

## Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning **07/01/18** , and ending **06/30/19**

**Chenango County Council of the  
Arts, Inc**

**22-2187522**

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u><b>943,463</b></u>
<b>Revenue</b>		
Contributions	<u>275,315</u>	
Program service revenue	<u>25,914</u>	
Investment income	<u>14,125</u>	
Capital gain / loss	<u>76</u>	
Fundraising / Gaming:		
Gross revenue	<u>33,824</u>	
Direct expenses	<u>                    </u>	
Net income	<u>33,824</u>	
Other income	<u>28,632</u>	
<b>Total revenue</b>		<u><b>377,886</b></u>
<b>Expenses</b>		
Program services	<u>317,120</u>	
Management and general	<u>76,141</u>	
Fundraising	<u>21,958</u>	
<b>Total expenses</b>		<u><b>415,219</b></u>
<b>Excess / (deficit)</b>		<u><b>-37,333</b></u>
Changes		<u><b>4,912</b></u>
<b>Net Asset / Fund Balance at End of Year</b>		<u><u><b>911,042</b></u></u>

<b>Reconciliation of Revenue</b>	
Total revenue per financial statements	<u>                    </u>
Less:	
Unrealized gains	<u>4,912</u>
Donated services	<u>                    </u>
Recoveries	<u>                    </u>
Other	<u>                    </u>
Plus:	
Investment expenses	<u>                    </u>
Other	<u>                    </u>
<b>Total revenue per return</b>	<u><u><b>377,886</b></u></u>

<b>Reconciliation of Expenses</b>	
Total expenses per financial statements	<u>                    </u>
Less:	
Donated services	<u>                    </u>
Prior year adjustments	<u>                    </u>
Losses	<u>                    </u>
Other	<u>                    </u>
Plus:	
Investment expenses	<u>                    </u>
Other	<u>                    </u>
<b>Total expenses per return</b>	<u><u><b>415,219</b></u></u>

<b>Balance Sheet</b>			
	<b>Beginning</b>	<b>Ending</b>	<b>Differences</b>
Assets	<u>943,667</u>	<u>925,301</u>	
Liabilities	<u>204</u>	<u>14,259</u>	
Net assets	<u><u>943,463</u></u>	<u><u>911,042</u></u>	<u><u>-32,421</u></u>

### Miscellaneous Information

Amended return \_\_\_\_\_  
Return / extended due date 05/15/20  
Failure to file penalty \_\_\_\_\_

Form **8879-EO**

**IRS e-file Signature Authorization for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning 7/01, 2018, and ending 6/30, 20 19

**u Do not send to the IRS. Keep for your records.**  
**u Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

**2018**

Department of the Treasury  
Internal Revenue Service

Name of exempt organization **Chenango County Council of the Arts, Inc**

Employer identification number  
**22-2187522**

Name and title of officer  
**Alecia O'Oeill  
Executive Director**

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	<b>377,886</b>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	<b>4b</b>	
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c)	<b>5b</b>	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize Cwynar & Company, CPAs, PLLC to enter my PIN 14815 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature } \_\_\_\_\_ Date } **05/08/20**

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**16318414815**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature } Stephen J Locke, CPA Date } **05/08/20**

**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2018)

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

OMB No. 1545-0047

**2018**  
**Open to Public Inspection**

**A For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Chenango County Council of the Arts, Inc</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>27 W Main Street #8</b> City or town, state or province, country, and ZIP or foreign postal code <b>Norwich NY 13815</b> <b>F</b> Name and address of principal officer: <b>Martha Ryan</b> <b>133 East Main Street</b> <b>Norwich NY 13815</b>	<b>D</b> Employer identification number <b>22-2187522</b> <b>E</b> Telephone number <b>607-336-2787</b> <b>G</b> Gross receipts \$ <b>526,320</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number <b>u</b>
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: <b>u www.chenangoarts.org</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>u</b>		<b>L</b> Year of formation: <b>1975</b> <b>M</b> State of legal domicile:

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>To support life-enriching Art throughout the greater chenango region</b>		
	<b>2</b> Check this box <input type="checkbox"/> <b>u</b> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>5</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>4</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>293,914</b>	Current Year <b>275,315</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>19,591</b>	<b>25,914</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>118,799</b>	<b>14,201</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>67,428</b>	<b>62,456</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>499,732</b>	<b>377,886</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>139,019</b>	<b>138,564</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>160,016</b>	<b>130,426</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> <b>21,958</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>164,119</b>	<b>146,229</b>	
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>463,154</b>	<b>415,219</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>36,578</b>	<b>-37,333</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>943,667</b>	End of Year <b>925,301</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>204</b>	<b>14,259</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>943,463</b>	<b>911,042</b>

**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.

<b>Sign Here</b>	Signature of officer <b>Alecia O'Oeill</b>	Date _____			
	Type or print name and title <b>Executive Director</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Stephen J Locke, CPA</b>	Preparer's signature <b>Stephen J Locke, CPA</b>	Date <b>05/08/20</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01654690</b>
	Firm's name } <b>Cwynar &amp; Company, CPAs, PLLC</b>	Firm's EIN } <b>16-1490428</b>			
	Firm's address } <b>12 S Broad St Norwich, NY 13815</b>	Phone no. <b>607-334-3838</b>			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
**To Support Life-Enriching Art Throughout the Greater Chenango Region**

**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 \$ **165,480** including grants of \$ **135,564** ) (Revenue \$ )  
**Decentralization Program - The Organization receives a grant from the New York State Council of the Arts for reallcation to other eligible organizations in Chenango, Otsego and Broome County. The Purpose of this program is to promote, extend, and enhance community arts in the county.**

**4b** (Code: ) (Expenses \$ **85,872** including grants of \$ ) (Revenue \$ **25,914** )  
**Performances Program - The Organization sponsors various plays and performances for the benefit of the community.**

**4c** (Code: ) (Expenses \$ **38,129** including grants of \$ ) (Revenue \$ )  
**Visual Arts Program - The Organization provides and manages a gallery for artists to display their work.**

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ **27,639** including grants of \$ **3,000** ) (Revenue \$ )

**4e** Total program service expenses **u** **317,120**

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>22</b> 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> .....		<b>X</b>
<b>23</b> 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> .....		<b>X</b>
<b>24a</b> 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> .....		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....		<b>X</b>
<b>b</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> .....		<b>X</b>
<b>26</b> 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> .....		<b>X</b>
<b>27</b> 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> .....		<b>X</b>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>c</b> 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> .....		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		<b>X</b>
<b>32</b> 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> .....		<b>X</b>
<b>33</b> 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> .....		<b>X</b>
<b>34</b> 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> .....		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		<b>X</b>
<b>b</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> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		<b>X</b>
<b>37</b> 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> .....		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. ....	<b>X</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 13		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 13		
<b>2</b>	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?		<b>X</b>
<b>3</b>	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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?	<b>X</b>	
<b>7a</b>	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?	<b>X</b>	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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		<b>X</b>

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

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

**Section C. Disclosure**

<b>17</b>	List the states with which a copy of this Form 990 is required to be filed <b>u</b> <b>NY</b>
<b>18</b>	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
<b>19</b>	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.
<b>20</b>	State the name, address, and telephone number of the person who possesses the organization's books and records <b>u</b> <b>Alecia O'Oeill</b> <b>27 W Main Street #8</b> <b>NY 13815</b> <b>607-336-2787</b> <b>Norwich</b>



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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(1) Martha Ryan	0.00									
..... President	0.00	X		X			0	0	0	
(2) Whitney McCracken	0.00									
..... Vice President	0.00	X		X			0	0	0	
(3) Annette Burns	0.00									
..... Treasurer	0.00	X		X			0	0	0	
(4) Melissa DeCordova	0.00									
..... Secretary	0.00	X		X			0	0	0	
(5) Joseph Skundrich	0.00									
..... Imm. Past President	0.00	X					0	0	0	
(6) Jim Baldwin	0.00									
..... Director	0.00	X					0	0	0	
(7) Mary El Emerson	0.00									
..... Director	0.00	X					0	0	0	
(8) Anne English	0.00									
..... Director	0.00	X					0	0	0	
(9) Bonnie Gale	0.00									
..... Director	0.00	X					0	0	0	
(10) Hon. Mike Genute	0.00									
..... Director	0.00	X					0	0	0	
(11) Richard Heim	0.00									
..... Director	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(12) TJ Moorehead	0.00									
Director	0.00	X					0	0	0	
(13) Denise Reppert	0.00									
Director	0.00	X					0	0	0	
(14) Alecia O'Oeill	40.00									
Executive Director	0.00			X			35,000	0	0	
<b>1b Sub-total</b> .....							<b>u</b>	<b>35,000</b>		
<b>c Total from continuation sheets to Part VII, Section A</b> .....							<b>u</b>			
<b>d Total (add lines 1b and 1c)</b> .....							<b>u</b>	<b>35,000</b>		

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 0**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	7,438				
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	178,000				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	89,877				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	275,315				
	<b>Program Service Revenue</b>		<b>Busn. Code</b>				
<b>2a</b> Admissions		711110	17,844	17,844			
<b>b</b> Program workshop fees			8,070	8,070			
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f		<b>u</b>	25,914				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	14,125			14,125	
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>					
	<b>5</b> Royalties	<b>u</b>					
	<b>6a</b> Gross rents	(i) Real	21,189				
		(ii) Personal					
	<b>b</b> Less: rental exps.						
	<b>c</b> Rental inc. or (loss)	21,189					
	<b>d</b> Net rental income or (loss)	<b>u</b>	21,189			21,189	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	148,510				
		(ii) Other					
	<b>b</b> Less: cost or other basis & sales exps.	148,434					
	<b>c</b> Gain or (loss)	76					
	<b>d</b> Net gain or (loss)	<b>u</b>	76			76	
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	33,824				
		<b>b</b> Less: direct expenses					
<b>c</b> Net income or (loss) from fundraising events		<b>u</b>	33,824			33,824	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities	<b>u</b>					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>					
Miscellaneous Revenue		<b>Busn. Code</b>					
<b>11a</b> Program Sponsorships		6,301	6,301				
<b>b</b> Misc Income		1,142	1,142				
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d	<b>u</b>	7,443					
<b>12 Total revenue.</b> See instructions.	<b>u</b>	377,886	33,357	0	69,214		

**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	138,564	138,564		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	35,000	23,100	10,150	1,750
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	58,930	38,894	17,089	2,947
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	20,415	13,474	5,920	1,021
10 Payroll taxes	16,081	10,614	4,663	804
11 Fees for services (non-employees):				
a Management				
b Legal	913		913	
c Accounting	4,650		4,650	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,591		2,591	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	45,411	31,500	2,220	11,691
12 Advertising and promotion	3,368	2,223	977	168
13 Office expenses	5,467	2,924	2,322	221
14 Information technology				
15 Royalties				
16 Occupancy	45,070	29,746	13,071	2,253
17 Travel	967	638	281	48
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,721	11,537	5,184	
23 Insurance	4,303	2,840	1,248	215
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 <b>Supplies</b>	6,711	4,429	1,946	336
b <b>Software / Merchant Svcs</b>	6,011	3,967	1,743	301
c <b>Telephone</b>	2,303	1,520	668	115
d <b>Security System</b>	1,631	1,076	473	82
e All other expenses	112	74	32	6
25 Total functional expenses. Add lines 1 through 24e	415,219	317,120	76,141	21,958
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 X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest bearing	20,507	1	12,974
	2	Savings and temporary cash investments	1,500	2	8,292
	3	Pledges and grants receivable, net	20,008	3	20,008
	4	Accounts receivable, net		4	
	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		8	
	9	Prepaid expenses and deferred charges	851	9	2,844
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	642,795		
	10b	Less: accumulated depreciation	435,598		
	10c		223,918	10c	207,197
	11	Investments—publicly traded securities	381,005	11	377,159
	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	295,878	15	296,827	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	943,667	16	925,301	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	204	17	
	18	Grants payable		18	
	19	Deferred revenue		19	2,202
	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		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	12,057
	26	<b>Total liabilities.</b> Add lines 17 through 25	204	26	14,259
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	626,077	27	589,207
	28	Temporarily restricted net assets	229,682	28	232,862
	29	Permanently restricted net assets	87,704	29	88,973
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	943,463	33	911,042	
34	<b>Total liabilities and net assets/fund balances</b>	943,667	34	925,301	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>377,886</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>415,219</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-37,333</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>943,463</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>4,912</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>911,042</b>

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> 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.		
<b>2a</b> 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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>b</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 type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>c</b> 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.		
<b>3a</b> 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?		<b>X</b>
<b>b</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.		

