

FARROW & LOCKE CPA ASSOCIATES PLLC
116 E MAIN STREET SUITE 3
NORWICH, NY 13815

CHENANGO COUNTY COUNCIL OF THE ARTS
27 W MAIN STREET #8
NORWICH, NY 13815

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CLIENT'S COPY



Farrow & Locke CPA Associates PLLC

116 East Main Street, Suite 3
Norwich, NY 13815
(607) 233-4144
www.farrowlockecpas.com

Daniel J. Farrow, CPA
Stephen J. Locke, CPA

November 26, 2025

Chenango County Council of the Arts
27 W Main Street #8
Norwich, NY 13815

Chenango County Council of the Arts:

Enclosed are the original and one copy of the 2024 exempt organization return, as follows...

2024 Form 990

The enclosed Form(s) 2848 should be signed by the appropriate filer.

The original return should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Very truly yours,

Stephen J. Locke



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PRIVACY POLICY

CPAs, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

PARTIES TO WHOM WE DISCLOSE INFORMATION

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning JUL 1, 2024, and ending JUN 30, 2025

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

CHENANGO COUNTY COUNCIL OF THE ARTS

EIN or SSN

**** - ***7522**

Name and title of officer or person subject to tax

**ALECIA ONEILL
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, 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.**

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>261,508.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **FARROW & LOCKE CPA ASSOCIATES PLLC** to enter my PIN **14815**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 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.

Signature of officer or person subject to tax

Date

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.

16811813815

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return 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 **FARROW & LOCKE CPA ASSOCIATES PLLC** Date _____

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2024)

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

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

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

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. CHENANGO COUNTY COUNCIL OF THE ARTS	Taxpayer identification number (TIN) ** - ***7522
	Number, street, and room or suite no. If a P.O. box, see instructions. 27 W MAIN STREET #8	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NORWICH, NY 13815	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **ALECIA ONEILL**
27 W MAIN STREET #8 - NORWICH, NY 13815

Telephone No. **607-336-2787** Fax No. _____

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

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 _____ or
 tax year beginning **JUL 1**, 20 **24**, and ending **JUN 30**, 20 **25**

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

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2025)

Return of Organization Exempt From Income Tax

Form 990

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.

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable: C Name of organization: CHENANGO COUNTY COUNCIL OF THE ARTS
D Employer identification number: ** - ***7522
E Telephone number: 607-336-2787
G Gross receipts \$: 330,303.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.CHENANGOARTS.ORG
K Form of organization:
L Year of formation: 1975
M State of legal domicile: NY

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... TO SUPPORT LIFE-ENRICHING ART THROUGHOUT THE GREATER CHENANGO REGION; 2-7 Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

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 ONEILL, EXECUTIVE DIRECTOR
Paid: Preparer's name STEPHEN J. LOCKE, Preparer's signature, Date, Check if self-employed, PTIN P01654690
Preparer Use Only: Firm's name FARROW & LOCKE CPA ASSOCIATES PLLC, Firm's EIN ** - ***5350, Firm's address NORWICH, NY 13815, Phone no. 607-233-4144

May the IRS discuss this return with the preparer shown above? See instructions [X] 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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 105,964. including grants of \$) (Revenue \$ 38,611.) PERFORMANCES PROGRAM - THE ORGANIZATION SPONSORS VARIOUS PLAYS AND PERFORMANCES FOR THE BENEFIT OF THE COMMUNITY.

4b (Code:) (Expenses \$ 34,191. including grants of \$) (Revenue \$ 428.) VISUAL ARTS PROGRAM - THE ORGANIZATION PROVIDES AND MANAGES A GALLERY FOR ARTISTS TO DISPLAY THEIR WORK.

4c (Code:) (Expenses \$ 20,959. including grants of \$ 2,000.) (Revenue \$ 9,927.) ARTS IN EDUCATION - THE ORGANIZATION SEEKS TO INTEGRATE ARTS INTO THE SCHOOL SYSTEM

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 161,114.

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 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 donor-restricted endowments or in 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)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and noncash contributions.

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 []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response columns. Includes questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (15), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b, 12c, 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
ALECIA ONEILL - 607-336-2787
27 W MAIN STREET #8, NORWICH, NY 13815

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ALECIA ONEILL EXECUTIVE DIRECTOR	40.00			X			42,182.	0.	0.	
(2) DENISE REPERT PRESIDENT	1.00	X		X			0.	0.	0.	
(3) MEGAN MCKOWN VICE PRESIDENT	1.00	X		X			0.	0.	0.	
(4) ROY FULLER TREASURER	1.00	X		X			0.	0.	0.	
(5) SARAH GREEN SECRETARY	1.00	X		X			0.	0.	0.	
(6) JIM BALDWIN DIRECTOR	1.00	X					0.	0.	0.	
(7) JONI EATON DIRECTOR	1.00	X					0.	0.	0.	
(8) LISA FEIGENBAUM DIRECTOR	1.00	X					0.	0.	0.	
(9) ELAINE GENUTE DIRECTOR	1.00	X					0.	0.	0.	
(10) GREG LAMONICA DIRECTOR	1.00	X					0.	0.	0.	
(11) ALYSSA CHAWGO DIRECTOR	1.00	X					0.	0.	0.	
(12) MARY EL EMERSON DIRECTOR	1.00	X					0.	0.	0.	
(13) VIRGINIA LEE DIRECTOR	1.00	X					0.	0.	0.	
(14) WHITNEY MCCRACKEN DIRECTOR	1.00	X					0.	0.	0.	
(15) JOSEPH SKUNDRICH DIRECTOR	1.00	X					0.	0.	0.	
(16) KELLY REPERT DIRECTOR	1.00	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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
1b Subtotal							42,182.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							42,182.	0.	0.	

