0
ROSE MARY CELLA BOARD OF GOV REP	0 50	X						0	0	0
DONALD GEER BOARD OF GOV REP	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES WARREN BOARD OF GOV REP	0 50	X						0	0	0
RUTH VITALE BOARD OF GOV REP	0 50	X						0	0	0
LORRAINE COSTELLO BOARD OF GOV REP	0 50	X						0	0	0
MARK METGER ESQ BOARD OF GOV REP	0 50	X						0	0	0
BRIAN ATTEA BOARD OF GOV REP	0 50	X						0	0	0
WENDY BEEMAN BOARD OF GOV REP	0 50	X						0	0	0
SHELLEY WINTERS BOARD OF GOV REP	0 50	X						0	0	0
ROBERT KLEPPANG BOARD OF GOV REP	0 50	X						0	0	0
DMITRY FELD BOARD OF GOV REP	0 50	X						0	0	0
JEAN SCHULTZ BOARD OF GOV REP	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RINALDO ESPOSITO BOARD OF GOV REP	0 50	X						0	0	0
JOHN DAVE MILLER BOARD OF GOV REP	0 50	X						0	0	0
JUDY SCHELLE BOARD OF GOV REP	0 50	X						0	0	0
DEBRAH FISCHER BOARD OF GOV REP	0 50	X						0	0	0
CANDIE POCOCK BOARD OF GOV REP	0 50	X						0	0	0
RONALD GEORGE BOARD OF GOV REP	0 50	X						0	0	0
STEPHANIE DYER BOARD OF GOV REP	0 50	X						0	0	0
DAVID LISCOMB BOARD OF GOV REP	0 50	X						0	0	0
JOANNE RHODE BOARD OF GOV REP	0 50	X						0	0	0
CHERYL ENGLERT BOARD OF GOV REP	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARCY VANZANDT BOARD OF GOV REP	0 50	X						0	0	0
RANDY SCHAAL ESQ BOARD OF GOV REP	0 50	X						0	0	0
JOSEPH ZIFCHOCK BOARD OF GOV REP	0 50	X						0	0	0
DAVID IRISH BOARD OF GOV REP	0 50	X						0	0	0
MARY BETH IRISH BOARD OF GOV REP	0 50	X						0	0	0
MICHAEL CINQUANTI BOARD OF GOV REP	0 50	X						0	0	0
SALLY ROMANO BOARD OF GOV REP	0 50	X						0	0	0
RADY BRUELL BOARD OF GOV REP	0 50	X						0	0	0
PAUL GIORDANO BOARD OF GOV REP	0 50	X						0	0	0
HALLIE GREENE BOARD OF GOV REP	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SAUNDRA M GUMEROVE BOARD OF GOV REP	0 50	X						0	0	0
HOWARD JURIST BOARD OF GOV REP	0 50	X						0	0	0
HARRIET TRAVERSA BOARD OF GOV REP	0 50	X						0	0	0
DR MELVIN GERTNER BOARD OF GOV REP	0 50	X						0	0	0
ANNE GORDON BOARD OF GOV REP	0 50	X						0	0	0
NANCY PETRINO BOARD OF GOV REP	0 50	X						0	0	0
EDWARD J LEAHY BOARD OF GOV REP	0 50	X						0	0	0
SHARYN VAN REEPINGHEN BOARD OF GOV REP	0 50	X						0	0	0
ANGELO APOINTE BOARD OF GOV REP	0 50	X						0	0	0