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2018**

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

u Attach to Form 990 or Form 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization <b>Chenango County Council of the Arts, Inc</b>	Employer identification number <b>22-2187522</b>
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**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 **section 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		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				293,914	275,315	569,229
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3				293,914	275,315	569,229
<b>5</b> 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)						
<b>6</b> Public support. Subtract line 5 from line 4						569,229

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4				293,914	275,315	569,229
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				15,252	14,125	29,377
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on				66,428	42,322	108,750
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						707,356

**12** Gross receipts from related activities, etc. (see instructions) 12 **52,948**

**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**

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	<b>80.47 %</b>
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14	<b>15</b>	<b>78.25 %</b>

**16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**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



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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2017 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17 18%.

- 19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** *(continued)*

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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
<b>1</b>	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>		
<b>2</b>	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
<b>1</b>	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
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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**

<b>1</b>	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</i>		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
<b>2</b>	Activities Test. <i>Answer (a) and (b) below.</i>		
<b>a</b>	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>b</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>		
<b>3</b>	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
<b>a</b>	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>b</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 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

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

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-functionally 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 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

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



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Chenango County Council of the Arts, Inc

Employer identification number

22-2187522

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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 (sub-rows 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 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)?, 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.

Table with 2 columns: Description, Amount. Rows include: 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 u \$, (ii) Assets included in Form 990, Part X u \$, 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 u \$, b Assets included in Form 990, Part X u \$

**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    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Yes  No

**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
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> 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 **u** .....
  - b** Permanent endowment **u** .....
  - c** Temporarily restricted endowment **u** .....
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No       |
|--|-----|----------|
| <b>(i)</b> unrelated organizations ..... |     | <b>X</b> |
| <b>(ii)</b> related organizations .....  |     | <b>X</b> |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 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
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....		<b>507,831</b>	<b>304,944</b>	<b>202,887</b>
<b>d</b> Equipment .....		<b>74,181</b>	<b>72,597</b>	<b>1,584</b>
<b>e</b> Other .....		<b>60,783</b>	<b>58,057</b>	<b>2,726</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....			<b>u</b>	<b>207,197</b>



**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) <b>u</b>		

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) <b>u</b>		

**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) <b>Promise to Give</b>	<b>207,854</b>
(2) <b>Willard Trust</b>	<b>88,973</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) <b>u</b>	<b>296,827</b>

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) <b>NBT Line of Credit</b>	<b>10,000</b>	
(3) <b>Accrued payroll expenses</b>	<b>1,827</b>	
(4) <b>Sales Tax Payable</b>	<b>228</b>	
(5) <b>rounding</b>	<b>2</b>	
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>	<b>12,057</b>	

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-rows (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-rows (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 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.

Series of horizontal dotted lines for providing supplemental information.



**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2018**

Department of the Treasury  
Internal Revenue Service

U Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

U Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**Chenango County Council of the  
Arts, Inc**

Employer identification number

**22-2187522**

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

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

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

.....  
.....  
.....  
.....  
.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>Fundraising</b> (event type)	(event type)	<b>2</b> (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts .....	<b>33,824</b>			<b>33,824</b>
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....	<b>33,824</b>			<b>33,824</b>
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				<b>33,824</b>	

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: .....  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: .....  
 .....

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

**b** If "Yes," explain: .....  
 .....



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**u Attach to Form 990.**

**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization **Chenango County Council of the  
Arts, Inc**

Employer identification number  
**22-2187522**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)				135,564				
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**





**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

u Attach to Form 990 or 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

**Chenango County Council of the  
Arts, Inc**

Employer identification number

**22-2187522**

**Form 990, Part III, Line 4d - All Other Accomplishments**

**Arts In Education - The Organization Seeks to Integrate Arts Into The**

**Form 990, Part VI, Line 6 - Classes of Members or Stockholders**

**THERE SHALL BE THREE CLASSES OF MEMBERS:**

**INDIVIDUAL - SECTION (1) (A) MEMBERSHIP SHALL BE OPEN TO ANY INDIVIDUAL WHO  
IS INTERESTED IN AND SUPPORTS THE PURPOSES OF THE COUNCIL AND WHO SHALL PAY  
THE MEMBERSHIP CONTRIBUTION AS FIXED BY THE BOARD OF DIRECTORS. SECTION (1)  
(B) EACH SUCH INDIVIDUAL MEMBER SHALL BE ENTITLED TO ONE VOTE ON EACH  
MATTER SUBMITTED TO A VOTE OF THE MEMBERS.**

**NON-FOR-PROFIT ORGANIZATIONS - SECTION (2) (A) MEMBERSHIP SHALL BE OPEN TO  
ANY NOT-FOR-PROFIT ORGANIZATION WHICH IS INTERESTED IN AND SUPPORTS THE  
PURPOSE OF THE COUNCIL AND WHICH SHALL PAY MEMBERSHIP CONTRIBUTION AS FIXED  
BY THE BOARD OF DIRECTORS. SECTION (2)(B) EACH SUCH NOT-FOR-PROFIT  
ORGANIZATION, THROUGH ITS DESIGNATED REPRESENTATIVE, SHALL BE ENTITLED TO  
ONE VOTE ON EACH MATTER SUBMITTED TO A VOTE OF THE MEMBERS.**

**BUSINESS MEMBERS - SECTION (3) (A) MEMBERSHIP SHALL BE OPEN TO ANY BUSINESS  
WHICH IS INTERESTED IN AND SUPPORTS THE PURPOSE OF THE COUNCIL AND WHICH  
SHALL PAY MEMBERSHIP CONTRIBUTION AS FIXED BY THE BOARD OF DIRECTORS.  
SECTION (3) (B) EACH SUCH BUSINESS THROUGH ITS DESIGNATED REPRESENTATIVE  
SHALL BE ENTITLED TO ONE VOTE ON EACH MATTER  
SUBMITTED TO A VOTE OF THE MEMBERS.**

**SECTION (4) (A) MEMBERSHIP CONTRIBUTION - THE BOARD OF DIRECTORS SHALL, AT  
ITS DISCRETION, ESTABLISH THE FEE SCHEDULES FOR THE VARIOUS CLASSES OF  
MEMBERSHIP.**

Name of the organization

Employer identification number

Chenango County Council of the

22-2187522

SECTION (5) (A) AT THE BOARD OF DIRECTORS DISCRETION, OTHER CLASSES OF MEMBERSHIP MAY BE ESTABLISHED BY A VOTE OF A MAJORITY OF THE BOARD OF DIRECTORS.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

EACH MEMBERS IS ALLOWED ONE VOTE AT THE ANNUAL MEETING TO ELECT THE BOARD OF DIRECTORS. IN LIEU OF AN ANNUAL MEETING, A BALLOT LISTING NOMINEES TO THE BOARD OF DIRECTORS AND A SPACE FOR WRITE-IN NOMINATIONS WILL BE SENT TO THE MEMBERSHIP FOR TABULATION PRIOR TO THE JUNE BOARD MEETING.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

THE RETURN IS GIVEN TO THE PRESIDENT AND THE TREASURER TO REVIEW. THE REMAINING BOARD MEMBERS ARE NOTIFIED THAT THE RETURN IS BE AVAILABLE FOR REVIEW AT THE OFFICE.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

EVERY YEAR IN NOVEMBER, CONFLICT OF INTEREST FORMS ARE HANDED OUT AT THE BOARD MEETING AND FILLED OUT AT THAT TIME. THE FORMS ARE KEPT AND REFERRED TO AS NEEDED ESPECIALLY WHEN BOARD APPROVES DEC FUNDING FOR THE YEAR. ANY BOARD MEMBER WITH A CONFLICT OF INTEREST IS RECUSED AND DOES NOT VOTE.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

EXECUTIVE COMMITTEE REVIEWS EXECUTIVE COMPENSATION ANNUALLY AND A DISCUSSION IS HELD WITH THE BOARD DURING BUDGETING TIME. PERIODIC UPDATES ON COMPENSATION IS RECEIVED FROM NATIONAL ADVOCACY/SERVICE ORGANIZATIONS WHICH IS REVIEWED BY THE EXECUTIVE COMMITTEE.

Name of the organization

Employer identification number

Chenango County Council of the

22-2187522

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

DOCUMENTS ARE AVAILABLE AT THE OFFICE UPON REQUEST

Form 990, Part IX, Line 11g - Other Fees for Services

Description

	Tot/Prog Service	Mgt & General	Fundraising
Artistic Fees	\$ 0	\$ 2,220	\$ 0
Artistic Fees	\$ 31,500	\$ 0	\$ 0
Fundraising			
Fundraising	\$ 0	\$ 0	\$ 11,691
Total	\$ 31,500	\$ 2,220	\$ 11,691

Form **4562**  
Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
(Including Information on Listed Property)

u Attach to your tax return.

u Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2018**

Attachment Sequence No. **179**

Name(s) shown on return **Chenango County Council of the Arts, Inc**

Identifying number **22-2187522**

Business or activity to which this form relates  
**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,000,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,500,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>16,363</b>

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	<b>359</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

**Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>16,722</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2018)