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 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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 0

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	2,495.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	50,000.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	115,585.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 20,008.				
	h Total. Add lines 1a-1f		168,080.				
	Program Service Revenue	2 a ADMISSIONS	Business Code				
		711110	19,895.	19,895.			
b PROGRAM WORKSHOP FEES		711110	10,355.	10,355.			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		30,250.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		11,815.			11,815.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	18,716.			
			(ii) Personal				
	b Less: rental expenses ...	6b	0.				
	c Rental income or (loss)	6c	18,716.				
	d Net rental income or (loss)		18,716.	18,716.			
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	69,498.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	61,518.				
	c Gain or (loss)	7c	7,980.				
	d Net gain or (loss)		7,980.			7,980.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		27,310.				
b Less: direct expenses	8b	7,277.					
c Net income or (loss) from fundraising events		20,033.			20,033.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a PROGRAM ADVERTISING	Business Code					
		541800	4,634.			4,634.	
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d		4,634.					
12 Total revenue. See instructions		261,508.	48,966.	0.	44,462.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,000.	2,000.		
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	40,628.	24,377.	13,813.	2,438.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	32,008.	19,205.	10,883.	1,920.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,762.	1,058.	598.	106.
10 Payroll taxes	6,433.	3,860.	2,187.	386.
11 Fees for services (nonemployees):				
a Management				
b Legal	275.		275.	
c Accounting	17,087.		17,087.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,895.		2,895.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	46,444.	46,444.		
12 Advertising and promotion	8,205.		8,205.	
13 Office expenses	3,794.	2,277.	1,289.	228.
14 Information technology				
15 Royalties				
16 Occupancy	60,275.	36,190.	21,081.	3,004.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	5,219.		5,219.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,496.	13,733.	6,763.	
23 Insurance	5,835.		5,835.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	11,970.	11,970.		
b COMMUNICATIONS AND INFO	7,505.		7,505.	
c DUES AND SUBSCRIPTIONS	1,036.		1,036.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	273,867.	161,114.	104,671.	8,082.
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
Assets	1 Cash - non-interest-bearing	11,791.	1	15,565.
	2 Savings and temporary cash investments	9,403.	2	9,308.
	3 Pledges and grants receivable, net	20,008.	3	20,008.
	4 Accounts receivable, net		4	2,800.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 710,532.		
	b Less: accumulated depreciation	10b 531,275.	194,356.	10c 179,257.
	11 Investments - publicly traded securities	401,482.	11	422,356.
	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	936,671.	15	954,756.
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,573,711.	16	1,604,050.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	62,340.	23	62,340.
	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	223,803.	25	216,153.
	26 Total liabilities. Add lines 17 through 25	286,143.	26	278,493.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	544,716.	27	558,445.
	28 Net assets with donor restrictions	742,852.	28	767,112.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,287,568.	32	1,325,557.
	33 Total liabilities and net assets/fund balances	1,573,711.	33	1,604,050.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	261,508.
2	Total expenses (must equal Part IX, column (A), line 25)	2	273,867.
3	Revenue less expenses. Subtract line 2 from line 1	3	-12,359.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,287,568.
5	Net unrealized gains (losses) on investments	5	24,423.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	25,925.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,325,557.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	X	
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			
2b	Were the organization's financial statements audited by an independent accountant?		X
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			
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization CHENANGO COUNTY COUNCIL OF THE ARTS	Employer identification number **-***7522
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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).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

(Complete only if you checked the box on line 5, 7, 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	82,314.	121,384.	78,426.	124,103.	168,080.	574,307.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	82,314.	121,384.	78,426.	124,103.	168,080.	574,307.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						174,966.
6 Public support. Subtract line 5 from line 4.						399,341.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	82,314.	121,384.	78,426.	124,103.	168,080.	574,307.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8,766.	9,927.	11,388.	11,703.	11,815.	53,599.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	14,995.	13,607.	15,647.	18,946.	18,716.	81,911.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4,402.	2,864.	17,483.	25,503.		50,252.
11 Total support. Add lines 7 through 10						760,069.
12 Gross receipts from related activities, etc. (see instructions)					12	185,115.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	52.54 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	77.35 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Part VI

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

Lined area for supplemental information.

Schedule A

**Identification of Excess Contributions
Included on Part II, Line 5**

2024

**** Do Not File ****

***** Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
MOTZ FAMILY FOUNDATION	45,000.	29,799.
NBT BANK	77,000.	61,799.
GREATER NORWICH FOUNDATION	24,000.	8,799.
R&A WILLARD CHARITABLE FOUNDATION	76,871.	61,670.
PREFERRED MUTUTAL	28,100.	12,899.
Total Excess Contributions to Schedule A, Part II, Line 5		174,966.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Employer identification number

CHENANGO COUNTY COUNCIL OF THE ARTS

-*7522

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (Rev. 12-2024)

Name of organization CHENANGO COUNTY COUNCIL OF THE ARTS	Employer identification number ** - ***7522
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NYS COUNCIL ON THE ARTS 300 PARK AVE. S, 10TH FL. NEW YORK, NY 10010	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NBT BANK 52 SOUTH BROAD STREET NORWICH, NY 13815	\$ 19,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CHENANGO COUNTY BOARD OF SUPERVISORS 5 COURT STREET NORWICH, NY 13815	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	R&A WILLARD CHARITABLE FOUNDATION NBT BANK WEALTH MANAGEMENT 52 SOUTH BROAD STREET NORWICH, NY 13815	\$ 25,548.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	RC SMITH FOUNDATION 35 WEST MAIN ST NORWICH, NY 13815	\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	COMMUNITY FOUNDATION OF SOUTH CENTRAL NY 31 FRONT STREET BINGHAMTON, NY 13905	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CHENANGO COUNTY COUNCIL OF THE ARTS	Employer identification number ** - ***7522
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	OTIS THOMPSON FOUNDATION 52 SOUTH BROAD STREET NORWICH, NY 13815	\$ 14,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	CHENANGO HOUSING IMPROVEMENT PROGRAM INC. 2 MERRILL STREET NORWICH, NY 13815	\$ 20,008.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CHENANGO COUNTY COUNCIL OF THE ARTS	Employer identification number ** - ***7522
--	---