MARIE THERESE FRIERI BOARD OF GOV REP	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DONALD SMITH BOARD OF GOV REP	0 50	X						0	0	0
JOANNA GRECO BOARD OF GOV REP	0 50	X						0	0	0
DR JOHN KOWALCZYK BOARD OF GOV REP	0 50	X						0	0	0
DAVID MATHIS BOARD OF GOV REP	0 50	X						0	0	0
DEBORAH MCGRATH BOARD OF GOV REP	0 50	X						0	0	0
RUTH RIDWAY BOARD OF GOV REP	0 50	X						0	0	0
ZAIDA MORELLO BOARD OF GOV REP	0 50	X						0	0	0
JAMES CANNON BOARD OF GOV REP	0 50	X						0	0	0
JOYCE CARMEN BOARD OF GOV REP	0 50	X						0	0	0
GORDON EYER BOARD OF GOV REP	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH M BOGNANNO BOARD OF GOV REP	0 50	X						0	0	0
DEBORAH WILBUR BOARD OF GOV REP	0 50	X						0	0	0
JOANNE GRANT BOARD OF GOV REP	0 50	X						0	0	0
REV KEN DEGNAN BOARD OF GOV REP	0 50	X						0	0	0
MARLENE HILL BOARD OF GOV REP	0 50	X						0	0	0
MARY ANN BARBARINO BOARD OF GOV REP	0 50	X						0	0	0
RICHARD RIMA BOARD OF GOV REP	0 50	X						0	0	0
WALTER HOGAN BOARD OF GOV REP	0 50	X						0	0	0
LAURA DODGE BOARD OF GOV REP	0 50	X						0	0	0
HEATHER STRICKLAND BOARD OF GOV REP	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SUSAN LUCAS BOARD OF GOV REP	0 50	X						0	0	0
DIANE DEARBORN BOARD OF GOV REP	0 50	X						0	0	0
EDIE HALL BOARD OF GOV REP	0 50	X						0	0	0
SONIA CRANNAGE ESQ BOARD OF GOV REP	0 50	X						0	0	0
KAREN FEINSTEIN BOARD OF GOV REP	0 50	X						0	0	0
EDWARD RAUSCH BOARD OF GOV REP	0 50	X						0	0	0
RICHARD SIROTA BOARD OF GOV REP	0 50	X						0	0	0
GISELA SCHMIDT BOARD OF GOV REP	0 50	X						0	0	0
AUDREY TARANTINO BOARD OF GOV REP	0 50	X						0	0	0
ROBERT CLEMENTE BOARD OF GOV REP	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICIA CAMPANELLA BOARD OF GOV REP	0 50	X						0	0	0
BARBARA ROESER BOARD OF GOV REP	0 50	X						0	0	0
ANNE TOWNSEND BOARD OF GOV REP	0 50	X						0	0	0
ROBERT BARNETT BOARD OF GOV REP	0 50	X						0	0	0
ROBERT DESIO BOARD OF GOV REP	0 50	X						0	0	0
DR LAWRENCE FEIN BOARD OF GOV REP	0 50	X						0	0	0
DAVID WICKERHAM BOARD OF GOV REP	0 50	X						0	0	0
ROY MACDONALD BOARD OF GOV REP	0 50	X						0	0	0
ANGELO DEFELIPPO III BOARD OF GOV REP	0 50	X						0	0	0