22-2187522

**Federal Asset Report**

FYE: 6/30/2019

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>Prior MACRS:</b>										
115	Lobby Rennovations	6/30/18	13,999			13,999	39	MMS/L	15	359
			<u>13,999</u>			<u>13,999</u>			<u>15</u>	<u>359</u>
<b>Other Depreciation:</b>										
1	Baldwin SF-10 Grand Piano	4/26/96	19,500			19,500	7	MO S/L	19,500	0
2	Podium	5/30/96	1,743			1,743	7	MO S/L	1,743	0
3	TV	10/18/96	299			299	7	MO S/L	299	0
4	Dressing Room Chairs	9/23/96	670			670	7	MO S/L	670	0
5	Samsung SP - Printer	11/15/96	220			220	5	MO S/L	220	0
6	IBM	12/31/96	5,879			5,879	5	MO S/L	5,879	0
7	Stage	2/21/97	2,500			2,500	7	MO S/L	2,500	0
8	Stage	3/07/97	478			478	7	MO S/L	478	0
9	Lighting	5/30/97	467			467	7	MO S/L	467	0
10	Piano Dolly	6/26/97	405			405	7	MO S/L	405	0
11	Lighting Equipment	5/10/98	8,197			8,197	7	MO S/L	8,197	0
12	Loft Space	10/15/98	9,538			9,538	31	MO S/L	9,000	303
13	Auditorium Doors	4/15/89	4,750			4,750	31	MO S/L	4,409	151
14	HVAC Equipment - AUD	4/12/91	16,430			16,430	31	MO S/L	14,221	521
15	Ductwork - AUD	4/12/91	8,000			8,000	31	MO S/L	6,921	254
16	Grilles - AUD	4/12/91	1,500			1,500	31	MO S/L	1,305	47
17	Gas Piping - AUD	4/12/91	2,000			2,000	31	MO S/L	1,721	64
18	Electric Service - AUD	4/12/91	5,300			5,300	31	MO S/L	4,580	169
19	Wire HVAC - AUD	4/12/91	1,500			1,500	31	MO S/L	1,305	47
20	Ceiling Fans - AUD	4/12/91	2,085			2,085	31	MO S/L	1,800	66
21	2 Economizers	4/12/91	2,548			2,548	31	MO S/L	2,206	81
22	Architechtural Plans - AUD	6/01/96	13,860			13,860	39	MO S/L	7,841	356
23	Architechtural Plans - AUD	6/01/96	2,520			2,520	39	MO S/L	1,434	64
24	Architechtural Plans - AUD	6/01/96	1,620			1,620	39	MO S/L	926	41
25	Architechtural Plans - BAT	9/30/96	339			339	39	MO S/L	195	8
26	Lighting Plan - AUD	6/01/96	1,500			1,500	39	MO S/L	841	39
27	Lighting Plan - AUD	6/01/96	500			500	39	MO S/L	287	13
28	Renovation Permit	6/01/96	1,410			1,410	39	MO S/L	795	36
29	General Contractor - AUD	6/01/96	10,627			10,627	39	MO S/L	6,009	273
30	General Contractor - AUD	6/01/96	101,497			101,497	39	MO S/L	57,462	2,603
31	Electrical - AUD	6/01/96	6,289			6,289	39	MO S/L	3,556	162
32	Electrical - AUD	6/01/96	36,335			36,335	39	MO S/L	20,581	931
33	Sound System - AUD	6/01/96	1,000			1,000	39	MO S/L	573	25
34	Theatrical Sound - AUD	6/01/96	37,119			37,119	39	MO S/L	21,023	952
35	Stage Lighting - AUD	6/01/96	62,460			62,460	39	MO S/L	35,376	1,601
36	Theatrical Curtains - AUD	6/01/96	31,525			31,525	39	MO S/L	17,844	809
37	Refurbished Chairs - AUD	6/01/96	61,589			61,589	39	MO S/L	34,870	1,579
38	Carpet	5/09/96	3,206			3,206	39	MO S/L	1,818	82
39	Handicap Access - Bath	10/31/96	2,203			2,203	39	MO S/L	1,215	57
40	Wall Gallery	3/06/97	750			750	40	MO S/L	405	19
41	Wall Painting	5/07/99	650			650	1	MO S/L	650	0
42	Phone Work	5/27/99	36			36	1	MO S/L	36	0
43	Stairs to Sound Booth	5/27/99	673			673	39	MO S/L	324	18
44	Carpet	6/04/99	1,228			1,228	7	MO S/L	1,228	0
45	Insulation	7/16/99	11,760			11,760	39	MO S/L	5,712	301
46	Office Renovation	11/26/99	6,422			6,422	39	MO S/L	3,066	164
47	Hallway	12/03/99	992			992	39	MO S/L	465	26
48	Renovations Room 106 107	1/03/00	2,425			2,425	39	MO S/L	1,147	62
49	Fire Door	2/07/00	550			550	39	MO S/L	258	14
50	Ticket Booth	3/10/00	1,227			1,227	39	MO S/L	568	32
51	Plumbing Room 107	3/21/00	542			542	39	MO S/L	255	14
52	Gallery Pedestals	5/15/00	2,000			2,000	39	MO S/L	927	52
53	Laser Printer	2/15/89	3,275			3,275	5	MO S/L	3,275	0
54	Chair	5/15/89	175			175	7	MO S/L	175	0
55	Credenza	5/15/89	409			409	7	MO S/L	409	0
56	Computer Funrniture	6/15/89	397			397	7	MO S/L	397	0
57	CMS SD Hard Disc & Conn	5/11/90	534			534	5	MO S/L	534	0
58	Chair	7/06/90	215			215	7	MO S/L	215	0
59	Desk & 3 Chairs	10/15/92	400			400	7	MO S/L	400	0
60	Office Furniture & Fixture	2/19/93	297			297	7	MO S/L	297	0
61	Panafax PD - 2300	4/01/93	595			595	5	MO S/L	595	0
62	Chair Evry-DY BE-BK	9/24/93	125			125	7	MO S/L	125	0
63	4MB Memory	6/14/96	53			53	5	MO S/L	53	0

22-2187522

**Federal Asset Report**

FYE: 6/30/2019

**Form 990, Page 1**

Asset	Description	Date		Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
		In Service	Cost						
64	Computers	1/10/97	5,879			5,879	5 MO S/L	5,879	0
65	Signs	2/07/97	548			548	7 MO S/L	548	0
66	Signs	4/15/97	372			372	7 MO S/L	372	0
67	Signs	4/15/97	88			88	7 MO S/L	88	0
68	Telephone Systems	7/01/97	3,500			3,500	7 MO S/L	3,500	0
69	Signs	1/13/98	3,723			3,723	7 MO S/L	3,723	0
70	Shades	6/04/99	2,148			2,148	7 MO S/L	2,148	0
71	Conference Room Chairs	6/11/99	2,072			2,072	7 MO S/L	2,072	0
72	Labeling Machine	3/29/99	1,500			1,500	7 MO S/L	1,500	0
73	Electrical meter	11/10/00	516			516	7 MO S/L	516	0
74	Balcony Lighting	6/30/00	3,724			3,724	7 MO S/L	3,724	0
75	Handicap Entrance	2/02/02	28,603			28,603	39 MO S/L	11,972	734
76	Pottery Kin	9/05/00	1,677			1,677	7 MO S/L	1,677	0
77	Potters Wheel	9/05/00	684			684	7 MO S/L	684	0
78	Kiln Electric	7/16/01	525			525	7 MO S/L	525	0
79	Air Conditioner	5/16/02	628			628	7 MO S/L	628	0
80	Theater Sconces	2/08/02	1,019			1,019	7 MO S/L	1,019	0
81	Potters wheel	7/29/02	750			750	7 MO S/L	750	0
82	Hewlet Packard DC1500	2/27/06	2,000			2,000	5 MO S/L	2,000	0
83	Latitude D620	4/23/07	1,136			1,136	5 MO S/L	1,136	0
84	Shared network Storage	6/29/07	206			206	5 MO S/L	206	0
85	Ticket Printer	2/27/07	550			550	5 MO S/L	550	0
86	3 Flat Screens	2/26/07	540			540	5 MO S/L	540	0
87	2 Hand Held Microphone SY	12/22/06	640			640	5 MO S/L	640	0
88	Conference RM Tables	6/18/99	1,926			1,926	7 MO S/L	1,926	0
89	Speaker Cable	12/22/06	90			90	5 MO S/L	90	0
90	Microphone Cable	12/22/06	44			44	5 MO S/L	44	0
91	Speakers	12/22/06	600			600	5 MO S/L	600	0
92	Speaker Stand	12/22/06	80			80	5 MO S/L	80	0
93	Wireless Mics	6/29/06	598			598	5 MO S/L	598	0
94	Track Lighting	3/05/07	3,000			3,000	39 MO S/L	873	77
95	Instillation	6/29/07	860			860	5 MO S/L	860	0
96	Yamaha P700s	12/22/06	700			700	5 MO S/L	700	0
97	Four Phones	3/31/07	381			381	5 MO S/L	381	0
98	Phone Work	9/07/07	95			95	5 MO S/L	95	0
99	Musicians Friend	9/07/07	1,128			1,128	5 MO S/L	1,128	0
100	Phones	11/30/07	1,922			1,922	5 MO S/L	1,922	0
101	Theater Lighting Equip	9/09/08	5,327			5,327	7 MO S/L	5,327	0
102	Theater Sound Equipment	1/08/08	1,649			1,649	7 MO S/L	1,649	0
103	Security System	2/03/09	10,505			10,505	7 MO S/L	10,505	0
104	Dishwasher	3/16/09	850			850	5 MO S/L	850	0
105	Carpet	3/16/09	1,562			1,562	5 MO S/L	1,562	0
106	Office Safe	2/08/10	750			750	5 MO S/L	750	0
107	Dell Computer	11/16/11	968			968	5 MO S/L	968	0
108	24 Nesting Chairs	11/16/12	5,464			5,464	7 MO S/L	4,360	780
109	8 Synthesis Fixed Tables	9/04/12	4,418			4,418	7 MO S/L	3,681	631
110	Cube	2/01/13	300			300	7 MO S/L	233	43
111	Printer	6/26/13	1,375			1,375	5 MO S/L	1,375	0
112	Computers	6/19/13	2,908			2,908	5 MO S/L	2,908	0
113	Auditorium Equipment	8/01/14	9,162			9,162	7 MO S/L	5,127	1,309
114	Xerox Copier	9/22/15	3,768			3,768	5 MO S/L	1,885	753
<b>Total Other Depreciation</b>			<b>628,796</b>			<b>628,796</b>		<b>418,862</b>	<b>16,363</b>
<b>Total ACRS and Other Depreciation</b>			<b>628,796</b>			<b>628,796</b>		<b>418,862</b>	<b>16,363</b>
<b>Grand Totals</b>			<b>642,795</b>			<b>642,795</b>		<b>418,877</b>	<b>16,722</b>
<b>Less: Dispositions and Transfers</b>			<b>0</b>			<b>0</b>		<b>0</b>	<b>0</b>
<b>Less: Start-up/Org Expense</b>			<b>0</b>			<b>0</b>		<b>0</b>	<b>0</b>
<b>Net Grand Totals</b>			<b>642,795</b>			<b>642,795</b>		<b>418,877</b>	<b>16,722</b>

22-2187522

**NY Asset Report**

FYE: 6/30/2019

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	NY Prior	NY Current	Federal Current	Difference Fed - NY
<b>Prior MACRS:</b>								
115	Lobby Rennovations	6/30/18	13,999	13,999	15	359	359	0
			<u>13,999</u>	<u>13,999</u>	<u>15</u>	<u>359</u>	<u>359</u>	<u>0</u>
<b>Other Depreciation:</b>								
1	Baldwin SF-10 Grand Piano	4/26/96	19,500	19,500	19,500	0	0	0
2	Podium	5/30/96	1,743	1,743	1,743	0	0	0
3	TV	10/18/96	299	299	299	0	0	0
4	Dressing Room Chairs	9/23/96	670	670	670	0	0	0
5	Samsung SP - Printer	11/15/96	220	220	220	0	0	0
6	IBM	12/31/96	5,879	5,879	5,879	0	0	0
7	Stage	2/21/97	2,500	2,500	2,500	0	0	0
8	Stage	3/07/97	478	478	478	0	0	0
9	Lighting	5/30/97	467	467	467	0	0	0
10	Piano Dolly	6/26/97	405	405	405	0	0	0
11	Lighting Equipment	5/10/98	8,197	8,197	8,197	0	0	0
12	Loft Space	10/15/98	9,538	9,538	5,980	303	303	0
13	Auditorium Doors	4/15/89	4,750	4,750	4,411	150	151	1
14	HVAC Equipment - AUD	4/12/91	16,430	16,430	14,213	522	521	-1
15	Ductwork - AUD	4/12/91	8,000	8,000	6,921	254	254	0
16	Grilles - AUD	4/12/91	1,500	1,500	1,298	47	47	0
17	Gas Piping - AUD	4/12/91	2,000	2,000	1,730	64	64	0
18	Electric Service - AUD	4/12/91	5,300	5,300	4,585	168	169	1
19	Wire HVAC - AUD	4/12/91	1,500	1,500	1,298	47	47	0
20	Ceiling Fans - AUD	4/12/91	2,085	2,085	1,804	66	66	0
21	2 Economizers	4/12/91	2,548	2,548	2,204	81	81	0
22	Architectural Plans - AUD	6/01/96	13,860	13,860	7,848	355	356	1
23	Architectural Plans - AUD	6/01/96	2,520	2,520	1,427	65	64	-1
24	Architectural Plans - AUD	6/01/96	1,620	1,620	917	42	41	-1
25	Architectural Plans - BAT	9/30/96	339	339	189	9	8	-1
26	Lighting Plan - AUD	6/01/96	1,500	1,500	849	39	39	0
27	Lighting Plan - AUD	6/01/96	500	500	283	13	13	0
28	Renovation Permit	6/01/96	1,410	1,410	798	36	36	0
29	General Contractor - AUD	6/01/96	10,627	10,627	6,017	273	273	0
30	General Contractor - AUD	6/01/96	101,497	101,497	57,472	2,602	2,603	1
31	Electrical - AUD	6/01/96	6,289	6,289	3,561	161	162	1
32	Electrical - AUD	6/01/96	36,335	36,335	20,574	932	931	-1
33	Sound System - AUD	6/01/96	1,000	1,000	566	26	25	-1
34	Theatrical Sound - AUD	6/01/96	37,119	37,119	21,018	952	952	0
35	Stage Lighting - AUD	6/01/96	62,460	62,460	35,367	1,602	1,601	-1
36	Theatrical Curtains - AUD	6/01/96	31,525	31,525	17,851	808	809	1
37	Refurbished Chairs - AUD	6/01/96	61,589	61,589	34,874	1,579	1,579	0
38	Carpet	5/09/96	3,206	3,206	1,822	83	82	-1
39	Handicap Access - Bath	10/31/96	2,203	2,203	1,224	56	57	1
40	Wall Gallery	3/06/97	750	750	400	19	19	0
41	Wall Painting	5/07/99	650	650	650	0	0	0
42	Phone Work	5/27/99	36	36	36	0	0	0
43	Stairs to Sound Booth	5/27/99	673	673	329	18	18	0
44	Carpet	6/04/99	1,228	1,228	1,228	0	0	0
45	Insulation	7/16/99	11,760	11,760	5,704	302	301	-1
46	Office Renovation	11/26/99	6,422	6,422	3,060	165	164	-1
47	Hallway	12/03/99	992	992	473	25	26	1
48	Renovations Room 106 107	1/03/00	2,425	2,425	1,150	63	62	-1
49	Fire Door	2/07/00	550	550	260	14	14	0
50	Ticket Booth	3/10/00	1,227	1,227	577	31	32	1
51	Plumbing Room 107	3/21/00	542	542	254	14	14	0
52	Gallery Pedestals	5/15/00	2,000	2,000	932	51	52	1
53	Laser Printer	2/15/89	3,275	3,275	3,275	0	0	0
54	Chair	5/15/89	175	175	175	0	0	0
55	Credenza	5/15/89	409	409	409	0	0	0
56	Computer Furniture	6/15/89	397	397	397	0	0	0
57	CMS SD Hard Disc & Conn	5/11/90	534	534	534	0	0	0
58	Chair	7/06/90	215	215	215	0	0	0
59	Desk & 3 Chairs	10/15/92	400	400	400	0	0	0
60	Office Furniture & Fixture	2/19/93	297	297	297	0	0	0
61	Panafax PD - 2300	4/01/93	595	595	595	0	0	0
62	Chair Evry-DY BE-BK	9/24/93	125	125	125	0	0	0
63	4MB Memory	6/14/96	53	53	53	0	0	0