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	USE OF FACILITIES _____ _____ _____	\$ 20,008.	06/30/25
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization CHENANGO COUNTY COUNCIL OF THE ARTS	Employer identification number ** - *** 7522
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

CHENANGO COUNTY COUNCIL OF THE ARTS

Employer identification number

-*7522

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** Public exhibition **d** Loan or exchange program
- b** Scholarly research **e** Other _____
- c** Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	410,885.	396,427.	390,224.	462,602.	400,193.
b Contributions				2,000.	
c Net investment earnings, gains, and losses	44,218.	37,019.	28,498.	-47,967.	85,441.
d Grants or scholarships					
e Other expenditures for facilities and programs	20,544.	19,821.	19,621.	23,374.	20,010.
f Administrative expenses	2,895.	2,740.	2,674.	3,037.	3,022.
g End of year balance	431,664.	410,885.	396,427.	390,224.	462,602.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 100 %
- b** Permanent endowment _____ %
- c** Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				0.
c Leasehold improvements		507,831.	378,410.	129,421.
d Equipment		202,701.	152,865.	49,836.
e Other				0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				179,257.

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (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)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (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) PERPETUAL TRUST HELD BY 3RD PARTY	544,414.
(2) PROMISE TO GIVE - AUDITORIUM	194,640.
(3) OPERATING LEASE ROU ASSET	215,702.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	954,756.

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) ACCRUED PAYROLL EXPENSES	451.
(3) OPERATING LEASE LIABILITY	215,702.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	216,153.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

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

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

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

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

Part XIII Supplemental Information

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

PART V, LINE 4:

THE ORGANIZATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO SUPPORT THE ORGANIZATION BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS.

TOTAL RETURNS GENERATED BY THE ENDOWMENT FUND MAY BE USED FOR ONGOING OPERATIONS OF THE ORGANIZATION, BUT MAY NOT EXCEED 5% OF MARKET VALUE OF THE FUND AT DECEMBER 31 PRIOR TO THE CURRENT YEAREND.

THE PRINCIPAL SHALL NOT BE INVADED IN THE ABSENCE OF CRITICAL OR UNUSUAL CIRCUMSTANCES AND REQUIRES THE APPROVAL OF THE BOARD OF DIRECTORS AT THE RECOMMENDATION OF THE FINANCE COMMITTEE. EARNINGS NOT USED TO SUPPLEMENT THE OPERATING BUDGET SHALL BECOME PART OF THE FUND'S PRINCIPAL.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

ROUNDING

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ROUNDING

**SCHEDULE G
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization CHENANGO COUNTY COUNCIL OF THE ARTS	Employer identification number **-***7522
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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 <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of nongovernment grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2 a** 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			
Total						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
-
-
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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	25,155.			25,155.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	25,155.			25,155.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	7,277.			7,277.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				7,277.
	11 Net income summary. Subtract line 10 from line 3, column (d)				17,878.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c** If "Yes," enter the name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

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

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**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.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **CHENANGO COUNTY COUNCIL OF THE ARTS** Employer identification number ****-***7522**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

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

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

CHENANGO COUNTY COUNCIL OF THE ARTS

Employer identification number

-*7522

FORM 990, PART VI, SECTION A, LINE 6:

THERE SHALL BE THREE CLASSES OF MEMBERS:

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

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

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

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

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

FORM 990, PART VI, SECTION A, LINE 7A:

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, SECTION B, LINE 11B:

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

FORM 990, PART VI, SECTION B, LINE 12C:

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, SECTION B, LINE 15:

EXECUTIVE COMMITTEE REVIEWS EXECUTIVE COMPENSATION ANNUALLY AND A DISCUSSION IS HELD WITH THE BOARD DURING BUDGETING TIME. PERIODIC UPDATES ON

Name of the organization CHENANGO COUNTY COUNCIL OF THE ARTS	Employer identification number ** - ***7522
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COMPENSATION IS RECEIVED FROM NATIONAL ADVOCACY/SERVICE ORGANIZATIONS WHICH IS REVIEWED BY THE EXECUTIVE COMMITTEE.

**FORM 990, PART VI, SECTION C, LINE 19:
DOCUMENTS ARE AVAILABLE AT THE OFFICE UPON REQUEST**

FORM 990, PART IX, LINE 11G, OTHER FEES:	
ARTISTIC FEES AND OUTSIDE SERVICES:	
PROGRAM SERVICE EXPENSES	46,444.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	46,444.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	46,444.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
UNREALIZED GAINS ON TRUST	25,925.

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	BALDWIN SF-10 GRAND PIANO	04/26/96	SL	7.00		16	19,500.				19,500.	19,500.		0.	19,500.
2	PODIUM	05/30/96	SL	7.00		16	1,743.				1,743.	1,743.		0.	1,743.
3	TV	10/18/96	SL	7.00		16	299.				299.	299.		0.	299.
4	DRESSING ROOM CHAIRS	09/23/96	SL	7.00		16	670.				670.	670.		0.	670.
5	SAMSUNG SP - PRINTER	11/15/96	SL	5.00		16	220.				220.	220.		0.	220.
6	IBM	12/31/96	SL	5.00		16	5,879.				5,879.	5,879.		0.	5,879.
7	STAGE	02/21/97	SL	7.00		16	2,500.				2,500.	2,500.		0.	2,500.
8	STAGE	03/07/97	SL	7.00		16	478.				478.	478.		0.	478.
9	LIGHTING	05/30/97	SL	7.00		16	467.				467.	467.		0.	467.
10	PIANO DOLLY	06/26/97	SL	7.00		16	405.				405.	405.		0.	405.
11	LIGHTING EQUIPMENT	05/10/98	SL	7.00		16	8,197.				8,197.	8,197.		0.	8,197.
12	LOFT SPACE	10/15/98	SL	31.50		16	9,538.				9,538.	9,538.		0.	9,538.
13	AUDITORIUM DOORS	04/15/89	SL	31.50		16	4,750.				4,750.	4,750.		0.	4,750.
14	HVAC EQUIPMENT - AUD	04/12/91	SL	31.50		16	16,430.				16,430.	16,430.		0.	16,430.
15	DUCTWORK - AUD	04/12/91	SL	31.50		16	8,000.				8,000.	8,000.		0.	8,000.
16	GRILLES - AUD	04/12/91	SL	31.50		16	1,500.				1,500.	1,500.		0.	1,500.
17	GAS PIPING - AUD	04/12/91	SL	31.50		16	2,000.				2,000.	1,991.		0.	1,991.
18	ELECTRIC SERVICE - AUD	04/12/91	SL	31.50		16	5,300.				5,300.	5,295.		0.	5,295.