BARBARA KANIA BOARD OF GOV REP	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GREG HURD BOARD OF GOV REP	0 50	X						0	0	0
JOHN DESANTO BOARD OF GOV REP	0 50	X						0	0	0
HAROLD HOFFMEIER JR BOARD OF GOV REP	0 50	X						0	0	0
MARCIA KASPRZYK BOARD OF GOV REP	0 50	X						0	0	0
MARY PAT HARRIS BOARD OF GOV REP	0 50	X						0	0	0
ROSE PALMIERI BOARD OF GOV REP	0 50	X						0	0	0
PAUL GREENFIELD BOARD OF GOV REP	0 50	X						0	0	0
ARTHUR STILWELL BOARD OF GOV REP	0 50	X						0	0	0
MISCHELLE SHATTUCK BOARD OF GOV REP	0 50	X						0	0	0
JOSEPH DEL BROCCOLO BOARD OF GOV REP	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FRANCIS GENCO BOARD OF GOV REP	0 50	X						0	0	0
JOHN MACH BOARD OF GOV REP	0 50	X						0	0	0
JAMES MCENEANEY BOARD OF GOV REP	0 50	X						0	0	0
FRED K SALZBERG BOARD OF GOV REP	0 50	X						0	0	0
KENNETH WALKER BOARD OF GOV REP	0 50	X						0	0	0
IRENE KIRTACK BOARD OF GOV REP	0 50	X						0	0	0
STEVEN DROBYSH BOARD OF GOV REP	0 50	X						0	0	0
ROBERT BOENING BOARD OF GOV REP	0 50	X						0	0	0
SHREE CROSS BOARD OF GOV REP	0 50	X						0	0	0
SCOTT LANG BOARD OF GOV REP	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DR SEVERIN CARLSON BOARD OF GOV REP	0 50	X						0	0	0
NICHOLAS LANZA BOARD OF GOV REP	0 50	X						0	0	0
ANNE MARIE LOCKHART BOARD OF GOV REP	0 50	X						0	0	0
DANIEL MARTINDALE BOARD OF GOV REP	0 50	X						0	0	0
LORI MARTINDALE BOARD OF GOV REP	0 50	X						0	0	0
SHARON BOYD BOARD OF GOV REP	0 50	X						0	0	0
CAROL KENYON BOARD OF GOV REP	0 50	X						0	0	0
DIAN CIFUNI BOARD OF GOV REP	0 50	X						0	0	0
NELVA TUREK BOARD OF GOV REP	0 50	X						0	0	0
ANTHONY ASSALONE BOARD OF GOV REP	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KATHERINE CONROY BOARD OF GOV REP	0 50	X						0	0	0
BERNIE KROOKS BOARD OF GOV REP	0 50	X						0	0	0
STACEY ODBORNE BOARD OF GOV REP	0 50	X						0	0	0
ROSA RODRIQUEZ BOARD OF GOV REP	0 50	X						0	0	0
JOSEPH CASSARINI BOARD OF GOV REP	0 50	X						0	0	0
MARY ELLEN MURPHY BOARD OF GOV REP	0 50	X						0	0	0
ELLEN OWENS BOARD OF GOV REP	0 50	X						0	0	0
JAMES BLACKBURN BOARD OF GOV REP	0 50	X						0	0	0
GREG BOOTH BOARD OF GOV REP	0 50	X						0	0	0
LISA BERARD DEPUTY EXECUTIVE DIRECTOR	40 00			X				85,741	0	25,107