22-2187522

**NY Asset Report**

FYE: 6/30/2019

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	NY Prior	NY Current	Federal Current	Difference Fed - NY
64	Computers	1/10/97	5,879	5,879	5,879	0	0	0
65	Signs	2/07/97	548	548	548	0	0	0
66	Signs	4/15/97	372	372	372	0	0	0
67	Signs	4/15/97	88	88	88	0	0	0
68	Telephone Systems	7/01/97	3,500	3,500	3,500	0	0	0
69	Signs	1/13/98	3,723	3,723	3,723	0	0	0
70	Shades	6/04/99	2,148	2,148	2,148	0	0	0
71	Conference Room Chairs	6/11/99	2,072	2,072	2,072	0	0	0
72	Labeling Machine	3/29/99	1,500	1,500	1,500	0	0	0
73	Electrical meter	11/10/00	516	516	516	0	0	0
74	Balcony Lighting	6/30/00	3,724	3,724	3,724	0	0	0
75	Handicap Entrance	2/02/02	28,603	28,603	12,040	734	734	0
76	Pottery Kin	9/05/00	1,677	1,677	1,677	0	0	0
77	Potters Wheel	9/05/00	684	684	684	0	0	0
78	Kiln Electric	7/16/01	525	525	525	0	0	0
79	Air Conditioner	5/16/02	628	628	628	0	0	0
80	Theater Sconces	2/08/02	1,019	1,019	1,019	0	0	0
81	Potters wheel	7/29/02	750	750	750	0	0	0
82	Hewlett Packard DC1500	2/27/06	2,000	2,000	2,000	0	0	0
83	Latitude D620	4/23/07	1,136	1,136	1,136	0	0	0
84	Shared network Storage	6/29/07	206	206	206	0	0	0
85	Ticket Printer	2/27/07	550	550	550	0	0	0
86	3 Flat Screens	2/26/07	540	540	540	0	0	0
87	2 Hand Held Microphone SY	12/22/06	640	640	640	0	0	0
88	Conference RM Tables	6/18/99	1,926	1,926	1,926	0	0	0
89	Speaker Cable	12/22/06	90	90	90	0	0	0
90	Microphone Cable	12/22/06	44	44	44	0	0	0
91	Speakers	12/22/06	600	600	600	0	0	0
92	Speaker Stand	12/22/06	80	80	80	0	0	0
93	Wireless Mics	6/29/06	598	598	598	0	0	0
94	Track Lighting	3/05/07	3,000	3,000	872	77	77	0
95	Instillation	6/29/07	860	860	860	0	0	0
96	Yamaha P700s	12/22/06	700	700	700	0	0	0
97	Four Phones	3/31/07	381	381	381	0	0	0
98	Phone Work	9/07/07	95	95	95	0	0	0
99	Musicians Friend	9/07/07	1,128	1,128	1,128	0	0	0
100	Phones	11/30/07	1,922	1,922	1,922	0	0	0
101	Theater Lighting Equip	9/09/08	5,327	5,327	5,327	0	0	0
102	Theater Sound Equipment	1/08/08	1,649	1,649	1,649	0	0	0
103	Security System	2/03/09	10,505	10,505	10,505	0	0	0
104	Dishwasher	3/16/09	850	850	850	0	0	0
105	Carpet	3/16/09	1,562	1,562	1,562	0	0	0
106	Office Safe	2/08/10	750	750	750	0	0	0
107	Dell Computer	11/16/11	968	968	968	0	0	0
108	24 Nesting Chairs	11/16/12	5,464	5,464	4,358	781	780	-1
109	8 Synthesis Fixed Tables	9/04/12	4,418	4,418	3,682	631	631	0
110	Cube	2/01/13	300	300	232	43	43	0
111	Printer	6/26/13	1,375	1,375	1,375	0	0	0
112	Computers	6/19/13	2,908	2,908	2,908	0	0	0
113	Auditorium Equipment	8/01/14	9,162	9,162	5,126	1,309	1,309	0
114	Xerox Copier	9/22/15	3,768	3,768	2,072	754	753	-1
<b>Total Other Depreciation</b>			<b>628,796</b>	<b>628,796</b>	<b>416,112</b>	<b>16,366</b>	<b>16,363</b>	<b>-3</b>
<b>Total ACRS and Other Depreciation</b>			<b>628,796</b>	<b>628,796</b>	<b>416,112</b>	<b>16,366</b>	<b>16,363</b>	<b>-3</b>
<b>Grand Totals</b>			<b>642,795</b>	<b>642,795</b>	<b>416,127</b>	<b>16,725</b>	<b>16,722</b>	<b>-3</b>
<b>Less: Dispositions</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Less: Start-up/Org Expense</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Net Grand Totals</b>			<b>642,795</b>	<b>642,795</b>	<b>416,127</b>	<b>16,725</b>	<b>16,722</b>	<b>-3</b>



22-2187522

**AMT Asset Report**

FYE: 6/30/2019

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>Prior MACRS:</b>											
115	Lobby Renovations	6/30/18	13,999				13,999	39	MMS/L	15	359
			<u>13,999</u>				<u>13,999</u>			<u>15</u>	<u>359</u>
<b>Other Depreciation:</b>											
1	Baldwin SF-10 Grand Piano	4/26/96	0				0	0	HY	0	0
2	Podium	5/30/96	0				0	0	HY	0	0
3	TV	10/18/96	0				0	0	HY	0	0
4	Dressing Room Chairs	9/23/96	0				0	0	HY	0	0
5	Samsung SP - Printer	11/15/96	0				0	0	HY	0	0
6	IBM	12/31/96	0				0	0	HY	0	0
7	Stage	2/21/97	0				0	0	HY	0	0
8	Stage	3/07/97	0				0	0	HY	0	0
9	Lighting	5/30/97	0				0	0	HY	0	0
10	Piano Dolly	6/26/97	0				0	0	HY	0	0
11	Lighting Equipment	5/10/98	0				0	0	HY	0	0
12	Loft Space	10/15/98	0				0	0	HY	0	0
13	Auditorium Doors	4/15/89	0				0	0	HY	0	0
14	HVAC Equipment - AUD	4/12/91	0				0	0	HY	0	0
15	Ductwork - AUD	4/12/91	0				0	0	HY	0	0
16	Grilles - AUD	4/12/91	0				0	0	HY	0	0
17	Gas Piping - AUD	4/12/91	0				0	0	HY	0	0
18	Electric Service - AUD	4/12/91	0				0	0	HY	0	0
19	Wire HVAC - AUD	4/12/91	0				0	0	HY	0	0
20	Ceiling Fans - AUD	4/12/91	0				0	0	HY	0	0
21	2 Economizers	4/12/91	0				0	0	HY	0	0
22	Architectural Plans - AUD	6/01/96	0				0	0	HY	0	0
23	Architectural Plans - AUD	6/01/96	0				0	0	HY	0	0
24	Architectural Plans - AUD	6/01/96	0				0	0	HY	0	0
25	Architectural Plans - BAT	9/30/96	0				0	0	HY	0	0
26	Lighting Plan - AUD	6/01/96	0				0	0	HY	0	0
27	Lighting Plan - AUD	6/01/96	0				0	0	HY	0	0
28	Renovation Permit	6/01/96	0				0	0	HY	0	0
29	General Contractor - AUD	6/01/96	0				0	0	HY	0	0
30	General Contractor - AUD	6/01/96	0				0	0	HY	0	0
31	Electrical - AUD	6/01/96	0				0	0	HY	0	0
32	Electrical - AUD	6/01/96	0				0	0	HY	0	0
33	Sound System - AUD	6/01/96	0				0	0	HY	0	0
34	Theatrical Sound - AUD	6/01/96	0				0	0	HY	0	0
35	Stage Lighting - AUD	6/01/96	0				0	0	HY	0	0
36	Theatrical Curtains - AUD	6/01/96	0				0	0	HY	0	0
37	Refurbished Chairs - AUD	6/01/96	0				0	0	HY	0	0
38	Carpet	5/09/96	0				0	0	HY	0	0
39	Handicap Access - Bath	10/31/96	0				0	0	HY	0	0
40	Wall Gallery	3/06/97	0				0	0	HY	0	0
41	Wall Painting	5/07/99	0				0	0	HY	0	0
42	Phone Work	5/27/99	0				0	0	HY	0	0
43	Stairs to Sound Booth	5/27/99	0				0	0	HY	0	0
44	Carpet	6/04/99	0				0	0	HY	0	0
45	Insulation	7/16/99	0				0	0	HY	0	0
46	Office Renovation	11/26/99	0				0	0	HY	0	0
47	Hallway	12/03/99	0				0	0	HY	0	0
48	Renovations Room 106 107	1/03/00	0				0	0	HY	0	0
49	Fire Door	2/07/00	0				0	0	HY	0	0
50	Ticket Booth	3/10/00	0				0	0	HY	0	0
51	Plumbing Room 107	3/21/00	0				0	0	HY	0	0
52	Gallery Pedestals	5/15/00	0				0	0	HY	0	0
53	Laser Printer	2/15/89	0				0	0	HY	0	0
54	Chair	5/15/89	0				0	0	HY	0	0
55	Credenza	5/15/89	0				0	0	HY	0	0
56	Computer Furniture	6/15/89	0				0	0	HY	0	0
57	CMS SD Hard Disc & Conn	5/11/90	0				0	0	HY	0	0
58	Chair	7/06/90	0				0	0	HY	0	0
59	Desk & 3 Chairs	10/15/92	0				0	0	HY	0	0
60	Office Furniture & Fixture	2/19/93	0				0	0	HY	0	0
61	Panafax PD - 2300	4/01/93	0				0	0	HY	0	0
62	Chair Evry-DY BE-BK	9/24/93	0				0	0	HY	0	0
63	4MB Memory	6/14/96	0				0	0	HY	0	0