2024 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	WIRE HVAC - AUD	04/12/91	SL	31.50		16	1,500.				1,500.	1,500.		0.	1,500.
20	CEILING FANS - AUD	04/12/91	SL	31.50		16	2,085.				2,085.	2,082.		0.	2,082.
21	2 ECONOMIZERS	04/12/91	SL	31.50		16	2,548.				2,548.	2,548.		0.	2,548.
22	ARCHITECHTURAL PLANS - AUD	06/01/96	SL	39.00		MM17	13,860.				13,860.	9,973.		355.	10,328.
23	ARCHITECHTURAL PLANS - AUD	06/01/96	SL	39.00		MM17	2,520.				2,520.	1,822.		65.	1,887.
24	ARCHITECHTURAL PLANS - AUD	06/01/96	SL	39.00		MM17	1,620.				1,620.	1,175.		42.	1,217.
25	ARCHITECHTURAL PLANS - BAT	09/30/96	SL	39.00		MM17	339.				339.	247.		9.	256.
26	LIGHTING PLAN - AUD	06/01/96	SL	39.00		MM17	1,500.				1,500.	1,072.		38.	1,110.
27	LIGHTING PLAN - AUD	06/01/96	SL	39.00		MM17	500.				500.	364.		13.	377.
28	RENOVATION PERMIT	06/01/96	SL	39.00		MM17	1,410.				1,410.	1,012.		36.	1,048.
29	GENERAL CONTRACTOR - AUD	06/01/96	SL	39.00		MM17	10,627.				10,627.	7,644.		272.	7,916.
30	GENERAL CONTRACTOR - AUD	06/01/96	SL	39.00		MM17	101,497.				101,497.	73,077.		2,602.	75,679.
31	ELECTRICAL - AUD	06/01/96	SL	39.00		MM17	6,289.				6,289.	4,524.		161.	4,685.
32	ELECTRICAL - AUD	06/01/96	SL	39.00		MM17	36,335.				36,335.	26,171.		932.	27,103.
33	SOUND SYSTEM - AUD	06/01/96	SL	39.00		MM17	1,000.				1,000.	727.		26.	753.
34	THEATRICAL SOUND - AUD	06/01/96	SL	39.00		MM17	37,119.				37,119.	26,734.		952.	27,686.
35	STAGE LIGHTING - AUD	06/01/96	SL	39.00		MM17	62,460.				62,460.	44,984.		1,602.	46,586.
36	THEATRICAL CURTAINS - AUD	06/01/96	SL	39.00		MM17	31,525.				31,525.	22,694.		808.	23,502.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	REFURBISHED CHAIRS - AUD	06/01/96	SL	39.00		MM17	61,589.				61,589.	44,345.		1,579.	45,924.
38	CARPET	05/09/96	SL	39.00		MM17	3,206.				3,206.	2,311.		82.	2,393.
39	HANDICAP ACCESS - BATH	10/31/96	SL	39.00		MM17	2,203.				2,203.	1,554.		56.	1,610.
40	WALL GALLERY	03/06/97	SL	40.00		16	750.				750.	518.		19.	537.
41	WALL PAINTING	05/07/99	SL	1.00		16	650.				650.	650.		0.	650.
42	PHONE WORK	05/27/99	SL	1.00		16	36.				36.	36.		0.	36.
43	STAIRS TO SOUND BOOTH	05/27/99	SL	39.00		MM17	673.				673.	428.		17.	445.
44	CARPET	06/04/99	SL	7.00		16	1,228.				1,228.	1,228.		0.	1,228.
45	INSULATION	07/16/99	SL	39.00		MM17	11,760.				11,760.	7,521.		302.	7,823.
46	OFFICE RENOVATION	11/26/99	SL	39.00		MM17	6,422.				6,422.	4,054.		165.	4,219.
47	HALLWAY	12/03/99	SL	39.00		MM17	992.				992.	618.		25.	643.
48	RENOVATIONS ROOM 106 107	01/03/00	SL	39.00		MM17	2,425.				2,425.	1,520.		62.	1,582.
49	FIRE DOOR	02/07/00	SL	39.00		MM17	550.				550.	343.		14.	357.
50	TICKET BOOTH	03/10/00	SL	39.00		MM17	1,227.				1,227.	757.		31.	788.
51	PLUMBING ROOM 107	03/21/00	SL	39.00		MM17	542.				542.	338.		14.	352.
52	GALLERY PEDESTALS	05/15/00	SL	39.00		MM17	2,000.				2,000.	1,235.		51.	1,286.
53	LASER PRINTER	02/15/89	SL	5.00		16	3,275.				3,275.	3,275.		0.	3,275.
54	CHAIR	05/15/89	SL	7.00		16	175.				175.	175.		0.	175.