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ERIC MOORE DIRECTOR OF OPERATIONS	40 00					X		114,772	0	1,530
JASON LASICKI SALES MANAGER	40 00					X		130,879	0	22,316
SANDRA MOCK DIRECTOR OF IT	40 00					X		109,647	0	20,297

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NYSARC INC CHENANGO COUNTY CHAPTER

Employer identification number

16-0970103

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s) _____

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	251,304	14,303	46,124	483,106	245,997	1,040,834
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	251,304	14,303	46,124	483,106	245,997	1,040,834
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						1,040,834

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4	251,304	14,303	46,124	483,106	245,997	1,040,834
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	63,583	66,968	139,525	154,611	53,107	477,794
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						1,518,628
12	Gross receipts from related activities, etc (see instructions)					12	42,019,183
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 2016 (line 6, column (f) divided by line 11, column (f))	14	68.540 %
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	99.250 %
16a	33 1/3% support test—2016. 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—2015. 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—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2015. 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. 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 ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. 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 ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI Supplemental Information.

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2016

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

NYSARC INC CHENANGO COUNTY CHAPTER

Employer identification number

16-0970103

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 an 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 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 8/17/06, 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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 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	419,598			419,598
b Buildings	7,743,716		4,289,859	3,453,857
c Leasehold improvements				
d Equipment	3,293,854		2,981,673	312,181
e Other	462,612		390,946	71,666
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				4,257,302

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

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

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

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	849,328
(2) LIMITED USE ASSETS	1,242,066
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	2,091,394

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	
DEFERRED COMPENSATION PAYABLE	146,339
DUE TO OPWDD	150,000
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	296,339

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 16-0970103

Name: NYSARC INC CHENANGO COUNTY CHAPTER

Supplemental Information

Return Reference	Explanation
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 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 2016 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 2013, 2014, AND 2015 ARE SUBJECT TO EXAMINATION BY TAX AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED

Schedule J
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Compensation Information

OMB No 1545-0047

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.**

2015
Open to Public Inspection

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

Name of the organization NYSARC INC CHENANGO COUNTY CHAPTER	Employer identification number 16-0970103
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Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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 idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<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 idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>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:</p>										
<p>a Receive a severance payment or change-of-control payment?</p>	4a	No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	No								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>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:</p>										
<p>a The organization?</p>	5a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No								
<p>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:</p>										
<p>a The organization?</p>	6a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No								
<p>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.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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 are not listed on Form 990, Part VII.