22-2187522

**AMT Asset Report**

FYE: 6/30/2019

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
64	Computers	1/10/97	0				0	0	HY	0	0
65	Signs	2/07/97	0				0	0	HY	0	0
66	Signs	4/15/97	0				0	0	HY	0	0
67	Signs	4/15/97	0				0	0	HY	0	0
68	Telephone Systems	7/01/97	0				0	0	HY	0	0
69	Signs	1/13/98	0				0	0	HY	0	0
70	Shades	6/04/99	0				0	0	HY	0	0
71	Conference Room Chairs	6/11/99	0				0	0	HY	0	0
72	Labeling Machine	3/29/99	0				0	0	HY	0	0
73	Electrical meter	11/10/00	0				0	0	HY	0	0
74	Balcony Lighting	6/30/00	0				0	0	HY	0	0
75	Handicap Entrance	2/02/02	0				0	0	HY	0	0
76	Pottery Kin	9/05/00	0				0	0	HY	0	0
77	Potters Wheel	9/05/00	0				0	0	HY	0	0
78	Kiln Electric	7/16/01	0				0	0	HY	0	0
79	Air Conditioner	5/16/02	0				0	0	HY	0	0
80	Theater Sconces	2/08/02	0				0	0	HY	0	0
81	Potters wheel	7/29/02	0				0	0	HY	0	0
82	Hewlet Packard DC1500	2/27/06	0				0	0	HY	0	0
83	Latitude D620	4/23/07	0				0	0	HY	0	0
84	Shared network Storage	6/29/07	0				0	0	HY	0	0
85	Ticket Printer	2/27/07	0				0	0	HY	0	0
86	3 Flat Screens	2/26/07	0				0	0	HY	0	0
87	2 Hand Held Microphone SY	12/22/06	0				0	0	HY	0	0
88	Conference RM Tables	6/18/99	0				0	0	HY	0	0
89	Speaker Cable	12/22/06	0				0	0	HY	0	0
90	Microphone Cable	12/22/06	0				0	0	HY	0	0
91	Speakers	12/22/06	0				0	0	HY	0	0
92	Speaker Stand	12/22/06	0				0	0	HY	0	0
93	Wireless Mics	6/29/06	0				0	0	HY	0	0
94	Track Lighting	3/05/07	0				0	0	HY	0	0
95	Instillation	6/29/07	0				0	0	HY	0	0
96	Yamaha P700s	12/22/06	0				0	0	HY	0	0
97	Four Phones	3/31/07	0				0	0	HY	0	0
98	Phone Work	9/07/07	0				0	0	HY	0	0
99	Musicians Friend	9/07/07	0				0	0	HY	0	0
100	Phones	11/30/07	0				0	0	HY	0	0
101	Theater Lighting Equip	9/09/08	0				0	0	HY	0	0
102	Theater Sound Equipment	1/08/08	0				0	0	HY	0	0
103	Security System	2/03/09	0				0	0	HY	0	0
104	Dishwasher	3/16/09	0				0	0	HY	0	0
105	Carpet	3/16/09	0				0	0	HY	0	0
106	Office Safe	2/08/10	0				0	0	HY	0	0
107	Dell Computer	11/16/11	0				0	0	HY	0	0
108	24 Nesting Chairs	11/16/12	0				0	0	HY	0	0
109	8 Synthesis Fixed Tables	9/04/12	0				0	0	HY	0	0
110	Cube	2/01/13	0				0	0	HY	0	0
111	Printer	6/26/13	0				0	0	HY	0	0
112	Computers	6/19/13	0				0	0	HY	0	0
113	Auditorium Equipment	8/01/14	0				0	0	HY	0	0
114	Xerox Copier	9/22/15	0				0	0	HY	0	0
<b>Total Other Depreciation</b>			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
<b>Grand Totals</b>			13,999				13,999			15	359
<b>Less: Dispositions and Transfers</b>			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
<b>Net Grand Totals</b>			<u>13,999</u>				<u>13,999</u>			<u>15</u>	<u>359</u>

# Depreciation Adjustment Report

FYE: 6/30/2019

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<b>MACRS Adjustments:</b>						
Page 1	1	115	Lobby Rennovations	<u>359</u>	<u>359</u>	<u>0</u>
				<u>359</u>	<u>359</u>	<u>0</u>

**Future Depreciation Report FYE: 6/30/20**

FYE: 6/30/2019

**Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<b>Prior MACRS:</b>					
115	Lobby Rennovations	6/30/18	13,999	359	359
			<u>13,999</u>	<u>359</u>	<u>359</u>
<b>Other Depreciation:</b>					
1	Baldwin SF-10 Grand Piano	4/26/96	19,500	0	0
2	Podium	5/30/96	1,743	0	0
3	TV	10/18/96	299	0	0
4	Dressing Room Chairs	9/23/96	670	0	0
5	Samsung SP - Printer	11/15/96	220	0	0
6	IBM	12/31/96	5,879	0	0
7	Stage	2/21/97	2,500	0	0
8	Stage	3/07/97	478	0	0
9	Lighting	5/30/97	467	0	0
10	Piano Dolly	6/26/97	405	0	0
11	Lighting Equipment	5/10/98	8,197	0	0
12	Loft Space	10/15/98	9,538	235	0
13	Auditorium Doors	4/15/89	4,750	150	0
14	HVAC Equipment - AUD	4/12/91	16,430	522	0
15	Ductwork - AUD	4/12/91	8,000	254	0
16	Grilles - AUD	4/12/91	1,500	48	0
17	Gas Piping - AUD	4/12/91	2,000	63	0
18	Electric Service - AUD	4/12/91	5,300	168	0
19	Wire HVAC - AUD	4/12/91	1,500	48	0
20	Ceiling Fans - AUD	4/12/91	2,085	67	0
21	2 Economizers	4/12/91	2,548	81	0
22	Architechtural Plans - AUD	6/01/96	13,860	355	0
23	Architechtural Plans - AUD	6/01/96	2,520	65	0
24	Architechtural Plans - AUD	6/01/96	1,620	42	0
25	Architechtural Plans - BAT	9/30/96	339	9	0
26	Lighting Plan - AUD	6/01/96	1,500	38	0
27	Lighting Plan - AUD	6/01/96	500	12	0
28	Renovation Permit	6/01/96	1,410	36	0
29	General Contractor - AUD	6/01/96	10,627	272	0
30	General Contractor - AUD	6/01/96	101,497	2,602	0
31	Electrical - AUD	6/01/96	6,289	161	0
32	Electrical - AUD	6/01/96	36,335	932	0
33	Sound System - AUD	6/01/96	1,000	26	0
34	Theatrical Sound - AUD	6/01/96	37,119	951	0
35	Stage Lighting - AUD	6/01/96	62,460	1,602	0
36	Theatrical Curtains - AUD	6/01/96	31,525	808	0
37	Refurbished Chairs - AUD	6/01/96	61,589	1,580	0
38	Carpet	5/09/96	3,206	83	0
39	Handicap Access - Bath	10/31/96	2,203	56	0
40	Wall Gallery	3/06/97	750	18	0
41	Wall Painting	5/07/99	650	0	0
42	Phone Work	5/27/99	36	0	0
43	Stairs to Sound Booth	5/27/99	673	17	0
44	Carpet	6/04/99	1,228	0	0
45	Insulation	7/16/99	11,760	302	0
46	Office Renovation	11/26/99	6,422	165	0
47	Hallway	12/03/99	992	25	0
48	Renovations Room 106 107	1/03/00	2,425	63	0
49	Fire Door	2/07/00	550	14	0
50	Ticket Booth	3/10/00	1,227	31	0
51	Plumbing Room 107	3/21/00	542	14	0
52	Gallery Pedestals	5/15/00	2,000	51	0
53	Laser Printer	2/15/89	3,275	0	0
54	Chair	5/15/89	175	0	0
55	Credenza	5/15/89	409	0	0
56	Computer Funrniture	6/15/89	397	0	0
57	CMS SD Hard Disc & Conn	5/11/90	534	0	0
58	Chair	7/06/90	215	0	0
59	Desk & 3 Chairs	10/15/92	400	0	0
60	Office Furniture & Fixture	2/19/93	297	0	0

**Future Depreciation Report FYE: 6/30/20**

FYE: 6/30/2019

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
61	Panafax PD - 2300	4/01/93	595	0	0
62	Chair Evry-DY BE-BK	9/24/93	125	0	0
63	4MB Memory	6/14/96	53	0	0
64	Computers	1/10/97	5,879	0	0
65	Signs	2/07/97	548	0	0
66	Signs	4/15/97	372	0	0
67	Signs	4/15/97	88	0	0
68	Telephone Systems	7/01/97	3,500	0	0
69	Signs	1/13/98	3,723	0	0
70	Shades	6/04/99	2,148	0	0
71	Conference Room Chairs	6/11/99	2,072	0	0
72	Labeling Machine	3/29/99	1,500	0	0
73	Electrical meter	11/10/00	516	0	0
74	Balcony Lighting	6/30/00	3,724	0	0
75	Handicap Entrance	2/02/02	28,603	733	0
76	Pottery Kin	9/05/00	1,677	0	0
77	Potters Wheel	9/05/00	684	0	0
78	Kiln Electric	7/16/01	525	0	0
79	Air Conditioner	5/16/02	628	0	0
80	Theater Sconces	2/08/02	1,019	0	0
81	Potters wheel	7/29/02	750	0	0
82	Hewlet Packard DC1500	2/27/06	2,000	0	0
83	Latitude D620	4/23/07	1,136	0	0
84	Shared network Storage	6/29/07	206	0	0
85	Ticket Printer	2/27/07	550	0	0
86	3 Flat Screens	2/26/07	540	0	0
87	2 Hand Held Microphone SY	12/22/06	640	0	0
88	Conference RM Tables	6/18/99	1,926	0	0
89	Speaker Cable	12/22/06	90	0	0
90	Microphone Cable	12/22/06	44	0	0
91	Speakers	12/22/06	600	0	0
92	Speaker Stand	12/22/06	80	0	0
93	Wireless Mics	6/29/06	598	0	0
94	Track Lighting	3/05/07	3,000	77	0
95	Instillation	6/29/07	860	0	0
96	Yamaha P700s	12/22/06	700	0	0
97	Four Phones	3/31/07	381	0	0
98	Phone Work	9/07/07	95	0	0
99	Musicians Friend	9/07/07	1,128	0	0
100	Phones	11/30/07	1,922	0	0
101	Theater Lighting Equip	9/09/08	5,327	0	0
102	Theater Sound Equipment	1/08/08	1,649	0	0
103	Security System	2/03/09	10,505	0	0
104	Dishwasher	3/16/09	850	0	0
105	Carpet	3/16/09	1,562	0	0
106	Office Safe	2/08/10	750	0	0
107	Dell Computer	11/16/11	968	0	0
108	24 Nesting Chairs	11/16/12	5,464	324	0
109	8 Synthesis Fixed Tables	9/04/12	4,418	106	0
110	Cube	2/01/13	300	24	0
111	Printer	6/26/13	1,375	0	0
112	Computers	6/19/13	2,908	0	0
113	Auditorium Equipment	8/01/14	9,162	1,309	0
114	Xerox Copier	9/22/15	3,768	754	0
<b>Total Other Depreciation</b>			<u>628,796</u>	<u>15,293</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>628,796</u>	<u>15,293</u>	<u>0</u>
<b>Grand Totals</b>			<u>642,795</u>	<u>15,652</u>	<u>359</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>NY</u>
<b><u>Prior MACRS:</u></b>				
115	Lobby Rennovations	6/30/18	13,999	359
			<u>13,999</u>	<u>359</u>
<b><u>Other Depreciation:</u></b>				
1	Baldwin SF-10 Grand Piano	4/26/96	19,500	0
2	Podium	5/30/96	1,743	0
3	TV	10/18/96	299	0
4	Dressing Room Chairs	9/23/96	670	0
5	Samsung SP - Printer	11/15/96	220	0
6	IBM	12/31/96	5,879	0
7	Stage	2/21/97	2,500	0
8	Stage	3/07/97	478	0
9	Lighting	5/30/97	467	0
10	Piano Dolly	6/26/97	405	0
11	Lighting Equipment	5/10/98	8,197	0
12	Loft Space	10/15/98	9,538	303
13	Auditorium Doors	4/15/89	4,750	151
14	HVAC Equipment - AUD	4/12/91	16,430	522
15	Ductwork - AUD	4/12/91	8,000	254
16	Grilles - AUD	4/12/91	1,500	48
17	Gas Piping - AUD	4/12/91	2,000	63
18	Electric Service - AUD	4/12/91	5,300	168
19	Wire HVAC - AUD	4/12/91	1,500	48
20	Ceiling Fans - AUD	4/12/91	2,085	66
21	2 Economizers	4/12/91	2,548	81
22	Architechtural Plans - AUD	6/01/96	13,860	356
23	Architechtural Plans - AUD	6/01/96	2,520	64
24	Architechtural Plans - AUD	6/01/96	1,620	41
25	Architechtural Plans - BAT	9/30/96	339	8
26	Lighting Plan - AUD	6/01/96	1,500	38
27	Lighting Plan - AUD	6/01/96	500	13
28	Renovation Permit	6/01/96	1,410	37
29	General Contractor - AUD	6/01/96	10,627	272
30	General Contractor - AUD	6/01/96	101,497	2,603
31	Electrical - AUD	6/01/96	6,289	162
32	Electrical - AUD	6/01/96	36,335	932
33	Sound System - AUD	6/01/96	1,000	26
34	Theatrical Sound - AUD	6/01/96	37,119	952
35	Stage Lighting - AUD	6/01/96	62,460	1,601
36	Theatrical Curtains - AUD	6/01/96	31,525	808
37	Refurbished Chairs - AUD	6/01/96	61,589	1,580
38	Carpet	5/09/96	3,206	82
39	Handicap Access - Bath	10/31/96	2,203	57
40	Wall Gallery	3/06/97	750	19
41	Wall Painting	5/07/99	650	0
42	Phone Work	5/27/99	36	0
43	Stairs to Sound Booth	5/27/99	673	17
44	Carpet	6/04/99	1,228	0
45	Insulation	7/16/99	11,760	301
46	Office Renovation	11/26/99	6,422	164
47	Hallway	12/03/99	992	26
48	Renovations Room 106 107	1/03/00	2,425	62
49	Fire Door	2/07/00	550	14
50	Ticket Booth	3/10/00	1,227	32
51	Plumbing Room 107	3/21/00	542	13
52	Gallery Pedestals	5/15/00	2,000	51
53	Laser Printer	2/15/89	3,275	0
54	Chair	5/15/89	175	0
55	Credenza	5/15/89	409	0
56	Computer Funrniture	6/15/89	397	0
57	CMS SD Hard Disc & Conn	5/11/90	534	0
58	Chair	7/06/90	215	0
59	Desk & 3 Chairs	10/15/92	400	0
60	Office Furniture & Fixture	2/19/93	297	0