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
55	CREDENZA	05/15/89	SL	7.00		16	409.				409.	409.		0.	409.
56	COMPUTER FUNRNITURE	06/15/89	SL	7.00		16	397.				397.	397.		0.	397.
57	CMS SD HARD DISC & CONN	05/11/90	SL	5.00		16	534.				534.	534.		0.	534.
58	CHAIR	07/06/90	SL	7.00		16	215.				215.	215.		0.	215.
59	DESK & 3 CHAIRS	10/15/92	SL	7.00		16	400.				400.	400.		0.	400.
60	OFFICE FURNITURE & FIXTURE	02/19/93	SL	7.00		16	297.				297.	297.		0.	297.
61	PANAFAX PD - 2300	04/01/93	SL	5.00		16	595.				595.	595.		0.	595.
62	CHAIR EVRY-DY BE-BK	09/24/93	SL	7.00		16	125.				125.	125.		0.	125.
63	4MB MEMORY	06/14/96	SL	5.00		16	53.				53.	53.		0.	53.
64	COMPUTERS	01/10/97	SL	5.00		16	5,879.				5,879.	5,879.		0.	5,879.
65	SIGNS	02/07/97	SL	7.00		16	548.				548.	548.		0.	548.
66	SIGNS	04/15/97	SL	7.00		16	372.				372.	372.		0.	372.
67	SIGNS	04/15/97	SL	7.00		16	88.				88.	88.		0.	88.
68	TELEPHONE SYSTEMS	07/01/97	SL	7.00		16	3,500.				3,500.	3,500.		0.	3,500.
69	SIGNS	01/13/98	SL	7.00		16	3,723.				3,723.	3,723.		0.	3,723.
70	SHADES	06/04/99	SL	7.00		16	2,148.				2,148.	2,148.		0.	2,148.
71	CONFERENCE ROOM CHAIRS	06/11/99	SL	7.00		16	2,072.				2,072.	2,072.		0.	2,072.
72	LABELING MACHINE	03/29/99	SL	7.00		16	1,500.				1,500.	1,500.		0.	1,500.

2024 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
73	ELECTRICAL METER	11/10/00	SL	7.00		16	516.				516.	516.		0.	516.
74	BALCONY LIGHTING	06/30/00	SL	7.00		16	3,724.				3,724.	3,724.		0.	3,724.
75	HANDICAP ENTRANCE	02/02/02	SL	39.00	MM	17	28,603.				28,603.	16,372.		733.	17,105.
76	POTTERY KIN	09/05/00	SL	7.00		16	1,677.				1,677.	1,677.		0.	1,677.
77	POTTERS WHEEL	09/05/00	SL	7.00		16	684.				684.	684.		0.	684.
78	KILN ELECTRIC	07/16/01	SL	7.00		16	525.				525.	525.		0.	525.
79	AIR CONDITIONER	05/16/02	SL	7.00		16	628.				628.	628.		0.	628.
80	THEATER SCONCES	02/08/02	SL	7.00		16	1,019.				1,019.	1,019.		0.	1,019.
81	POTTERS WHEEL	07/29/02	SL	7.00		16	750.				750.	750.		0.	750.
82	HEWLET PACKARD DC1500	02/27/06	SL	5.00		16	2,000.				2,000.	2,000.		0.	2,000.
83	LATITUDE D620	04/23/07	SL	5.00		16	1,136.				1,136.	1,136.		0.	1,136.
84	SHARED NETWORK STORAGE	06/29/07	SL	5.00		16	206.				206.	206.		0.	206.
85	TICKET PRINTER	02/27/07	SL	5.00		16	550.				550.	550.		0.	550.
86	3 FLAT SCREENS	02/26/07	SL	5.00		16	540.				540.	540.		0.	540.
87	2 HAND HELD MICROPHONE SY	12/22/06	SL	5.00		16	640.				640.	640.		0.	640.
88	CONFERENCE RM TABLES	06/18/99	SL	7.00		16	1,926.				1,926.	1,926.		0.	1,926.
89	SPEAKER CABLE	12/22/06	SL	5.00		16	90.				90.	90.		0.	90.
90	MICROPHONE CABLE	12/22/06	SL	5.00		16	44.				44.	44.		0.	44.

2024 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
91	SPEAKERS	12/22/06	SL	5.00		16	600.				600.	600.		0.	600.
92	SPEAKER STAND	12/22/06	SL	5.00		16	80.				80.	80.		0.	80.
93	WIRELESS MICS	06/29/06	SL	5.00		16	598.				598.	598.		0.	598.
94	TRACK LIGHTING	03/05/07	SL	39.00	MM	17	3,000.				3,000.	1,335.		77.	1,412.
95	INSTILLATION	06/29/07	SL	5.00		16	860.				860.	860.		0.	860.
96	YAMAHA P700S	12/22/06	SL	5.00		16	700.				700.	700.		0.	700.
97	FOUR PHONES	03/31/07	SL	5.00		16	381.				381.	381.		0.	381.
98	PHONE WORK	09/07/07	SL	5.00		16	95.				95.	95.		0.	95.
99	MUSICIANS FRIEND	09/07/07	SL	5.00		16	1,128.				1,128.	1,128.		0.	1,128.
100	PHONES	11/30/07	SL	5.00		16	1,922.				1,922.	1,922.		0.	1,922.
101	THEATER LIGHTING EQUIP	09/09/08	SL	7.00		16	5,327.				5,327.	5,327.		0.	5,327.
102	THEATER SOUND EQUIPMENT	01/08/08	SL	7.00		16	1,649.				1,649.	1,649.		0.	1,649.
103	SECURITY SYSTEM	02/03/09	SL	7.00		16	10,505.				10,505.	10,505.		0.	10,505.
104	DISHWASHER	03/16/09	SL	5.00		16	850.				850.	850.		0.	850.
105	CARPET	03/16/09	SL	5.00		16	1,562.				1,562.	1,562.		0.	1,562.
106	OFFICE SAFE	02/08/10	SL	5.00		16	750.				750.	750.		0.	750.
107	DELL COMPUTER	11/16/11	SL	5.00		16	968.				968.	968.		0.	968.
108	24 NESTING CHAIRS	11/16/12	SL	7.00		16	5,464.				5,464.	5,464.		0.	5,464.