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

(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				
1 JASON LASICKI SALES MANAGER	(i)	130,879 -----	0 -----	0 -----	683 -----	21,633 -----	153,195 -----	0 -----
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

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

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

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

NYSARC INC CHENANGO COUNTY CHAPTER

Employer identification number

16-0970103

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	<p>NYSARC, INC IS A UNITARY CORPORATION CONSISTING OF ITS 55 CHAPTERS NYSARC, INC , CHENANGO COUNTY CHAPTER IS ONE DIVISION OF THE CORPORATION THE CORPORATION AND CHAPTER'S GOVERNING BODY IS THE BOARD OF GOVERNORS REPRESENTING THE INDIVIDUAL MEMBERSHIP IN EACH CHAPTER'S JURISDICTION EACH CHAPTER HAS FROM 1 TO 6 GOVERNORS BASED ON MEMBERSHIP THE CORPORATION THROUGH ITS BYLAWS DELEGATES DAY-TO-DAY OPERATING AUTHORITY TO THE CHAPTER'S BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE OF THE BOARD OF GOVERNORS (SEE PART VI, LINE 7A BELOW) COMPRISES THE CORPORATION'S ELECTED OFFICERS AND EXCERCISES ALL POWERS OF THE BOARD OF GOVERNORS BETWEEN PLANARY MEETINGS OF THE GOVERNORS</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE BOARD OF GOVERNORS DOES NOT REVIEW CHAPTERS' FORM 990S BEFORE THEY ARE FILED EACH CHAPTER SUBMITS A COPY OF ITS FORM 990 TO THE GOVERNING BOARD WHEN THE CHAPTER IS FILED EACH CHAPTER MUST HAVE A PROCESS FOR ITS BOARD OF DIRECTORS TO REVIEW THE FORM 990 NYSARC, INC , CHENANGO COUNTY CHAPTER'S PROCESS IS AS FOLLOWS MANAGEMENT AND THE BOARD OF DIRECTORS WILL REVIEW THE FORM 990 PRIOR TO SUBMISSION ANY QUESTIONS OR COMMENTS WILL BE DIRECTED TO THE ACCOUNTING FIRM THAT PREPARES THE RETURN THE FORM 990 IS MADE AVAILABLE FOR REVIEW PRIOR TO THE BOARD MEETING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR ALL BOARD MEMBERS AND EXECUTIVE MANAGEMENT STAFF COMPLETE CONFLICT OF INTEREST STATEMENTS STATEMENTS ARE REVIEWED BY THE EXECUTIVE COMMITTEE AND THE DEPUTY EXECUTIVE DIRECTOR ALL PARTIES WITH CONFLICTS ABSTAIN FROM VOTING AND DISCUSSIONS ON MATTERS WHERE THEY HAVE CONFLICT OF INTEREST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	ANNUALLY THE BOARD OF DIRECTORS WILL REVIEW AND APPROVE THE DEPUTY EXECUTIVE DIRECTOR'S SALARY THE OTHER SALARIES ARE APPROVED BY THE BOARD WHEN THEY APPROVE THE OVERALL BUDGET PERIODICALLY THE BOARD WILL REVIEW THE COMPARABILITY DATA FOR THE DEPUTY EXECUTIVE DIRECTOR'S AND MANAGEMENT EMPLOYEE'S SALARY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	<p>UNDER REGULATIONS THAT BECAME EFFECTIVE IN 1999, NYSARC, INC , CHENANGO COUNTY CHAPTER IS SUBJECT TO FEDERAL REQUIREMENTS TO MAKE THE FOLLOWING FORMS "WIDELY AVAILABLE" TO ALL MEMBERS OF THE GENERAL PUBLIC 1 THE THREE MOST RECENT ANNUAL INFORMATION RETURNS (FORM 990), EXCLUDING THE LIST OF SIGNIFICANT DONORS (SCHEDULE B) THAT IS ATTACHED TO THE FORM 990, BUT INCLUDING ANY OTHER ACCOMPANYING SCHEDULES AS REQUIRED 2 NYSARC, INC , CHENANGO COUNTY 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 , CHENANGO COUNTY 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 , CHENANGO COUNTY CHAPTER DURING NORMAL WORKING HOURS MAKING A REQUEST TO INSPECT THE FORMS WILL BE GRANTED ACCESS TO A FILE COPY OF THE FORMS THE CONTROLLER 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 , CHENANGO COUNTY CHAPTER, THE ORGANIZATION SHALL REQUIRE PRE-PAYMENT OF ALL COPYING AND SHIPPING CHARGES FOR REQUESTS FOR COPIES THAT ARE RECEIVED WITHOUT PREPAYMENT, NYSARC, INC , CHENANGO COUNTY 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 , CHENANGO COUNTY CHAPTER FOR PROVIDING COPIES OF REQUESTED FORMS SHALL BE \$1 00 FOR THE FIRST PAGE COPIES AND \$0 15 FOR EACH SUBSEQUENT PAGE ALL COPIES SHALL BE SHIPPED TO REQUESTERS VIA REGULAR FIRST CLASS MAIL, THUS, SHIPPING CHARGES WILL BE A STANDARD \$3 00 PER SHIPMENT 4 AFTER PAYMENT IS RECEIVED BY NYSARC, INC , CHENANGO COUNTY 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 , CHENANGO COUNTY CHAPTER SHALL ACCEPT CERIFIED CHECKS AND MONEY ORDERS FOR REQUESTS FOR COPIES MADE IN PERSON NYSARC, INC , CHENANGO COUNTY CHAPTER SHALL ACCEPT CERTIFIED CHECKS, MONEY ORDERS AND CREDIT CARDS AS PAYMENT FOR COPIES OF FORMS REQUESTED IN WRITING</p>