Asset	Description	Date In Service	Cost	NY
61	Panafax PD - 2300	4/01/93	595	0
62	Chair Evry-DY BE-BK	9/24/93	125	0
63	4MB Memory	6/14/96	53	0
64	Computers	1/10/97	5,879	0
65	Signs	2/07/97	548	0
66	Signs	4/15/97	372	0
67	Signs	4/15/97	88	0
68	Telephone Systems	7/01/97	3,500	0
69	Signs	1/13/98	3,723	0
70	Shades	6/04/99	2,148	0
71	Conference Room Chairs	6/11/99	2,072	0
72	Labeling Machine	3/29/99	1,500	0
73	Electrical meter	11/10/00	516	0
74	Balcony Lighting	6/30/00	3,724	0
75	Handicap Entrance	2/02/02	28,603	733
76	Pottery Kin	9/05/00	1,677	0
77	Potters Wheel	9/05/00	684	0
78	Kiln Electric	7/16/01	525	0
79	Air Conditioner	5/16/02	628	0
80	Theater Sconces	2/08/02	1,019	0
81	Potters wheel	7/29/02	750	0
82	Hewlet Packard DC1500	2/27/06	2,000	0
83	Latitude D620	4/23/07	1,136	0
84	Shared network Storage	6/29/07	206	0
85	Ticket Printer	2/27/07	550	0
86	3 Flat Screens	2/26/07	540	0
87	2 Hand Held Microphone SY	12/22/06	640	0
88	Conference RM Tables	6/18/99	1,926	0
89	Speaker Cable	12/22/06	90	0
90	Microphone Cable	12/22/06	44	0
91	Speakers	12/22/06	600	0
92	Speaker Stand	12/22/06	80	0
93	Wireless Mics	6/29/06	598	0
94	Track Lighting	3/05/07	3,000	77
95	Instillation	6/29/07	860	0
96	Yamaha P700s	12/22/06	700	0
97	Four Phones	3/31/07	381	0
98	Phone Work	9/07/07	95	0
99	Musicians Friend	9/07/07	1,128	0
100	Phones	11/30/07	1,922	0
101	Theater Lighting Equip	9/09/08	5,327	0
102	Theater Sound Equipment	1/08/08	1,649	0
103	Security System	2/03/09	10,505	0
104	Dishwasher	3/16/09	850	0
105	Carpet	3/16/09	1,562	0
106	Office Safe	2/08/10	750	0
107	Dell Computer	11/16/11	968	0
108	24 Nesting Chairs	11/16/12	5,464	325
109	8 Synthesis Fixed Tables	9/04/12	4,418	105
110	Cube	2/01/13	300	25
111	Printer	6/26/13	1,375	0
112	Computers	6/19/13	2,908	0
113	Auditorium Equipment	8/01/14	9,162	1,309
114	Xerox Copier	9/22/15	3,768	754
<b>Total Other Depreciation</b>			<u>628,796</u>	<u>15,363</u>
<b>Total ACRS and Other Depreciation</b>			<u>628,796</u>	<u>15,363</u>
<b>Grand Totals</b>			<u>642,795</u>	<u>15,722</u>

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2017 &amp; 2018</b>
For calendar year 2018, or tax year beginning <b>07/01/18</b> , ending <b>06/30/19</b>		

Name **Chenango County Council of the Arts, Inc** Taxpayer Identification Number **22-2187522**

		2017	2018	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	10,000	89,877	79,877
	2. Membership dues and assessments	7,973	7,438	-535
	3. Government contributions and grants	275,941	178,000	-97,941
	4. Program service revenue	19,591	25,914	6,323
	5. Investment income	15,252	14,125	-1,127
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	103,547	76	-103,471
	8. Net income or (loss) from fundraising events	24,891	33,824	8,933
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	42,537	28,632	-13,905
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>499,732</b>	<b>377,886</b>	<b>-121,846</b>
<b>Expenses</b>	13. Grants and similar amounts paid	139,019	138,564	-455
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	35,217	35,000	-217
	16. Salaries, other compensation, and employee benefits	124,799	95,426	-29,373
	17. Professional fundraising fees			
	18. Other professional fees	73,150	53,565	-19,585
	19. Occupancy, rent, utilities, and maintenance	12,777	45,070	32,293
	20. Depreciation and Depletion	17,406	16,721	-685
	21. Other expenses	60,786	30,873	-29,913
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>463,154</b>	<b>415,219</b>	<b>-47,935</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>36,578</b>	<b>-37,333</b>	<b>-73,911</b>
<b>Other Information</b>	24. Total exempt revenue	499,732	377,886	-121,846
	25. Total unrelated revenue			
	26. Total excludable revenue	205,818	102,571	-103,247
	27. Total assets	943,667	925,301	-18,366
	28. Total liabilities	204	14,259	14,055
	29. Retained earnings	943,463	911,042	-32,421
	30. Number of voting members of governing body	15	13	
31. Number of independent voting members of governing body	15	13		
32. Number of employees	5	5		
33. Number of volunteers	4	4		



Form <b>990</b>	<b>Tax Projection Worksheet</b>	<b>2018 &amp; 2019</b>
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Name <b>Chenango County Council of the Arts, Inc</b>	Taxpayer Identification Number <b>22-2187522</b>
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			2018	2019	Differences
<b>Revenue</b>	1. Contributions, gifts, grants .....	1.	89,877	89,877	
	2. Membership dues and assessments .....	2.	7,438	7,438	
	3. Government contributions and grants .....	3.	178,000	178,000	
	4. Program service revenue .....	4.	25,914	25,914	
	5. Investment income .....	5.	14,125	14,125	
	6. Proceeds from tax exempt bonds .....	6.			
	7. Net gain or (loss) from sale of assets other than inventory .....	7.	76	76	
	8. Net income or (loss) from fundraising events .....	8.	33,824	33,824	
	9. Net income or (loss) from gaming .....	9.			
	10. Net gain or (loss) on sales of inventory .....	10.			
	11. Other revenue .....	11.	28,632	28,632	
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>12.</b>	<b>377,886</b>	<b>377,886</b>	
<b>Expenses</b>	13. Grants and similar amounts paid .....	13.	138,564	138,564	
	14. Benefits paid to or for members .....	14.			
	15. Compensation of officers, directors, trustees, etc. ....	15.	35,000	35,000	
	16. Salaries, other compensation, and employee benefits .....	16.	95,426	95,426	
	17. Professional fundraising fees .....	17.			
	18. Other professional fees .....	18.	53,565	53,565	
	19. Occupancy, rent, utilities, and maintenance .....	19.	45,070	45,070	
	20. Depreciation and Depletion .....	20.	16,721	16,721	
	21. Other expenses .....	21.	30,873	30,873	
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>22.</b>	<b>415,219</b>	<b>415,219</b>	
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>23.</b>	<b>-37,333</b>	<b>-37,333</b>	
<b>Other</b>	24. Total exempt revenue .....	24.	377,886	377,886	
	25. Total unrelated revenue .....	25.			
	26. Total excludable revenue .....	26.	102,571	102,571	
	27. Total assets .....	27.	925,301	925,301	
	28. Total liabilities .....	28.	14,259	14,259	
	29. Retained earnings .....	29.	911,042	911,042	
	30. Number of voting members of governing body .....	30.	13	13	
	31. Number of independent voting members of governing body .....	31.	13	13	
32. Number of employees .....	32.	5	5		
33. Number of volunteers .....	33.	4	4		

Form <b>990</b>	<b>Tax Return History</b>	<b>2018</b>
Name <b>Chenango County Council of the Arts, Inc</b>		Employer Identification Number <b>22-2187522</b>

	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants .....				285,941	267,877	267,877
Membership dues .....				7,973	7,438	7,438
Program service revenue .....				19,591	25,914	25,914
Capital gain or loss .....				103,547	76	76
Investment income .....				15,252	14,125	14,125
Fundraising revenue (income/loss) .....				24,891	33,824	33,824
Gaming revenue (income/loss) .....						
Other revenue .....				42,537	28,632	28,632
<b>Total revenue</b> .....				<b>499,732</b>	<b>377,886</b>	<b>377,886</b>
Grants and similar amounts paid .....				139,019	138,564	138,564
Benefits paid to or for members .....						
Compensation of officers, etc. ....				35,217	35,000	35,000
Other compensation .....				124,799	95,426	95,426
Professional fees .....				73,150	53,565	53,565
Occupancy costs .....				12,777	45,070	45,070
Depreciation and depletion .....				17,406	16,721	16,721
Other expenses .....				60,786	30,873	30,873
<b>Total expenses</b> .....				<b>463,154</b>	<b>415,219</b>	<b>415,219</b>
<b>Excess or (Deficit)</b> .....				<b>36,578</b>	<b>-37,333</b>	<b>-37,333</b>
<b>Total exempt revenue</b> .....				<b>499,732</b>	<b>377,886</b>	<b>377,886</b>
Total unrelated revenue .....						
Total excludable revenue .....				205,818	102,571	102,571
Total Assets .....				943,667	925,301	925,301
Total Liabilities .....				204	14,259	14,259
Net Fund Balances .....				943,463	911,042	911,042

### Federal Statements

#### Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest	\$ 201		18			
Total	<u>\$ 201</u>					

#### Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Dividends	\$ 9,664		18			
Total	<u>\$ 9,664</u>					

## Federal Statements

### Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
Artistic Fees	\$ 2,220	\$	\$ 2,220	\$
Artistic Fees	31,500	31,500		
Fundraising				
Fundraising	11,691			11,691
Total	\$ 45,411	\$ 31,500	\$ 2,220	\$ 11,691

### Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
All other	\$ 112	\$ 74	\$ 32	\$ 6
Total	\$ 112	\$ 74	\$ 32	\$ 6

## Federal Statements

### Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
	\$ 7,438
NYS Council of the arts	168,000
Chenango County	10,000
Contributions	64,117
Community Foundations & Trust Grants	25,760
Total	<u>\$ 275,315</u>

### Schedule A, Part II, Line 8(e)

<u>Description</u>	<u>Amount</u>
Interest	\$ 201
Dividends	9,664
Distribution from perp trust	4,260
Total	<u>\$ 14,125</u>

### Schedule A, Part II, Line 9(e)

<u>Description</u>	<u>Amount</u>
Fundraising	\$ 22,133
Auditorium	21,189
Less: Deductions	-1,000
Total	<u>\$ 42,322</u>

## Federal Statements

### Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
Admissions	\$ 17,844
Program workshop fees	8,070
Misc Income	1,142
Program Sponsorships	<u>6,301</u>
Total	<u>\$ 33,357</u>