2024 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
109	8 SYNTHESIS FIXED TABLES	09/04/12	SL	7.00		16	4,418.				4,418.	4,418.		0.	4,418.
110	CUBE	02/01/13	SL	7.00		16	300.				300.	300.		0.	300.
111	PRINTER	06/26/13	SL	5.00		16	1,375.				1,375.	1,375.		0.	1,375.
112	COMPUTERS	06/19/13	SL	5.00		16	2,908.				2,908.	2,908.		0.	2,908.
113	AUDITORIUM EQUIPMENT	08/01/14	SL	7.00		16	9,162.				9,162.	9,162.		0.	9,162.
114	XEROX COPIER	09/22/15	SL	5.00		16	3,768.				3,768.	3,768.		0.	3,768.
115	LOBBY RENNOVATIONS	06/30/18	SL	39.00	MM	17	13,999.				13,999.	2,169.		359.	2,528.
116	THEATER EQUIPMENT	10/13/23	200DB	7.00	HY	21	62,340.				62,340.	8,906.		15,267.	24,173.
	* TOTAL 990 PAGE 10 DEPR						705,135.				705,135.	510,780.		26,766.	537,546.

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

CHENANGO COUNTY COUNCIL OF THE ARTS

FORM 990 PAGE 10

**** - ***7522**

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	1,220,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	3,050,000.
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 2023 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	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 2025. 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.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	19.

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 2024	17	11,480.
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 type="checkbox"/>		

Section B - Assets Placed in Service During 2024 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	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2024 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	15,267.
22 Total. 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 instr.	22	26,766.
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	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? [X] Yes [] No 24b If "Yes," is the evidence written? [X] Yes [] No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: THEATER EQUIPM 1013231 100.00 % 62,340. 62,340. 7.00 200DB-HY 15,267.

27 Property used 50% or less in a qualified business use: Table with columns for percentage and S/L -

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 15,267.

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a) through (f) for Vehicle 1 through Vehicle 6, and rows 30-36 for various mileage and availability questions.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with rows 37-41 and columns Yes/No for policy and use questions.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table for Section C with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2024 tax year:

43 Amortization of costs that began before your 2024 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

Power of Attorney and Declaration of Representative

OMB No. 1545-0150

For IRS Use Only

Received by: _____
 Name _____
 Telephone _____
 Function _____
 Date / /

▶ Go to www.irs.gov/Form2848 for instructions and the latest information.

Part I Power of Attorney

Caution: A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address CHENANGO COUNTY COUNCIL OF THE ARTS 27 W MAIN STREET #8 NORWICH, NY 13815	Taxpayer identification number(s) ** - ***7522		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Daytime telephone number 607-336-2787</td> <td style="width: 30%;">Plan number (if applicable)</td> </tr> </table>	Daytime telephone number 607-336-2787	Plan number (if applicable)
Daytime telephone number 607-336-2787	Plan number (if applicable)		

hereby appoints the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address STEPHEN J. LOCKE 116 E MAIN STREET SUITE 3 NORWICH, NY 13815 Check if to be sent copies of notices and communications <input checked="" type="checkbox"/>	CAF No. 0312-35095 PTIN P01654690 Telephone No. 607-233-4144 Fax No. 607-284-2848 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address DANIEL J. FARROW 116 E MAIN STREET SUITE 3 NORWICH, NY 13815 Check if to be sent copies of notices and communications <input type="checkbox"/>	CAF No. 0305-38583R PTIN P00850081 Telephone No. (607) 233-4144 Fax No. (607) 284-2848 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address (Note: IRS sends notices and communications to only two representatives.)	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address (Note: IRS sends notices and communications to only two representatives.)	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

to represent the taxpayer before the Internal Revenue Service and perform the following acts:

3 Acts authorized (you are required to complete line 3). Except for the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions)
INCOME	990	7/1/22-6/30/27

4 Specific use not recorded on the Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See *Line 4. Specific Use Not Recorded on CAF* in the instructions

5a Additional acts authorized. In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information):
 Access my IRS records via an Intermediate Service Provider;
 Authorize disclosure to third parties; Substitute or add representative(s); Sign a return;

Other acts authorized: _____

b Specific acts not authorized. My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.
List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b): _____

6 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this form. If you **do not** want to revoke a prior power of attorney, check here

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

7 Taxpayer declaration and signature. If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify I have the legal authority to execute this form on behalf of the taxpayer.
▶ **IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER.**

----- Signature ----- **EXECUTIVE DIRECTOR**
----- Print name ----- **CHENANGO COUNTY COUNCIL OF THE ARTS**
----- Print name of taxpayer from line 1 if other than individual -----

Part II Declaration of Representative

Under penalties of perjury, by my signature below I declare that:

- I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service;
- I am subject to regulations in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
 - a Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant - a holder of an active license to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent - enrolled as an agent by the IRS per the requirements of Circular 230.
 - d Officer - a bona fide officer of the taxpayer organization.
 - e Full-Time Employee - a full-time employee of the taxpayer.
 - f Family Member - a member of the taxpayer's immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
 - g Enrolled Actuary - enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the IRS is limited by section 10.3(d) of Circular 230).
 - h Unenrolled Return Preparer - Authority to practice before the IRS is limited. An unenrolled return preparer may represent, provided the preparer (1) prepared and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). **See Special Rules and Requirements for Unenrolled Return Preparers in the instructions for additional information.**
 - k Qualifying Student or Law Graduate - receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student, or law graduate working in a LITC or STCP. See instructions for Part II for additional information and requirements.
 - r Enrolled Retirement Plan Agent - enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

▶ **IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.**

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column.