990 Schedule O, Supplement Information

Return Reference	Explanation
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC	HOWARD SULLIVAN - 393 DELAWARE AVENUE, DELMAR, NY 12054 DENNIS MIRABITO - 393 DELAWARE AV ENUE, DELMAR, NY 12054 KEVIN GILROY - 393 DELAWARE AVENUE, DELMAR, NY 12054 THOMAS TALBE TT - 393 DELAWARE AVENUE, DELMAR, NY 12054 DEBRA THOMPSON - 393 DELAWARE AVENUE, DELMAR, NY 12054 JERRY ISAACS - 393 DELAWARE AVENUE, DELMAR, NY 12054 AL TURK - 393 DELAWARE AVE NUE, DELMAR, NY 12054 IDA RIOS - 393 DELAWARE AVENUE, DELMAR, NY 12054 KATHY SHEEHAN - 3 93 DELAWARE AVENUE, DELMAR, NY 12054 JOHN STEVENS - 393 DELAWARE AVENUE, DELMAR, NY 12054 ELLEN FELDMAN - 393 DELAWARE AVENUE, DELMAR, NY 12054 RAPHAEL SMITH - 393 DELAWARE AVENUE, DELMAR, NY 12054 DR TODD JACOBSON - 393 DELAWARE AVENUE, DELMAR, NY 12054 BARBARA S TEWART - 393 DELAWARE AVENUE, DELMAR, NY 12054 MARLENE SIRIANNI, ESQ - 393 DELAWARE AVENUE, DELMAR, NY 12054 LUCIMER ESCUDERO - 393 DELAWARE AVENUE, DELMAR, NY 12054 SUSAN POST - 393 DELAWARE AVENUE, DELMAR, NY 12054 RICHARD SISSON - 393 DELAWARE AVENUE, DELMAR, NY 12054 JILL ABDALLAH - 393 DELAWARE AVENUE, DELMAR, NY 12054 DR JAMES ASHE - 393 DELAWARE AVENUE, DELMAR, NY 12054 GILBERT DUKEN - 393 DELAWARE AVENUE, DELMAR, NY 12054 MERRILE E HAMLIN - 393 DELAWARE AVENUE, DELMAR, NY 12054 CYNTHIA LACKI - 393 DELAWARE AVENUE, DELMAR, NY 12054 MARY ANNE VANDENBURGH - 393 DELAWARE AVENUE, DELMAR, NY 12054 DOROTHY WHEELER - 393 DELAWARE AVENUE, DELMAR, NY 12054 ROSE MARY CELLA - 393 DELAWARE AVENUE, DELMAR, NY 12054 DONALD GEER - 393 DELAWARE AVENUE, DELMAR, NY 12054 JAMES WARREN - 393 DELAWARE AVENUE, DELMAR, NY 12054 RUTH VITALE - 393 DELAWARE AVENUE, DELMAR, NY 12054 LORRAINE COSTELLO - 393 DELAWARE AVENUE, DELMAR, NY 12054 MARK METGER, ESQ - 393 DELAWARE AVENUE, DELMAR, NY 12054 BRIAN ATTEA - 393 DELAWARE AVENUE, DELMAR, NY 12054 WENDY BEEMAN - 393 DELAWARE AVENUE, DELMAR, NY 12054 SHELLEY WINTERS - 393 DELAWARE AVENUE, DELMAR, NY 12054 ROBERT KLEPPANG - 393 DELAWARE AVENUE, DELMAR, NY 12054 DMITRY FELD - 393 DELAWARE AVENUE, DELMAR, NY 12054 JEAN SCHULTZ - 393 DELAWARE AVENUE, DELMAR, NY 12054 RINALDO ESPOSITO - 393 DELAWARE AVENUE, DELMAR, NY 12054 JOHN DAVE MILLER - 393 DELAWARE AVENUE, DELMAR, NY 12054 JUDY SCHELLE - 393 DELAWARE AVENUE, DELMAR, NY 12054 DEBRAH FISCHER - 393 DELAWARE AVENUE, DELMAR, NY 12054 CANDIE POCOCK - 393 DELAWARE AVENUE, DELMAR, NY 12054 RONALD GEORGE - 393 DELAWARE AVENUE, DELMAR, NY 12054 STEPHANIE DYER - 393 DELAWARE AVENUE, DELMAR, NY 12054 DAVID LISCOMB - 393 DELAWARE AVENUE, DELMAR, NY 12054 JOANNE RHODE - 393 DELAWARE AVENUE, DELMAR, NY 12054 CHERYL ENGLERT - 393 DELAWARE AVENUE, DELMAR, NY 12054 MARCY VANZANDT - 393 DELAWARE AVENUE, DELMAR, NY 12054 RANDY SCHAAL, ESQ - 393 DELAWARE AVENUE, DELMAR, NY 12054 JOSEPH ZIFCHOCK - 393 DELAWARE AVENUE, DELMAR, NY 12054 DAVID IRISH - 393 DELAWARE AVENUE, DELMAR, NY 12054 MARY BETH IRISH - 393 DELAWARE AVENUE, DELMAR, NY 12054 MICHAEL CINQUANTI - 393 DELAWARE AVENUE, DELMAR, NY 12054 SALLY ROMANO - 393 DELAWARE AVENUE, DELMAR