## New York Diagnostics

### Critical Messages

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None

### Informational Messages

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- Electronic filing for the federal return is indicated; Form CHAR500 must be paper filed; The form is not available for electronic filing by software providers through the New York Department of Taxation
- Date of tax exemption claimed from is required entry for Form CT-247

## Return Summary

For calendar year 2018, or tax year beginning 07-01-18 , and ending 06-30-19

CHENANGO COUNTY COUNCIL OF THE ARTS, INC 22-2187522

**Income**

Federal unrelated business income					
NYS Article 13 tax					
Additions for S corporations					
Other additions					
<b>Income</b>					
Other income					
S corporation subtractions					
Other subtractions					
<b>Total subtractions</b>					
State net operating loss deduction					
Taxable income					
Apportionment percentage				%	
<b>Apportioned taxable income</b>					

**Taxes / Credits / Payments**

Tax on taxable income					
Minimum tax					
<b>Tax</b>					
Paid with extension					
Estimated tax payments					
Other payments					
<b>Total payments</b>					
Overpayment applied to next year's estimated tax					
<b>Net tax due</b>					

**Additions to Tax**

Interest on late payments					
Failure to file penalty					
Failure to pay penalty					
<b>total additions</b>					
<b>Balance due</b>					
<b>Refund</b>					

**Form CHAR500 - Annual Filing Information**

Total support / revenue	377,886
Net assets	911,042
<b>Filing Fees</b>	
Article 7-A	25
Estates / trust law	100
<b>Total</b>	125

**Miscellaneous Information**

Amended return	—
Return / extended due dates:	
Form CHAR500	11-15-19
Form CT-13	

**Next Year's Estimates**

2nd installment	
3rd installment	
4th installment	
<b>Total</b>	



**Filing Instructions**

**Chenango County Council of the  
Arts, Inc**

**New York Annual Report**

**Taxable Year Ended June 30, 2019**

**Date Due:** AS SOON AS POSSIBLE

**Remittance:** The filing fee for the tax year ended 6/30/19 is \$125. Include a check payable to the New York State Department of Law and write "State Registration Number 03-19-40, for the year ended 6/30/19" on the check.

**Mail To:** NYS Office of the Attorney General  
Charities Bureau Registration Section  
28 Liberty Street  
New York, NY 10005

**Signature:** Form CHAR500 should be signed and dated by two appropriate officers.

<h1 style="margin:0;">CHAR500</h1> <p style="margin:0;">NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com</p>	<p style="margin:0; font-size: small;">Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005</p>	<h2 style="margin:0;">2018</h2> <h3 style="margin:0;">Open to Public Inspection</h3>
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**1. General Information**

For Fiscal Year Beginning (mm/dd/yyyy) <u>07/01/2018</u> and Ending (mm/dd/yyyy) <u>06/30/2019</u>		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: CHENANGO COUNTY COUNCIL OF THE ARTS, INC Mailing Address: 27 W MAIN STREET #8 City / State / Zip: NORWICH NY 13815 Website: WWW.CHENANGOARTS.ORG	Employer Identification Number (EIN): 22-2187522 NY Registration Number: 03-19-40 Telephone: 607-336-2787 Email: ALECIA.ONEILL@CHENANGOARTS.ORG
Check your organization's registration category: <input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT*                    Confirm your Registration Category in the Charities Registry at <a href="http://www.CharitiesNYS.com">www.CharitiesNYS.com</a> .		

**2. Certification**

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

*We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.*

President or Authorized Officer:	<u>Signature</u>	<u>Print Name and Title</u>	<u>Date</u>
Chief Financial Officer or Treasurer:	<u>Signature</u>	<u>Print Name and Title</u>	<u>Date</u>

**3. Annual Reporting Exemption**

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

**3a. 7A filing exemption:** Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.

**3b. EPTL filing exemption:** Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

**4. Schedules and Attachments**

See the following page for a checklist of schedules and attachments to complete your filing.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                    4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                    4b. Did the organization receive government grants? If yes, complete Schedule 4b.

**5. Fee**

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25</u>	EPTL filing fee: \$ <u>100</u>	Total fee: \$ <u>125</u>	Make a single check or money order payable to: "Department of Law"
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<h1 style="margin: 0;">CHAR500</h1> <p style="margin: 0;">Annual Filing Checklist</p>	<p>Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:</p> <ul style="list-style-type: none"> <li>- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.</li> <li>- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.</li> <li>- Your organization is registered as DUAL and you marked <u>both</u> the 7A and EPTL filing exemption in Part 3.</li> </ul>
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**Checklist of Schedules and Attachments**

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

**Calculate Your Fee**

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

**Send Your Filing**

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General  
 Charities Bureau Registration Section  
 28 Liberty Street  
 New York, NY 10005

Need Assistance?

Visit: [www.CharitiesNYS.com](http://www.CharitiesNYS.com)  
 Call: (212) 416-8401  
 Email: [Charities.Bureau@ag.ny.gov](mailto:Charities.Bureau@ag.ny.gov)

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

**7A** filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

**EPTL** filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

**DUAL** filers are registered under both 7A and EPTL.

**EXEMPT** filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at [www.CharitiesNYS.com](http://www.CharitiesNYS.com).

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

# CHAR500

Schedule 4b: Government Grants  
www.CharitiesNYS.com

**2018**  
Open to Public  
Inspection

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.

**Use additional pages if necessary.** Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

## 1. Organization Information

Name of Organization: CHENANGO COUNTY COUNCIL OF THE	NY Registration Number: 03-19-40
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## 2. Government Grants

Name of Government Agency	Amount of Grant
1. NYS COUNCIL OF THE ARTS	1. 168,000
2. CHENANGO COUNTY	2. 10,000
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 178,000

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)

**u** Do not enter social security numbers on this form as it may be made public.  
**u** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**  
Open to Public Inspection

**A** For the 2018 calendar year, or tax year beginning **07/01/18**, and ending **06/30/19**

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

**C** Name of organization **Chenango County Council of the Arts, Inc**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**27 W Main Street #8**

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

**D** Employer identification number  
**22-2187522**

**E** Telephone number  
**607-336-2787**

**G** Gross receipts \$ **526,320**

**F** Name and address of principal officer:  
**Martha Ryan**  
**133 East Main Street**  
**Norwich NY 13815**

**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)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) **t** (insert no.)  4947(a)(1) or  527

**J** Website: **u** [www.chenangoarts.org](http://www.chenangoarts.org)

**H(c)** Group exemption number **u**

**K** Form of organization:  Corporation  Trust  Association  Other **u**

**L** Year of formation: **1975** **M** State of legal domicile:

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
**To support life-enriching Art throughout the greater chenango region**

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>13</b>
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>13</b>
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>
<b>6</b> Total number of volunteers (estimate if necessary)	<b>4</b>
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>0</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>0</b>

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>293,914</b>	<b>275,315</b>
<b>9</b> Program service revenue (Part VIII, line 2g)	<b>19,591</b>	<b>25,914</b>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>118,799</b>	<b>14,201</b>
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>67,428</b>	<b>62,456</b>
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>499,732</b>	<b>377,886</b>
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>139,019</b>	<b>138,564</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>160,016</b>	<b>130,426</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> <b>21,958</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>164,119</b>	<b>146,229</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>463,154</b>	<b>415,219</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>36,578</b>	<b>-37,333</b>
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	<b>943,667</b>	<b>925,301</b>
<b>21</b> Total liabilities (Part X, line 26)	<b>204</b>	<b>14,259</b>
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>943,463</b>	<b>911,042</b>

## 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: **Alecia O'Oeill** Date: **Executive Director**

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: **Stephen J Locke, CPA** Preparer's signature: **Stephen J Locke, CPA** Date: **05/08/20** Check  if self-employed PTIN: **P01654690**

Firm's name: **Cwynar & Company, CPAs, PLLC** Firm's EIN: **16-1490428**

Firm's address: **12 S Broad St** Phone no.: **607-334-3838**

**Norwich, NY 13815**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
**To Support Life-Enriching Art Throughout the Greater Chenango Region**

**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 \$ **165,480** including grants of \$ **135,564** ) (Revenue \$ )  
**Decentralization Program - The Organization receives a grant from the New York State Council of the Arts for reallcation to other eligible organizations in Chenango, Otsego and Broome County. The Purpose of this program is to promote, extend, and enhance community arts in the county.**

**4b** (Code: ) (Expenses \$ **85,872** including grants of \$ ) (Revenue \$ **25,914** )  
**Performances Program - The Organization sponsors various plays and performances for the benefit of the community.**

**4c** (Code: ) (Expenses \$ **38,129** including grants of \$ ) (Revenue \$ )  
**Visual Arts Program - The Organization provides and manages a gallery for artists to display their work.**

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ **27,639** including grants of \$ **3,000** ) (Revenue \$ )

**4e** Total program service expenses **u** **317,120**

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		<b>X</b>
<b>23</b> 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? If "Yes," complete Schedule J		<b>X</b>
<b>24a</b> 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>b</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? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>26</b> 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? If "Yes," complete Schedule L, Part II		<b>X</b>
<b>27</b> 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? If "Yes," complete Schedule L, Part III		<b>X</b>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>c</b> 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? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</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)? If "Yes," complete Schedule R, Part V, line 2		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b> 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? If "Yes," complete Schedule R, Part VI		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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



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

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 13		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 13		
<b>2</b>	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?		<b>X</b>
<b>3</b>	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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?	<b>X</b>	
<b>7a</b>	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?	<b>X</b>	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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		<b>X</b>

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

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

**Section C. Disclosure**

<b>17</b>	List the states with which a copy of this Form 990 is required to be filed <b>u</b> <b>NY</b>
<b>18</b>	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
<b>19</b>	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.
<b>20</b>	State the name, address, and telephone number of the person who possesses the organization's books and records <b>u</b> <b>Alecia O'Oeill</b> <b>27 W Main Street #8</b> <b>NY 13815</b> <b>607-336-2787</b> <b>Norwich</b>

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(1) <b>Martha Ryan</b>	0.00									
<b>President</b>	0.00	X		X			0	0	0	
(2) <b>Whitney McCracken</b>	0.00									
<b>Vice President</b>	0.00	X		X			0	0	0	
(3) <b>Annette Burns</b>	0.00									
<b>Treasurer</b>	0.00	X		X			0	0	0	
(4) <b>Melissa DeCordova</b>	0.00									
<b>Secretary</b>	0.00	X		X			0	0	0	
(5) <b>Joseph Skundrich</b>	0.00									
<b>Imm. Past President</b>	0.00	X					0	0	0	
(6) <b>Jim Baldwin</b>	0.00									
<b>Director</b>	0.00	X					0	0	0	
(7) <b>Mary El Emerson</b>	0.00									
<b>Director</b>	0.00	X					0	0	0	
(8) <b>Anne English</b>	0.00									
<b>Director</b>	0.00	X					0	0	0	
(9) <b>Bonnie Gale</b>	0.00									
<b>Director</b>	0.00	X					0	0	0	
(10) <b>Hon. Mike Genute</b>	0.00									
<b>Director</b>	0.00	X					0	0	0	
(11) <b>Richard Heim</b>	0.00									
<b>Director</b>	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(12) TJ Moorehead	0.00									
Director	0.00	X					0	0	0	
(13) Denise Reppert	0.00									
Director	0.00	X					0	0	0	
(14) Alecia O'Oeill	40.00									
Executive Director	0.00			X			35,000	0	0	
<b>1b Sub-total</b> .....							<b>u</b>	<b>35,000</b>		
<b>c Total from continuation sheets to Part VII, Section A</b> .....							<b>u</b>			
<b>d Total (add lines 1b and 1c)</b> .....							<b>u</b>	<b>35,000</b>		

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 0**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	7,438				
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	178,000				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	89,877				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	275,315				
	<b>Program Service Revenue</b>		<b>Busn. Code</b>				
<b>2a</b> Admissions		711110	17,844	17,844			
<b>b</b> Program workshop fees			8,070	8,070			
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f		<b>u</b>	25,914				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	14,125			14,125	
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>					
	<b>5</b> Royalties	<b>u</b>					
	<b>6a</b> Gross rents	(i) Real	21,189				
		(ii) Personal					
	<b>b</b> Less: rental exps.						
	<b>c</b> Rental inc. or (loss)	21,189					
	<b>d</b> Net rental income or (loss)	<b>u</b>	21,189			21,189	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	148,510				
		(ii) Other					
	<b>b</b> Less: cost or other basis & sales exps.	148,434					
	<b>c</b> Gain or (loss)	76					
	<b>d</b> Net gain or (loss)	<b>u</b>	76			76	
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	33,824				
		<b>b</b> Less: direct expenses					
<b>c</b> Net income or (loss) from fundraising events		<b>u</b>	33,824			33,824	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities	<b>u</b>					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>					
Miscellaneous Revenue		<b>Busn. Code</b>					
<b>11a</b> Program Sponsorships		6,301	6,301				
<b>b</b> Misc Income		1,142	1,142				
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d	<b>u</b>	7,443					
<b>12 Total revenue.</b> See instructions.	<b>u</b>	377,886	33,357	0	69,214		

**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	138,564	138,564		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	35,000	23,100	10,150	1,750
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	58,930	38,894	17,089	2,947
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	20,415	13,474	5,920	1,021
10 Payroll taxes	16,081	10,614	4,663	804
11 Fees for services (non-employees):				
a Management				
b Legal	913		913	
c Accounting	4,650		4,650	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,591		2,591	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	45,411	31,500	2,220	11,691
12 Advertising and promotion	3,368	2,223	977	168
13 Office expenses	5,467	2,924	2,322	221
14 Information technology				
15 Royalties				
16 Occupancy	45,070	29,746	13,071	2,253
17 Travel	967	638	281	48
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,721	11,537	5,184	
23 Insurance	4,303	2,840	1,248	215
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 <b>Supplies</b>	6,711	4,429	1,946	336
b <b>Software / Merchant Svcs</b>	6,011	3,967	1,743	301
c <b>Telephone</b>	2,303	1,520	668	115
d <b>Security System</b>	1,631	1,076	473	82
e All other expenses	112	74	32	6
25 Total functional expenses. Add lines 1 through 24e	415,219	317,120	76,141	21,958
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 X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest bearing	20,507	1	12,974
	2	Savings and temporary cash investments	1,500	2	8,292
	3	Pledges and grants receivable, net	20,008	3	20,008
	4	Accounts receivable, net		4	
	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		8	
	9	Prepaid expenses and deferred charges	851	9	2,844
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	642,795		
	10b	Less: accumulated depreciation	435,598		
	10c		223,918	10c	207,197
	11	Investments—publicly traded securities	381,005	11	377,159
	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	295,878	15	296,827	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	943,667	16	925,301	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	204	17	
	18	Grants payable		18	
	19	Deferred revenue		19	2,202
	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		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	12,057
	26	<b>Total liabilities.</b> Add lines 17 through 25	204	26	14,259
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	626,077	27	589,207
	28	Temporarily restricted net assets	229,682	28	232,862
	29	Permanently restricted net assets	87,704	29	88,973
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	943,463	33	911,042	
34	<b>Total liabilities and net assets/fund balances</b>	943,667	34	925,301	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>377,886</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>415,219</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-37,333</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>943,463</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>4,912</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>911,042</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>b</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 type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>c</b>	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.		
<b>3a</b>	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?		<b>X</b>
<b>b</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.		



**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2018**

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

u Attach to Form 990 or Form 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Chenango County Council of the  
Arts, Inc**

Employer identification number

**22-2187522**

**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 **section 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		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				293,914	275,315	569,229
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3				293,914	275,315	569,229
<b>5</b> 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)						
<b>6</b> Public support. Subtract line 5 from line 4						569,229

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4				293,914	275,315	569,229
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				15,252	14,125	29,377
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on				66,428	42,322	108,750
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						707,356

**12** Gross receipts from related activities, etc. (see instructions) 12 52,948

**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** ▶

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	80.47 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14	15	78.25 %

**16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

**b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

**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 ▶

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

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Percentage, %. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) = 15%. Row 16: Public support percentage from 2017 Schedule A, Part III, line 15 = 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Percentage, %. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) = 17%. Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17 = 18%.

- 19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> 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>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		
<b>2</b> 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>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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>		
<b>2</b>		
<b>3</b> 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>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
<b>2</b> Activities Test. <i>Answer (a) and (b) below.</i>		
<b>a</b> 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>2a</b>		
<b>b</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>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
<b>a</b> 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>3a</b>		
<b>b</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>		
<b>3b</b>		

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

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

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

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

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-functionally 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 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

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





SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Chenango County Council of the Arts, Inc

Employer identification number

22-2187522

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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 (sub-rows 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 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)?, 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.

Table with 2 columns: Description, Amount. Rows include: 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 u \$, (ii) Assets included in Form 990, Part X u \$, 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 u \$, b Assets included in Form 990, Part X u \$

**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    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Yes  No

**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
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> 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 **u** .....
  - b** Permanent endowment **u** .....
  - c** Temporarily restricted endowment **u** .....
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No       |
|--|-----|----------|
| <b>(i)</b> unrelated organizations ..... |     | <b>X</b> |
| <b>(ii)</b> related organizations .....  |     | <b>X</b> |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 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
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....		<b>507,831</b>	<b>304,944</b>	<b>202,887</b>
<b>d</b> Equipment .....		<b>74,181</b>	<b>72,597</b>	<b>1,584</b>
<b>e</b> Other .....		<b>60,783</b>	<b>58,057</b>	<b>2,726</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....			<b>u</b>	<b>207,197</b>

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) <b>u</b>		

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) <b>u</b>		

**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) <b>Promise to Give</b>	<b>207,854</b>
(2) <b>Willard Trust</b>	<b>88,973</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) <b>u</b>	<b>296,827</b>

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>NBT Line of Credit</b>	<b>10,000</b>
(3) <b>Accrued payroll expenses</b>	<b>1,827</b>
(4) <b>Sales Tax Payable</b>	<b>228</b>
(5) <b>rounding</b>	<b>2</b>
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>	<b>12,057</b>

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 4a-4b), and a final column for totals (1, 2e, 3, 4c, 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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 4a-4b), and a final column for totals (1, 2e, 3, 4c, 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.

Series of horizontal dotted lines for providing supplemental information.



**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2018**

Department of the Treasury  
Internal Revenue Service

U Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

U Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**Chenango County Council of the  
Arts, Inc**

Employer identification number

**22-2187522**

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

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

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

.....  
.....  
.....  
.....  
.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>Fundraising</b> (event type)	(event type)	<b>2</b> (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts	<b>33,824</b>			<b>33,824</b>
	<b>2</b> Less: Contributions				
	<b>3</b> Gross income (line 1 minus line 2)	<b>33,824</b>			<b>33,824</b>
Direct Expenses	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes				
	<b>6</b> Rent/facility costs				
	<b>7</b> Food and beverages				
	<b>8</b> Entertainment				
	<b>9</b> Other direct expenses				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d)				
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d)				<b>33,824</b>	

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: .....  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: .....  
 .....

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

**b** If "Yes," explain: .....  
 .....





**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**u** Attach to Form 990.

**u** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization **Chenango County Council of the Arts, Inc** Employer identification number **22-2187522**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)				135,564				
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**



**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

u Attach to Form 990 or 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

**Chenango County Council of the  
Arts, Inc**

Employer identification number

**22-2187522**

**Form 990, Part III, Line 4d - All Other Accomplishments**

**Arts In Education - The Organization Seeks to Integrate Arts Into The**

**Form 990, Part VI, Line 6 - Classes of Members or Stockholders**

**THERE SHALL BE THREE CLASSES OF MEMBERS:**

**INDIVIDUAL - SECTION (1) (A) MEMBERSHIP SHALL BE OPEN TO ANY INDIVIDUAL WHO IS INTERESTED IN AND SUPPORTS THE PURPOSES OF THE COUNCIL AND WHO SHALL PAY THE MEMBERSHIP CONTRIBUTION AS FIXED BY THE BOARD OF DIRECTORS. SECTION (1) (B) EACH SUCH INDIVIDUAL MEMBER SHALL BE ENTITLED TO ONE VOTE ON EACH MATTER SUBMITTED TO A VOTE OF THE MEMBERS.**

**NON-FOR-PROFIT ORGANIZATIONS - SECTION (2) (A) MEMBERSHIP SHALL BE OPEN TO ANY NOT-FOR-PROFIT ORGANIZATION WHICH IS INTERESTED IN AND SUPPORTS THE PURPOSE OF THE COUNCIL AND WHICH SHALL PAY MEMBERSHIP CONTRIBUTION AS FIXED BY THE BOARD OF DIRECTORS. SECTION (2)(B) EACH SUCH NOT-FOR-PROFIT ORGANIZATION, THROUGH ITS DESIGNATED REPRESENTATIVE, SHALL BE ENTITLED TO ONE VOTE ON EACH MATTER SUBMITTED TO A VOTE OF THE MEMBERS.**

**BUSINESS MEMBERS - SECTION (3) (A) MEMBERSHIP SHALL BE OPEN TO ANY BUSINESS WHICH IS INTERESTED IN AND SUPPORTS THE PURPOSE OF THE COUNCIL AND WHICH SHALL PAY MEMBERSHIP CONTRIBUTION AS FIXED BY THE BOARD OF DIRECTORS.**

**SECTION (3) (B) EACH SUCH BUSINESS THROUGH ITS DESIGNATED REPRESENTATIVE SHALL BE ENTITLED TO ONE VOTE ON EACH MATTER SUBMITTED TO A VOTE OF THE MEMBERS.**

**SECTION (4) (A) MEMBERSHIP CONTRIBUTION - THE BOARD OF DIRECTORS SHALL, AT ITS DISCRETION, ESTABLISH THE FEE SCHEDULES FOR THE VARIOUS CLASSES OF MEMBERSHIP.**

Name of the organization

Employer identification number

Chenango County Council of the

22-2187522

SECTION (5) (A) AT THE BOARD OF DIRECTORS DISCRETION, OTHER CLASSES OF MEMBERSHIP MAY BE ESTABLISHED BY A VOTE OF A MAJORITY OF THE BOARD OF DIRECTORS.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

EACH MEMBERS IS ALLOWED ONE VOTE AT THE ANNUAL MEETING TO ELECT THE BOARD OF DIRECTORS. IN LIEU OF AN ANNUAL MEETING, A BALLOT LISTING NOMINEES TO THE BOARD OF DIRECTORS AND A SPACE FOR WRITE-IN NOMINATIONS WILL BE SENT TO THE MEMBERSHIP FOR TABULATION PRIOR TO THE JUNE BOARD MEETING.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

THE RETURN IS GIVEN TO THE PRESIDENT AND THE TREASURER TO REVIEW. THE REMAINING BOARD MEMBERS ARE NOTIFIED THAT THE RETURN IS BE AVAILABLE FOR REVIEW AT THE OFFICE.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

EVERY YEAR IN NOVEMBER, CONFLICT OF INTEREST FORMS ARE HANDED OUT AT THE BOARD MEETING AND FILLED OUT AT THAT TIME. THE FORMS ARE KEPT AND REFERRED TO AS NEEDED ESPECIALLY WHEN BOARD APPROVES DEC FUNDING FOR THE YEAR. ANY BOARD MEMBER WITH A CONFLICT OF INTEREST IS RECUSED AND DOES NOT VOTE.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

EXECUTIVE COMMITTEE REVIEWS EXECUTIVE COMPENSATION ANNUALLY AND A DISCUSSION IS HELD WITH THE BOARD DURING BUDGETING TIME. PERIODIC UPDATES ON COMPENSATION IS RECEIVED FROM NATIONAL ADVOCACY/SERVICE ORGANIZATIONS WHICH IS REVIEWED BY THE EXECUTIVE COMMITTEE.

Name of the organization

Employer identification number

Chenango County Council of the

22-2187522

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

DOCUMENTS ARE AVAILABLE AT THE OFFICE UPON REQUEST

Form 990, Part IX, Line 11g - Other Fees for Services

Description

	Tot/Prog Service	Mgt & General	Fundraising
Artistic Fees	\$ 0	\$ 2,220	\$ 0
Artistic Fees	\$ 31,500	\$ 0	\$ 0
Fundraising			
Fundraising	\$ 0	\$ 0	\$ 11,691
Total	\$ 31,500	\$ 2,220	\$ 11,691