Designation - Insert above letter (a-r).	Licensing jurisdiction (State) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable)	Signature	Date
B	NEW YORK	122091		
B	NEW YORK	097725		

2025 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

CHENANGO COUNTY COUNCIL OF THE ARTS

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
1	BALDWIN SF-10 GRAND PIANO	042696	SL	7.00	19,500.		19,500.	19,500.	0.
2	PODIUM	053096	SL	7.00	1,743.		1,743.	1,743.	0.
3	TV	101896	SL	7.00	299.		299.	299.	0.
4	DRESSING ROOM CHAIRS	092396	SL	7.00	670.		670.	670.	0.
5	SAMSUNG SP - PRINTER	111596	SL	5.00	220.		220.	220.	0.
6	IBM	123196	SL	5.00	5,879.		5,879.	5,879.	0.
7	STAGE	022197	SL	7.00	2,500.		2,500.	2,500.	0.
8	STAGE	030797	SL	7.00	478.		478.	478.	0.
9	LIGHTING	053097	SL	7.00	467.		467.	467.	0.
10	PIANO DOLLY	062697	SL	7.00	405.		405.	405.	0.
11	LIGHTING EQUIPMENT	051098	SL	7.00	8,197.		8,197.	8,197.	0.
12	LOFT SPACE	101598	SL	31.50	9,538.		9,538.	9,538.	0.
13	AUDITORIUM DOORS	041589	SL	31.50	4,750.		4,750.	4,750.	0.
14	HVAC EQUIPMENT - AUD	041291	SL	31.50	16,430.		16,430.	16,430.	0.
15	DUCTWORK - AUD	041291	SL	31.50	8,000.		8,000.	8,000.	0.
16	GRILLES - AUD	041291	SL	31.50	1,500.		1,500.	1,500.	0.
17	GAS PIPING - AUD	041291	SL	31.50	2,000.		2,000.	1,991.	0.
18	ELECTRIC SERVICE - AUD	041291	SL	31.50	5,300.		5,300.	5,295.	0.
19	WIRE HVAC - AUD	041291	SL	31.50	1,500.		1,500.	1,500.	0.
20	CEILING FANS - AUD	041291	SL	31.50	2,085.		2,085.	2,082.	0.
21	2 ECONOMIZERS	041291	SL	31.50	2,548.		2,548.	2,548.	0.
22	ARCHITECTURAL PLANS - AUD	060196	SL	39.00	13,860.		13,860.	10,328.	355.
23	ARCHITECTURAL PLANS - AUD	060196	SL	39.00	2,520.		2,520.	1,887.	65.
24	ARCHITECTURAL PLANS - AUD	060196	SL	39.00	1,620.		1,620.	1,217.	42.
25	ARCHITECTURAL PLANS - BAT	093096	SL	39.00	339.		339.	256.	9.
26	LIGHTING PLAN - AUD	060196	SL	39.00	1,500.		1,500.	1,110.	38.
27	LIGHTING PLAN - AUD	060196	SL	39.00	500.		500.	377.	13.
28	RENOVATION PERMIT	060196	SL	39.00	1,410.		1,410.	1,048.	36.
29	GENERAL CONTRACTOR - AUD	060196	SL	39.00	10,627.		10,627.	7,916.	272.
30	GENERAL CONTRACTOR - AUD	060196	SL	39.00	101,497.		101,497.	75,679.	2,602.
31	ELECTRICAL - AUD	060196	SL	39.00	6,289.		6,289.	4,685.	161.
32	ELECTRICAL - AUD	060196	SL	39.00	36,335.		36,335.	27,103.	932.
33	SOUND SYSTEM - AUD	060196	SL	39.00	1,000.		1,000.	753.	26.
34	THEATRICAL SOUND - AUD	060196	SL	39.00	37,119.		37,119.	27,686.	952.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2025 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

CHENANGO COUNTY COUNCIL OF THE ARTS

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
35	STAGE LIGHTING - AUD	060196	SL	39.00	62,460.		62,460.	46,586.	1,602.
36	THEATRICAL CURTAINS - AUD	060196	SL	39.00	31,525.		31,525.	23,502.	808.
37	REFURBISHED CHAIRS - AUD	060196	SL	39.00	61,589.		61,589.	45,924.	1,579.
38	CARPET	050996	SL	39.00	3,206.		3,206.	2,393.	82.
39	HANDICAP ACCESS - BATH	103196	SL	39.00	2,203.		2,203.	1,610.	56.
40	WALL GALLERY	030697	SL	40.00	750.		750.	537.	19.
41	WALL PAINTING	050799	SL	1.00	650.		650.	650.	0.
42	PHONE WORK	052799	SL	1.00	36.		36.	36.	0.
43	STAIRS TO SOUND BOOTH	052799	SL	39.00	673.		673.	445.	17.
44	CARPET	060499	SL	7.00	1,228.		1,228.	1,228.	0.
45	INSULATION	071699	SL	39.00	11,760.		11,760.	7,823.	302.
46	OFFICE RENOVATION	112699	SL	39.00	6,422.		6,422.	4,219.	165.
47	HALLWAY	120399	SL	39.00	992.		992.	643.	25.
48	RENOVATIONS ROOM 106 107	010300	SL	39.00	2,425.		2,425.	1,582.	62.
49	FIRE DOOR	020700	SL	39.00	550.		550.	357.	14.
50	TICKET BOOTH	031000	SL	39.00	1,227.		1,227.	788.	31.
51	PLUMBING ROOM 107	032100	SL	39.00	542.		542.	352.	14.
52	GALLERY PEDESTALS	051500	SL	39.00	2,000.		2,000.	1,286.	51.
53	LASER PRINTER	021589	SL	5.00	3,275.		3,275.	3,275.	0.
54	CHAIR	051589	SL	7.00	175.		175.	175.	0.
55	CREDENZA	051589	SL	7.00	409.		409.	409.	0.
56	COMPUTER FUNRNITURE	061589	SL	7.00	397.		397.	397.	0.
57	CMS SD HARD DISC & CONN	051190	SL	5.00	534.		534.	534.	0.
58	CHAIR	070690	SL	7.00	215.		215.	215.	0.
59	DESK & 3 CHAIRS	101592	SL	7.00	400.		400.	400.	0.
60	OFFICE FURNITURE & FIXTURE	021993	SL	7.00	297.		297.	297.	0.
61	PANAFAX PD - 2300	040193	SL	5.00	595.		595.	595.	0.
62	CHAIR EVRY-DY BE-BK	092493	SL	7.00	125.		125.	125.	0.
63	4MB MEMORY	061496	SL	5.00	53.		53.	53.	0.
64	COMPUTERS	011097	SL	5.00	5,879.		5,879.	5,879.	0.
65	SIGNS	020797	SL	7.00	548.		548.	548.	0.
66	SIGNS	041597	SL	7.00	372.		372.	372.	0.
67	SIGNS	041597	SL	7.00	88.		88.	88.	0.
68	TELEPHONE SYSTEMS	070197	SL	7.00	3,500.		3,500.	3,500.	0.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2025 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