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Return Reference	Explanation
<p>FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC</p>	<p>, NY 12054 RADY BRUELL - 393 DELAWARE AVENUE, DELMAR, NY 12054 PAUL GIORDANO - 393 DELAW ARE AVENUE, DELMAR, NY 12054 HALLIE GREENE - 393 DELAWARE AVENUE, DELMAR, NY 12054 SAUND RA M GUMEROVE - 393 DELAWARE AVENUE, DELMAR, NY 12054 HOWARD JURIST - 393 DELAWARE AVENUE , DELMAR, NY 12054 HARRIET TRAVERSA - 393 DELAWARE AVENUE, DELMAR, NY 12054 DR MELVIN G ERTNER - 393 DELAWARE AVENUE, DELMAR, NY 12054 ANNE GORDON - 393 DELAWARE AVENUE, DELMAR, NY 12054 NANCY PETRINO - 393 DELAWARE AVENUE, DELMAR, NY 12054 EDWARD J LEAHY - 393 DEL AWARE AVENUE, DELMAR, NY 12054 SHARYN VAN REEPINGHEN - 393 DELAWARE AVENUE, DELMAR, NY 12 054 ANGELO APOINTE - 393 DELAWARE AVENUE, DELMAR, NY 12054 MARIE THERESE FRIERI - 393 DE LAWARE AVENUE, DELMAR, NY 12054 DONALD SMITH - 393 DELAWARE AVENUE, DELMAR, NY 12054 JOA NNA GRECO - 393 DELAWARE AVENUE, DELMAR, NY 12054 DR JOHN KOWALCZYK - 393 DELAWARE AVENU E, DELMAR, NY 12054 DAVID MATHIS - 393 DELAWARE AVENUE, DELMAR, NY 12054 DEBORAH MCGRATH - 393 DELAWARE AVENUE, DELMAR, NY 12054 RUTH RIDWAY - 393 DELAWARE AVENUE, DELMAR, NY 12 054 ZAIDA MORELLO - 393 DELAWARE AVENUE, DELMAR, NY 12054 JAMES CANNON - 393 DELAWARE AV ENUE, DELMAR, NY 12054 JOYCE CARMEN - 393 DELAWARE AVENUE, DELMAR, NY 12054 GORDON EYER - 393 DELAWARE AVENUE, DELMAR, NY 12054 JOSEPH M BOGNANNO - 393 DELAWARE AVENUE, DELMAR, NY 12054 DEBORAH WILBUR - 393 DELAWARE AVENUE, DELMAR, NY 12054 JOANNE GRANT - 393 DELAW ARE AVENUE, DELMAR, NY 12054 REV KEN DEGNAN - 393 DELAWARE AVENUE, DELMAR, NY 12054 MAR LENE HILL - 393 DELAWARE AVENUE, DELMAR, NY 12054 MARY ANN BARBARINO - 393 DELAWARE AVENU E, DELMAR, NY 12054 RICHARD RIMA - 393 DELAWARE AVENUE, DELMAR, NY 12054 WALTER HOGAN - 393 DELAWARE AVENUE, DELMAR, NY 12054 LAURA DODGE - 393 DELAWARE AVENUE, DELMAR, NY 12054 HEATHER STRICKLAND - 393 DELAWARE AVENUE, DELMAR, NY 12054 SUSAN LUCAS - 393 DELAWARE A VENUE, DELMAR, NY 12054 DIANE DEARBORN - 393 DELAWARE AVENUE, DELMAR, NY 12054 EDIE HALL - 393 DELAWARE AVENUE, DELMAR, NY 12054 SONIA CRANNAGE, ESQ - 393 DELAWARE AVENUE, DELM AR, NY 12054 KAREN FEINSTEIN - 393 DELAWARE AVENUE, DELMAR, NY 12054 EDWARD RAUSCH - 393 DELAWARE AVENUE, DELMAR, NY 12054 RICHARD SIROTA - 393 DELAWARE AVENUE, DELMAR, NY 12054 GISELA SCHMIDT - 393 DELAWARE AVENUE, DELMAR, NY 12054 AUDREY TARANTINO - 393 DELAWARE AVENUE, DELMAR, NY 12054 ROBERT CLEMENTE - 393 DELAWARE AVENUE, DELMAR, NY 12054 PATRICI A CAMPANELLA - 393 DELAWARE AVENUE, DELMAR, NY 12054 BARBARA ROESER - 393 DELAWARE AVENUE , DELMAR, NY 12054 ANNE TOWNSEND - 393 DELAWARE AVENUE, DELMAR, NY 12054 ROBERT BARNETT - 393 DELAWARE AVENUE, DELMAR, NY 12054 ROBERT DESIO - 393 DELAWARE AVENUE, DELMAR, NY 12 054 DR LAWRENCE FEIN - 393 DELAWARE AVENUE, DELMAR, NY 12054 DAVID WICKERHAM - 393 DELA WARE AVENUE, DELMAR, NY 12054 ROY MACDONALD - 393 DELAWARE AVENUE, DELMAR, NY 12054 ANGE LO DEFELIPPO, III - 393 DELAWARE AVENUE, DELMAR, NY 12054 BARBARA KANIA - 393 DELAWARE AV ENUE, DELMAR, NY 12054 GREG H</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC	URD - 393 DELAWARE AVENUE, DELMAR, NY 12054 JOHN DESANTO - 393 DELAWARE AVENUE, DELMAR, N Y 12054 HAROLD HOFFMEIER, JR - 393 DELAWARE AVENUE, DELMAR, NY 12054 MARCIA KASPRZYK - 3 93 DELAWARE AVENUE, DELMAR, NY 12054 MARY PAT HARRIS - 393 DELAWARE AVENUE, DELMAR, NY 12 054 ROSE PALMIERI - 393 DELAWARE AVENUE, DELMAR, NY 12054 PAUL GREENFIELD - 393 DELAWARE AVENUE, DELMAR, NY 12054 ARTHUR STILWELL - 393 DELAWARE AVENUE, DELMAR, NY 12054 MISCHE LLE SHATTUCK - 393 DELAWARE AVENUE, DELMAR, NY 12054 JOSEPH DEL BROCCOLO - 393 DELAWARE A VENUE, DELMAR, NY 12054 FRANCIS GENCO - 393 DELAWARE AVENUE, DELMAR, NY 12054 JOHN MACH - 393 DELAWARE AVENUE, DELMAR, NY 12054 JAMES MCENEANEY - 393 DELAWARE AVENUE, DELMAR, NY 12054 FRED K SALZBERG - 393 DELAWARE AVENUE, DELMAR, NY 12054 KENNETH WALKER - 393 DEL AWARE AVENUE, DELMAR, NY 12054 IRENE KIRTACK - 393 DELAWARE AVENUE, DELMAR, NY 12054 STE VEN DROBYSH - 393 DELAWARE AVENUE, DELMAR, NY 12054 ROBERT BOENING - 393 DELAWARE AVENUE, DELMAR, NY 12054 SHREE CROSS - 393 DELAWARE AVENUE, DELMAR, NY 12054 SCOTT LANG - 393 D ELAWARE AVENUE, DELMAR, NY 12054 DR SEVERIN CARLSON - 393 DELAWARE AVENUE, DELMAR, NY 12 054 NICHOLAS LANZA - 393 DELAWARE AVENUE, DELMAR, NY 12054 ANNE MARIE LOCKHART - 393 DEL AWARE AVENUE, DELMAR, NY 12054 DANIEL MARTINDALE - 393 DELAWARE AVENUE, DELMAR, NY 12054 LORI MARTINDALE - 393 DELAWARE AVENUE, DELMAR, NY 12054 SHARON BOYD - 393 DELAWARE AVENU E, DELMAR, NY 12054 CAROL KENYON - 393 DELAWARE AVENUE, DELMAR, NY 12054 DIAN CIFUNI - 3 93 DELAWARE AVENUE, DELMAR, NY 12054 NELVA TUREK - 393 DELAWARE AVENUE, DELMAR, NY 12054 ANTHONY ASSALONE - 393 DELAWARE AVENUE, DELMAR, NY 12054 KATHERINE CONROY - 393 DELAWARE AVENUE, DELMAR, NY 12054 BERNIE KROOKS - 393 DELAWARE AVENUE, DELMAR, NY 12054 STACEY O DBORNE - 393 DELAWARE AVENUE, DELMAR, NY 12054 ROSA RODRIQUEZ - 393 DELAWARE AVENUE, DELM AR, NY 12054 JOSEPH CASSARINI - 393 DELAWARE AVENUE, DELMAR, NY 12054 MARY ELLEN MURPHY - 393 DELAWARE AVENUE, DELMAR, NY 12054 ELLEN OWENS - 393 DELAWARE AVENUE, DELMAR, NY 120 54 JAMES BLACKBURN - 393 DELAWARE AVENUE, DELMAR, NY 12054 GREG BOOTH - 393 DELAWARE AVE NUE, DELMAR, NY 12054

990 Schedule O, Supplemental Information

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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
NYSARC INC CHENANGO COUNTY CHAPTER

Employer identification number
16-0970103

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CWS CHARITABLE FOUNDATION INC 17 MIDLAND DRIVE NORWICH, NY 13815 16-1531603	PROVIDE SCHOLARSHIPS TO HIGH SCHOOL SENIORS	NY	501 (C) (3)	11 TYPE II	NYSARC INC CHENANGO COUNTY CHAPTER	Yes	
(2) CHENANGO COMMUNITY RESIDENCES INC 17 MIDLAND DRIVE NORWICH, NY 13815 51-0239210	LEASES PROPERTY	NY	501 (C) (2)		NYSARC INC CHENANGO COUNTY CHAPTER	Yes	

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

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

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

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)CWS CHARITABLE FOUNDATION INC	C	188,750	COST
(2)CHENANGO COMMUNITY RESIDENCE INC	K	116,199	COST
(3)CHENANGO COMMUNITY RESIDENCE INC	D	810,582	COST

Part VII **Supplemental Information**

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

Return Reference**Explanation**