CHENANGO COUNTY COUNCIL OF THE ARTS

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
69	SIGNS	011398	SL	7.00	3,723.		3,723.	3,723.	0.
70	SHADES	060499	SL	7.00	2,148.		2,148.	2,148.	0.
71	CONFERENCE ROOM CHAIRS	061199	SL	7.00	2,072.		2,072.	2,072.	0.
72	LABELING MACHINE	032999	SL	7.00	1,500.		1,500.	1,500.	0.
73	ELECTRICAL METER	111000	SL	7.00	516.		516.	516.	0.
74	BALCONY LIGHTING	063000	SL	7.00	3,724.		3,724.	3,724.	0.
75	HANDICAP ENTRANCE	020202	SL	39.00	28,603.		28,603.	17,105.	733.
76	POTTERY KIN	090500	SL	7.00	1,677.		1,677.	1,677.	0.
77	POTTERS WHEEL	090500	SL	7.00	684.		684.	684.	0.
78	KILN ELECTRIC	071601	SL	7.00	525.		525.	525.	0.
79	AIR CONDITIONER	051602	SL	7.00	628.		628.	628.	0.
80	THEATER SCONCES	020802	SL	7.00	1,019.		1,019.	1,019.	0.
81	POTTERS WHEEL	072902	SL	7.00	750.		750.	750.	0.
82	HEWLET PACKARD DC1500	022706	SL	5.00	2,000.		2,000.	2,000.	0.
83	LATITUDE D620	042307	SL	5.00	1,136.		1,136.	1,136.	0.
84	SHARED NETWORK STORAGE	062907	SL	5.00	206.		206.	206.	0.
85	TICKET PRINTER	022707	SL	5.00	550.		550.	550.	0.
86	3 FLAT SCREENS	022607	SL	5.00	540.		540.	540.	0.
87	2 HAND HELD MICROPHONE SY	122206	SL	5.00	640.		640.	640.	0.
88	CONFERENCE RM TABLES	061899	SL	7.00	1,926.		1,926.	1,926.	0.
89	SPEAKER CABLE	122206	SL	5.00	90.		90.	90.	0.
90	MICROPHONE CABLE	122206	SL	5.00	44.		44.	44.	0.
91	SPEAKERS	122206	SL	5.00	600.		600.	600.	0.
92	SPEAKER STAND	122206	SL	5.00	80.		80.	80.	0.
93	WIRELESS MICS	062906	SL	5.00	598.		598.	598.	0.
94	TRACK LIGHTING	030507	SL	39.00	3,000.		3,000.	1,412.	77.
95	INSTILLATION	062907	SL	5.00	860.		860.	860.	0.
96	YAMAHA P700S	122206	SL	5.00	700.		700.	700.	0.
97	FOUR PHONES	033107	SL	5.00	381.		381.	381.	0.
98	PHONE WORK	090707	SL	5.00	95.		95.	95.	0.
99	MUSICIANS FRIEND	090707	SL	5.00	1,128.		1,128.	1,128.	0.
100	PHONES	113007	SL	5.00	1,922.		1,922.	1,922.	0.
101	THEATER LIGHTING EQUIP	090908	SL	7.00	5,327.		5,327.	5,327.	0.
102	THEATER SOUND EQUIPMENT	010808	SL	7.00	1,649.		1,649.	1,649.	0.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2025 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

CHENANGO COUNTY COUNCIL OF THE ARTS

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
103	SECURITY SYSTEM	020309	SL	7.00	10,505.		10,505.	10,505.	0.
104	DISHWASHER	031609	SL	5.00	850.		850.	850.	0.
105	CARPET	031609	SL	5.00	1,562.		1,562.	1,562.	0.
106	OFFICE SAFE	020810	SL	5.00	750.		750.	750.	0.
107	DELL COMPUTER	111611	SL	5.00	968.		968.	968.	0.
108	24 NESTING CHAIRS	111612	SL	7.00	5,464.		5,464.	5,464.	0.
109	8 SYNTHESIS FIXED TABLES	090412	SL	7.00	4,418.		4,418.	4,418.	0.
110	CUBE	020113	SL	7.00	300.		300.	300.	0.
111	PRINTER	062613	SL	5.00	1,375.		1,375.	1,375.	0.
112	COMPUTERS	061913	SL	5.00	2,908.		2,908.	2,908.	0.
113	AUDITORIUM EQUIPMENT	080114	SL	7.00	9,162.		9,162.	9,162.	0.
114	XEROX COPIER	092215	SL	5.00	3,768.		3,768.	3,768.	0.
115	LOBBY RENNOVATIONS	063018	SL	39.00	13,999.		13,999.	2,528.	359.
116	THEATER EQUIPMENT	101323	200DB	7.00	62,340.		62,340.	24,173.	10,905.
	* TOTAL 990 PAGE 10 DEPR				705,135.		705,135.	537,546.	22,404.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone