TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2021

Prepared for	Greater Opportunities for Broome and Chenango, Inc. 44 West Main Street Norwich, NY 13815
Prepared by	EFPR Group, CPAs, PLLC 6390 Main Street Suite 200 Williamsville, NY 14221
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by November 15, 2022.

50m 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

	_	_	_

For calendar year 2021, or fiscal year beginning

, 2021, and ending

7077

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

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

GREATER OPPORTUNITIES FOR BROOME AND CHENANGO, INC.

EIN or SSN **-***9190

Name and title of officer or person subject to tax

MARK SILVANIC

EXECUTIVE DIRECTOR

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.

han or	ne line in Part I.	,	, ,	'
1a	Form 990 check here > X	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	_{1ь} 13,099,153
2a	Form 990-EZ check here >	b	Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here	b	Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here >	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here	b	Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here	b	Total tax (Form 990-T, Part III, line 4)	6b
7a	Form 4720 check here	b	Total tax (Form 4720, Part III, line 1)	7b
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here	b	Amount of credit payment requested (Form 8038-CP, Part III, I	ine 22) 10b
Part	II Declaration and Signa	itur	e Authorization of Officer or Person Subject to Ta	x
Jnder	penalties of perjury, I declare that 🛚 🛚 🗵	∐∣а	m an officer of the above entity or $igsqcup$ I am a person subject to ${f t}$	ax with respect to (name
of entit	y)		, (EIN) and	that I have examined a copy of the
comple	te. I further declare that the amount	n Pa	ules and statements, and, to the best of my knowledge and belief rt I above is the amount shown on the copy of the electronic return trypic return originator (FRO) to send the return to the IRS and to	n. I consent to allow my

2021 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.

ΡI	N:	ch	eck	one	box	only
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X I authorize	EFPR	GROUP,	CPAS,	PLLC	to enter my PIN	09190
				ERO firm name		Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 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 2021 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.

IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

16622409190

number (EFIN) followed by your five-digit self-selected PIN.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 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 ► DAVID URBAN

Date > 06/23/22

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

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

Form **8879-TE** (2021)

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or GREATER OPPORTUNITIES FOR BROOME print **-***9190 AND CHENANGO, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 44 WEST MAIN STREET return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. 13815 NORWICH, NY Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) CHRISTINE MONSEN, C.F.O. The books are in the care of ► 44 WEST MAIN STREET - NORWICH, NY 13815 Telephone No. ► 607-334-7114 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 」. 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. NOVEMBER 15, 2022, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or tax year beginning __ , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial 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. За 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 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. 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.

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

Form 8868 (Rev. 1-2022)

EXTENDED TO NOVEMBER 15, 2022

Form **991**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Α	For the	e 2021 calendar year, or tax year beginning and e	ending	_	
В	Check if applicable	C Name of organization GREATER OPPORTUNITIES FOR BROOME		D Employer identific	cation number
	Addres	AND CHENANGO, INC.			
Name chan				**-***91	90
F	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number 607-334-		
	termin	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	13,139,929.
Г	ated Ameno return			H(a) Is this a group re	
F	Applic			for subordinates	77
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	
$\overline{\mathbf{T}}$	Тах-ехе	empt status: X 501(c)(3)	r 527	1	list. See instructions
		te: ► GREATEROPS • ORG		H(c) Group exemption	
		organization: X Corporation	L Year		State of legal domicile: NY
	art I	Summary	1		<u></u>
		Briefly describe the organization's mission or most significant activities: SEE S	CHEDU	LE O	
Governance					
rra	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	ssets.
o Ve		Number of voting members of the governing body (Part VI, line 1a)		ı	12
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			12
စ္တ		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			193
ij		Total number of volunteers (estimate if necessary)			359
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		6,989,239.	11,771,713.
		Program service revenue (Part VIII, line 2g)		674,075.	1,226,980.
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,138.	18,078.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,370.	82,382.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,676,822.	13,099,153.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ś	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,906,942.	6,645,534.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
g	b	Total fundraising expenses (Part IX, column (D), line 25)	73.		
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,639,737.	3,459,958.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,546,679.	10,105,492.
		Revenue less expenses. Subtract line 18 from line 12		130,143.	2,993,661.
Or Sec		·	Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		14,424,738.	18,390,918.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		1,601,601.	2,574,120.
	22	Net assets or fund balances. Subtract line 21 from line 20		12,823,137.	15,816,798.
P	art II	Signature Block			
Unc	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.	
Sig	ın	Signature of officer		Date	
He	re	MARK SILVANIC, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	DAVID URBAN DAVID URBAN	0	6/23/22 if self-employed	P00630018
Pre	parer	Firm's name FFPR GROUP, CPAS, PLLC		Firm's EIN	**-***6160
Use	Only	Firm's address 5390 MAIN STREET SUITE 200			
		WILLIAMSVILLE, NY 14221		Phone no. (7	16) 634-0700
Ma	v the IF	RS discuss this return with the preparer shown above? See instructions		•	X Yes No

Pai	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SEE SCHEDULE O
	SEE SCHEDOLE C
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
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 4,654,431. including grants of \$) (Revenue \$) (Revenue \$) HEAD START: PROVIDES COMPREHENSIVE EARLY CHILDHOOD DEVELOPMENT SERVICES
	TO DISADVANTAGED PRESCHOOL CHILDREN AND THEIR FAMILIES. THE
	ORGANIZATION RECEIVED IN-KIND DONATIONS OF TEACHING AND EDUCATIONAL
	SERVICES TOTALING \$524,234 FOR 2021.
4b	(Code:) (Expenses \$1,108,460including grants of \$) (Revenue \$)
	HOUSING: PROVIDES PERMANENT, SAFE, AND AFFORDABLE HOUSING OPPORTUNITIES
	FOR LOW-INCOME, HOMELESS INDIVIDUALS AND FAMILIES.
4c	(Code:) (Expenses \$ 276,200 • including grants of \$) (Revenue \$ 326,872 •)
	UNIVERSAL PRE-K: PROVIDES QUALITY PRESCHOOLING TO CHILDREN WITH THE
	GOAL OF INCREASING SCHOOL READINESS.
4 :	Others are average and in a (Deposit to an Other total O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ 2,891,352 • including grants of \$) (Revenue \$ 271,436 •)
4e	Total program service expenses ► 8,930,443.
	Form 990 (2021)

Form 990 (2021) AND CHENANGO Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		.,,	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		х
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? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			٠,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			X
•	Schedule D, Part III	8		Α.
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			٠,,
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	44.1		X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	1 Ie	21	
f	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		v
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- 17		
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.5	<u> </u>	
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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GREATER OPPORTUNITIES FOR BROOME AND CHENANGO, INC.

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		X
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			,,
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//	00-		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	х	
30	Did the organization receive more than \$25,000 in horizont continuations? It is, complete scriedate in	25		
00	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	ļ.,
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 0,		
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance		•	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 119	4		
b		2		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1 10	ΙX	ı

Part V

-*9190

AND CHENANGO, INC.

Statements Regarding Other IRS Filings and Tax Compliance (continued)

		_		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	193			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				37
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
оа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solic		60		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		6a		
D			6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		OD.		
и а	Pid the second section and the second section section section and section sect	navor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	-	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		7.5		
Ŭ	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		,,		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f			7f		
g		····	7g		
h			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	L	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_			
11	· ^ , •				
	Gross income from members or shareholders				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	_			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	-	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-	13a		
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		ısa		
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans 13b				
С	Enter the amount of reserves on hand	_			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	·····	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	·····			
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	L	17		
	If "Yes." complete Form 6069.				

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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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	2		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(c) (c) (c) (c) (c) (c) (c) (c) (c) (s)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	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, a	nd fina	ncial	
	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			
	CHRISTINE MONSEN, C.F.O 607-334-7114			
	44 WEST MAIN STREET, NORWICH, NY 13815			

AND CHENANGO, INC.

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	

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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, 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.

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(A)	(B)	or any related organization compensat (B) (C)						(D)	(E)	(F)
Name and title	Average	١		Pos	itior	١		Reportable	Reportable	Estimated
	hours per	box	, unle	not check more than one unless person is both an				compensation	compensation	amount of
	week	offi	cer an	d a d	irecto	or/trus	tee)	from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	or dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee (ruste			suec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru	onal t		oloye	li co		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer			organizations
(1) MARK SILVANIC	40.00	드	드	JO	3	포 등	요			
EXECUTIVE DIRECTOR	0.00	1		Х				178,484.	0.	24,145.
(2) KELLY ROBERTSON	40.00							270,1010		
DEPUTY DIRECTOR	0.00	1		Х				114,010.	0.	17,924.
(3) CHRISTINE MONSEN	40.00									
C.F.O.	0.00			Х				110,012.	0.	4,401.
(4) HOLLY ABBOTT	5.00									
DIRECTOR		Х						0.	0.	0.
(5) XANDRA ANGLE	5.00	,,							0	0
DIRECTOR	0.00	Х						0.	0.	0.
(6) JACKIE BRUNSCHMID	5.00	,,							0	•
DIRECTOR		Х						0.	0.	0.
(7) ALICE DECKER	5.00									•
SECRETARY	0.00	Х		Х				0.	0.	0.
(8) JULIEBETH HOLDREGE	5.00	,,							0	0
DIRECTOR		Х						0.	0.	0.
(9) CARRIE KING	5.00	. ,							0	0
DIRECTOR	0.00 5.00	Х						0.	0.	0.
(10) DOTTIE LANGLIE DIRECTOR	0.00	x						0.	0.	0.
(11) GRACE NUCERO-ALGER	5.00							0.	0.	0.
DIRECTOR	0.00	x						0.	0.	0.
(12) TRACI MASSO	5.00								2.3	
TREASURER	0.00	Х		Х				0.	0.	0.
(13) JERRY SKRIVAN	5.00									
PRESIDENT		Х		Х				0.	0.	0.
(14) ROBERT STARR	5.00									
VICE PRESIDENT	0.00	Х		Х				0.	0.	0.
(15) SHARON WELLS	5.00								_	_
DIRECTOR	0.00	X				<u> </u>		0.	0.	0.
		-								
			1		l	1				

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Part VII Section A. Officers, Directors, Trus	ployees, and Highest Compensated Employees (continued)												
(A)	(B)	(C)						(D)	(E)			(F)	
Name and title	Average	(do	not c	Pos heck	ition more	than	one	Reportable	Reportable	;	Es	stimate	: d
	hours per	box,	, unle	ss pe	rson	is bot	h an	compensation	compensation		ar	nount	of
	week	\vdash	Jei aii	lu a u	ii ecit)/ ii us	1	from	from related			other	
	(list any hours for	irecto				LI		the	organization			pensa	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC 1099-NEC)			rom th janizat	
	organizations	ruste	l trus		ee Ge	mpen		1099-NEC)	1033-1120)	'	ı ~	d relat	
	below	Individual trustee or director	Institutional trustee	_	oldu	st co	e e	1555 1.125,				anizati	
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	ъm						
1b Subtotal			<u> </u>		<u> </u>	<u> </u>		402,506.		0.	4	6,4	70.
c Total from continuation sheets to Part V								0.		0.		-,-	0.
d Total (add lines 1b and 1c)								402,506.		0.	4	6,4	
2 Total number of individuals (including but n							no re		0.000 of reportab	ole	l		
compensation from the organization						- ,		33317 34 111313 411417 4 133	,,000 01 10po. ta.a				3
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	emp	loye	e, o	r hig	hest compensated emp	oloyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$15											4	Х	
5 Did any person listed on line 1a receive or a	accrue compe	nsati	ion f	rom	any	/ unr	elat	ted organization or indiv	idual for services	3			
rendered to the organization? If "Yes," com	plete Schedul	e J f	or st	uch	pers	son .					5		X
Section B. Independent Contractors									•			_	
 Complete this table for your five highest co the organization. Report compensation for 	-	-								npens	ation	from	
(A)								(B)				C)	_
Name and business	address						_	Description of s	services	<u> </u>	ompe	nsatio	<u>n</u>
W. L. KLINE, INC. 329 WATER STREET, BINGHA	MTON. N	7 1	139	901	L			GENERAL CONS	TRUCTION	1	. 37	8,7	29.
PA EVERY ARCHITECT, PLLC								ARCHITECTUAL			,	- ,	
31 OAKRIDGE DRIVE, BINGHAMTON, NY 13							þ	DESIGNER		1	29	0,8	68.
INTERSTATE HOMES LLC													
2543 NY RT 7, HARPURSVIL	137	787	7			þ	MOBILE HOMES		l	16	0,9	87.	
BELDON HOMES						寸							
1951 NY RT 7, HARPURSVIL	LE, NY	137	787	7				GENERAL CONS	TRUCTION		10	0,4	<u>45.</u>
2 Total number of independent contractors (ot lir	mite	d to			stec	d above) who received m	nore than					
\$100,000 of compensation from the organi	zation 🕨				4	4							

Form 990 (2021) AND CHEI
Part VIII Statement of Revenue

		Check if Schedule O contains a resp	onse	or note to any lin	e in this Part VIII			
		<u> </u>			(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
						lanotion revenue	business revenue	sections 512 - 514
nts nts	1 a	a Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts	k	b Membership dues 1b						
s, C	c	c Fundraising events1c						
gift lar		d Related organizations 1d						
ini,	e	e Government grants (contributions) 1e		11,344,497.				
rior S	f	f All other contributions, gifts, grants, and						
ip i		similar amounts not included above 1f		427,216.				
do	ç	g Noncash contributions included in lines 1a-1f	\$	390,060.				
<u>8</u> 0	ŀ	h Total. Add lines 1a-1f		>	11,771,713.			
				Business Code				
e Ce	2 8	a RENTAL INCOME		531110	406,462.	406,462.		
e Z	k	UNIVERSAL PRE-K		624100	326,872.	326,872.		
Program Service Revenue	c	SHELTER PLUS CARE		531110	206,978.	206,978.		
ran ev	c	d CHILD AND ADULT CARE FOOD PROG	RAM	624100	111,930.	111,930.		
Pog F	e	e ENERGY FEE FOR SERVICE		624229	101,362.	101,362.		
۱ ۵	f	f All other program service revenue		531110	73,376.	73,376.		
	ç	g Total. Add lines 2a-2f			1,226,980.			
	3	Investment income (including dividends	inter	est, and				
		other similar amounts)			17,153.			17,153.
	4	Income from investment of tax-exempt b	ond p	oroceeds >				
	5	Royalties						
		(i) Re	al	(ii) Personal				
	6 a	a Gross rents 6a						
	k	b Less: rental expenses 6b						
		c Rental income or (loss) 6c						
	d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities							
	7 a	* ······	ities	(ii) Other				
		assets other than inventory 7a		925.				
	k	b Less: cost or other basis		_				
ther Revenue		and sales expenses 7b		0.				
eve		c Gain or (loss)		925.				
۳. ۳		d Net gain or (loss)		······ •	925.			925.
ţ.	8 8	a Gross income from fundraising events (not						
١		including \$ of						
		contributions reported on line 1c). See		65 014				
		Part IV, line 18						
		b Less: direct expenses		' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' 	24,238.			24,238.
		c Net income or (loss) from fundraising eva Gross income from gaming activities. Se		>	2±,230.			24,230.
	9 6							
		Part IV, line 19 b Less: direct expenses						
		c Net income or (loss) from gaming activiti						
		a Gross sales of inventory, less returns	~ <u>~</u>					
	10 6	and allowances	10a					
		b Less: cost of goods sold						
		c Net income or (loss) from sales of invent		' 				
_		- 13t moone or (1033) norm sales or invent	⊘ ι y	Business Code				
sno	11 =	a MISCELLANEOUS		900099	25,627.	25,627.		
nue		h INSURANCE		900099	23,677.	23,677.		
Miscellaneous Revenue	-	c LAUNDRY		900099	8,840.	8,840.		
lisc R	_	d All other revenue			,	,		
2		e Total. Add lines 11a-11d			58,144.			
	12	Total revenue. See instructions			13,099,153.	1,285,124.	0.	42,316.

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).

3601	Ohank if Sahadula Capitalian a viscom	•			
Da	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	this Part IX(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	402,506.	114,010.	288,496.	
•	trustees, and key employees	402,300.	114,010.	200,490.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	5,222,884.	4,658,169.	559,715.	5,000.
7 •	Other salaries and wages Pension plan accruals and contributions (include	3,222,004.	±,030,103•	337,113.	3,000.
8	section 401(k) and 403(b) employer contributions	142,882.	118,293.	24,507.	82.
0		481,736.	398,835.	82,626.	275.
9 10	Other employee benefits	395,526.	327,460.	67,840.	226.
10 11	Payroll taxes Fees for services (nonemployees):	3,3,320.	327, 400 •	07,040•	220•
	Management	21,082.	17,011.	4,071.	
	Legal	21,002.	17,011.	4,0710	
	Accounting				
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)	164,904.	132,802.	31,786.	316.
12	Advertising and promotion	26,461.	23,964.	2,497.	
13	Office expenses	89,335.	82,058.	7,277.	
14	Information technology	7,413.	5,982.	1,431.	
15	Royalties	,	,	, -	
16	Occupancy	686,967.	644,207.	42,760.	
17	Travel	7,680.	7,644.	36.	
18	Payments of travel or entertainment expenses	,			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	94,432.	91,230.	3,202.	
20	Interest	35,682.	35,682.	· †	
21	Payments to affiliates	-	-		
22	Depreciation, depletion, and amortization	479,931.	468,889.	11,042.	
23	Insurance	169,046.	158,685.	10,361.	
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 0.)				
а	DIRECT ASSISTANCE TO IN	1,031,603.	1,031,603.		
b	SUPPLIES	223,661.	221,917.	1,744.	
С	FOOD	153,365.	153,365.		
d	VEHICLE EXPENSES	88,488.	76,259.	12,229.	
е	All other expenses	179,908.	162,378.	16,756.	774.
25	Total functional expenses. Add lines 1 through 24e	10,105,492.	8,930,443.	1,168,376.	6,673.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0 10 00 01				Form 990 (2021)

Form 990 (2021)

Part X | Balance Sheet

Pa	πx	Balance Sheet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			570,188.	1	504,934
	2	Savings and temporary cash investments			621,216.	2	1,125,218
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			966,576.	4	1,442,660
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these	e pers	ons		5	
	6	Loans and other receivables from other disqualifi					
		under section 4958(f)(1)), and persons described	in sec	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		180,441.	7	163,677	
Assets	8	Inventories for sale or use			8		
Ä	9				5,331.	9	59,057
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	20,652,280.			
	b	Less: accumulated depreciation	10b	5,615,556.	12,037,330.	10c	15,036,724
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			43,656.	15	58,648
	16	Total assets. Add lines 1 through 15 (must equa	33)	14,424,738.	16	18,390,918	
	17	Accounts payable and accrued expenses			666,143.	17	1,398,309
	18	Grants payable				18	
	19	Deferred revenue	135,961.	19	289,677		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P	art IV	of Schedule D		21	
es	22	Loans and other payables to any current or former	er offic	cer, director,			
≣		trustee, key employee, creator or founder, substa	antial o	contributor, or 35%			
Liabilities		controlled entity or family member of any of these		_		22	0.10
_	23	Secured mortgages and notes payable to unrelate		_	747,375.	23	842,932
	24	Unsecured notes and loans payable to unrelated		_		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X	FO 100		42.000
		of Schedule D			52,122.		43,202
	26	Total liabilities. Add lines 17 through 25			1,601,601.	26	2,574,120
S		Organizations that follow FASB ASC 958, chec	k her	e ▶ X			
nce		and complete lines 27, 28, 32, and 33.			10 (70 050		15 676 140
ala	27				12,672,050.	27	15,676,148
d B	28	Net assets with donor restrictions			151,087.	28	140,650
'n		Organizations that do not follow FASB ASC 95	8, che	eck here 🕨 📖			
P		and complete lines 29 through 33.					
its:	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or equ		_		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			10 000 100	31	15 016 700
ž	32	Total net assets or fund balances			12,823,137.	32	15,816,798
	33	Total liabilities and net assets/fund balances			14,424,738.	33	18,390,918

Form **990** (2021)

_	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Pa	rt 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	13,09	9,1	53.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,10	5,4	92.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,99		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,82	3,1	37.
5	Net unrealized gains (losses) on investments	5			
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	15,81	6,7	98.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	

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

Open to Public Inspection

Name of the organization GREATER OPPORTUNITIES FOR BROOME **Employer identification number** **-***9190 AND CHENANGO, INC.

Pa	art I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	see instructions.						
The	organ	nization is not a private found	lation because it is: ((For lines 1 through 12, o	heck only	one box.)							
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1)(A)(i).						
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)								
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(i	ii).						
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,					
		city, and state:											
5		An organization operated for	or the benefit of a co	ollege or university owner	d or opera	ted by a g	overnmental unit describ	oed in					
		section 170(b)(1)(A)(iv). (C	Complete Part II.)										
6		A federal, state, or local gov	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).						
7	X	An organization that norma	lly receives a substa	intial part of its support f	rom a gov	ernmental	unit or from the general	public described in					
		section 170(b)(1)(A)(vi). (C	omplete Part II.)										
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)								
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college					
		or university or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	y, and state of the colleg	je or					
		university:											
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from (contributio	ons, membership fees, a	nd gross receipts from					
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more that	n 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). (Cor	mplete Part III.)										
11	Щ	An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50)9(a)(4).						
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or					
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box on					
	_	lines 12a through 12d that	describes the type o	of supporting organizatio	n and com	nplete line:	s 12e, 12f, and 12g.						
a	ıL		anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), typically by	giving giving					
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting					
	_	organization. You must o	complete Part IV, Se	ections A and B.									
k)		anization supervised	d or controlled in connec	tion with it	s support	ed organization(s), by ha	aving					
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	pported					
		organization(s). You mus	t complete Part IV,	Sections A and C.									
C	;	☐ Type III functionally inte	egrated. A supportin	g organization operated	in connec	tion with,	and functionally integrat	ed with,					
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.						
C	i		y integrated. A supp	oorting organization oper	ated in co	nnection v	vith its supported organ	ization(s)					
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an attent	iveness					
	_	requirement (see instruct	ions). You must cor	nplete Part IV, Sections	s A and D,	and Part	V.						
e	• L	Check this box if the orga					a Type I, Type II, Type III						
		functionally integrated, or			ing organiz	zation.							
1		er the number of supported o											
		vide the following information			(iv) Is the orga	nization listed	(a) Amount of monotons	(vi) Amazunt af atlasu					
	'	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
		organization		above (see instructions))	Yes	No	Support (See Instructions)	Support (See Instructions)					
Tot	al												

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

(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.)

Sec	ction A. Public Support	7.1		,			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	, ,	,	,	,	,	()
	membership fees received. (Do not						
	include any "unusual grants.")	5,265,850.	5,557,297.	6,277,725.	6,989,239.	11,950,119.	36,040,230.
2	Tax revenues levied for the organ-						_
	ization'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	5,265,850.	5,557,297.	6,277,725.	6,989,239.	11,950,119.	36,040,230.
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)						
	Public support. Subtract line 5 from line 4.						36,040,230.
	ction B. Total Support	1	-				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	5,265,850.	5,557,297.	6,277,725.	6,989,239.	11,950,119.	36,040,230.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	2,761.	229.	1,100.	837.	17,153.	22 000
_	and income from similar sources	2,701.	229.	1,100.	03/•	17,155.	22,080.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)	34,858.	13,453.	6,988.	12,370.	58 144	125,813.
11	Total support. Add lines 7 through 10	34,030.	13,133.	0,300.	12,5700	30,111.	36,188,123.
12		etc (see instructi	one)			12 2	,157,233.
	First 5 years. If the Form 990 is for the	•		fourth or fifth tax i			713772334
10	organization, check this box and stor			•			ightharpoonup
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2021 (column (fl)		14	99.59 %
	Public support percentage from 2020					15	99.53 %
	33 1/3% support test - 2021. If the						
	stop here. The organization qualifies	•		•		•	
b	33 1/3% support test - 2020. If the						
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	ts-and-circumstand	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to			=			
b	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not c	heck a box on line			
	more, and if the organization meets the	he facts-and-circur	nstances test, che	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Tl	ne organization qu	alifies as a publicly	/ supported organ	ization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	ınd see instruction	s ▶

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.)

Sec	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2017	(b) 2018	(6) 2019	(u) 2020	(e) 2021	(i) iotai
'	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4							
4	Tax revenues levied for the organ-						
	ization'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						
	Total. Add lines 1 through 5						
16	Amounts included on lines 1, 2, and						
ŀ	3 received from disqualified persons 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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2017	(h) 0010	(a) 2010	(4) 2020	(a) 2021	(f) Total
	· · · · · · · · · · · · · · · · · · ·	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
106	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
Ľ	Unrelated business taxable income (less section 511 taxes) from businesses						
	on quired ofter June 20 1075						
	Add lines 10a and 10b Net income from unrelated business						
••	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
42	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	o organization's f	irat accord third	fourth or fifth toy	Voor oo o costion	[F01/a)/(2) arganizat	<u> </u>
14	First 5 years. If the Form 990 is for the	•			•	. , . ,	lion,
<u>Sa</u>	check this box and stop here ction C. Computation of Publi						<u></u>
	Public support percentage for 2021 (li	• •		oolumn (f)\		15	
						16	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Inves					16	<u>%</u>
						17	
17						18	<u>%</u>
18	Investment income percentage from 2						% 17 is not
198	33 1/3% support tests - 2021. If the						I / IS HOT
	more than 33 1/3%, check this box ar						
r	33 1/3% support tests - 2020. If the						
20	line 18 is not more than 33 1/3%, chec						
∠∪	Private foundation. If the organization	i did not check a	DUX OIT IIIIE 14, 19	a, or 190, check t	nio dox and see in	อเเนษเเษารี	<u> </u>

Part IV | Supporting Organizations

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- 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? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	0-		
	3с		
	4a		
	4b		
	4c		
	40		
	5a		
	5b 5c		
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	Oh		
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uuie	~ 1000	230	2021

Schedule A (Form 990) 2021

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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		<u> </u>
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	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? 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.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
	supervised, or controlled the supporting organization.	2		<u> </u>
Seci	ion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
	ion D. All Type III Supporting Organizations			<u> </u>
	Divin Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion 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 yea(see instruction	ıs).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	: instructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	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? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2021

AND CHENANGO, INC.

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Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations_			
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 mu-	st complete	Sections A through E.			
Sect	on 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				
Sect	on 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):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 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				
Sect	on 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	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting ora	anization (see		
	instructions).	, 0		,		

Schedule A (Form 990) 2021

	GREATER OFFORTUNITIES FOR BROOME			
Sche	edule A (Form 990) 2021 AND CHENANGO, INC.	*	*-***9190	Page 7
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (c	ontinued)		
Sect	tion D - Distributions		Current Ye	ar
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 - provide details in Part VI)	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			
	(provide details in Part VI). See instructions.	8		
9	Distributable amount for 2021 from Section C, line 6	9		
10	Line 8 amount divided by line 9 amount	10		

	Line o amount divided by line 3 amount		10	
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
<u>e</u>	Excess from 2021			

Schedule A (Form 990) 2021

-<u>*</u>9190 Page 8 AND CHENANGO, INC. Schedule A (Form 990) 2021

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.
	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.)

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

GREATER OPPORTUNITIES FOR BROOME AND CHENANGO, INC.

Employer identification number

-*9190

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 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							
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections 509(a)(1) contributor, during	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 \rightarrow \frac{1}{2} \frac{1}							
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).							

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2021)

Name of organization

GREATER OPPORTUNITIES FOR BROOME

AND CHENANGO, INC.

Employer identification number

-*9190

Parti	Contributors (see instructions). Use duplicate copies of Part I if addition	ai space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NYS DEPT. OF STATE ONE COMMERCE PLAZA, 99 WASHINGTON AVENUE ALBANY, NY 12231	\$ 1,072,803.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NYS DEPT. OF HEALTH CORNING TOWER, EMPIRE STATE PLAZA ALBANY, NY 12237	\$ 439,053.	Person X Payroll
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
3	Name, address, and ZIP + 4 U.S. DEPARTMENT OF HOUSING & URBAN DEVELOPMENT 451 7TH STREET, S.W. WASHINGTON, DC 20410	\$ 439,617.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 U.S. DEPT. OF HEALTH & HUMAN SERVICES - HEAD START 330 C STREET, SW WASHINGTON, DC 20201	\$ 5,677,061.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 NYS DIV. OF HOUSING & COMMUNITY RENEWAL HAMPTON PLAZA, 38-40 STATE STREET ALBANY, NY 12207	* 297,628.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	COUNTY OF CHENANGO, NEW YORK 5 COURT STREET NORWICH, NY 13815	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

GREATER OPPORTUNITIES FOR BROOME

AND CHENANGO, INC.

Employer identification number

-*9190

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional	ai space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	NYS HOUSING TRUST FUND 38-40 STATE STREET ALBANY, NY 12207	\$ 296,881.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	NYS OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE 40 N PEARL ST ALBANY, NY 12207	\$ 2,460,819.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	NEW BERLIN HOUSING & PRESERVATION CO., INC. P.O. BOX 359 NEW BERLIN, NY 13411	\$\$	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

GREATER OPPORTUNITIES FOR BROOME

AND CHENANGO, INC.

Employer identification number

-*9190

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
9	BUILDINGS AND LAND, NEW BERLIN, NY		
		\$ 390,060.	11/10/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		·	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		. \$	

Employer identification number Name of organization GREATER OPPORTUNITIES FOR BROOME **-***9190 AND CHENANGO, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GREATER OPPORTUNITIES FOR BROOME AND CHENANGO, INC.

Employer identification number **-***9190

Par	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line	e 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 v	•	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor of		
_	impermissible private benefit?		Yes No
Par			, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	· '	
	Preservation of land for public use (for example, recreated	tion or education) Preservation of	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the forr	
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a	,	
	listed in the National Register		· · · · · · · · · · · · · · · · · · ·
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	-	-
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	vation easements during the year
	\$		
8	Does each conservation easement reported on line 2(d) above	·	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial state	ments that describes the
Do	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Transuras or	Other Similar Assets
Pai			Other Silliar Assets.
4 -	Complete if the organization answered "Yes" on Form		Land balance also at well-
та	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in ful	rtnerance 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 trea		cial gain, provide
	the following amounts required to be reported under FASB A	-	
	Revenue included on Form 990, Part VIII, line 1		
h	Assets included in Form 990, Part X		▶ \$

Schedule D (Form 990) 2021 AND CHENANGO, INC.

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Par	rt III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Othe	r Simila	r Asset	S (continue	d)
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):									
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	the organizati	on's exen	npt purpos	se in Part	XIII.	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's c	ollection?				Yes	No
Par	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, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	sets not i	ncluded			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII									
								,	Amount	
С	Beginning balance						1c			
d	Additions during the year									
е	Distributions during the year									
f	Ending balance						1f			
2a	Did the organization include an amount on Fo						y?		Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	on has been	n provided on	Part XIII			[
Par	rt V Endowment Funds. Complete it	f the organization an	swered	"Yes" on Fo	orm 990, Par	t IV, line 1	٥.			
		(a) Current year	(b) F	rior year	(c) Two yea	rs back (d) Three yea	ars back	(e) Four ye	ars back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	g, column (a	a)) held as:	•		•		
а	Board designated or quasi-endowment	•	%	,						
b	Permanent endowment	%	_							
С	Term endowment	// //////////////////////////////////								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	ered for th	e organiza	ition		
	by:								Ye	s No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment	funds.						
Par	rt VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990), Part I	/, line 11a. S	See Form 990), Part X, I	ine 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Ac	cumulated	(d) Book v	alue
		basis (investr	nent)		(other)	dep	reciation			
1a	Land				8,997.				.,078,	
				15,97	73,658.	4,8	00,69	2. 11	,172,	966.
	Leasehold improvements									
					33,278.	8	14,86		268,	414.
	Other			2,51	6,347.				,516,	
Total	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line	10c.)				,036,	$72\overline{4}$.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 AND CHENANGO	O, INC.	**	-***9190 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	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	d-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, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	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	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) D	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	
Part X Other Liabilities.	,	,	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	i.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) SECURITY DEPOSITS			43,202.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(O)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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... X

43,202.

-*9190 Page 4

Pa	rt XI Reconciliation of Revenue per Audited Financial	i Statements With	Revenue per R	eturi	n.
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statement	ts		1	13,623,387.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	524,234.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	524,234.
3	Subtract line 2e from line 1			3	13,099,153.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
_					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			5	13,099,153.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, linert XII Reconciliation of Expenses per Audited Financia			_	
		al Statements Wit		_	irn.
	rt XII Reconciliation of Expenses per Audited Financia	al Statements Wit IV, line 12a.	h Expenses per	_	
Pa	rt XII Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" on Form 990, Part	al Statements Wit IV, line 12a.	h Expenses per	Retu	irn.
Pa 1	Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	al Statements Wit	h Expenses per	Retu	irn.
1 2	Taxiii Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	al Statements Wit	h Expenses per	Retu	irn.
1 2	Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	IV, line 12a. 2a 2b	h Expenses per	Retu	irn.
Pa 1 2 a b	Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	Statements Wit IV, line 12a.	h Expenses per	Retu	irn. 10,629,726.
Pa 1 2 a b	Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	IV, line 12a. 2a 2b 2c 2d	524,234.	Retu	524,234.
Pa 1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	IV, line 12a. 2a 2b 2c 2d	524,234.	Retu	irn. 10,629,726.
Pa 1 2 a b c d e	Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	IV, line 12a. 2a 2b 2c 2d	524,234.	Retu 1	524,234.
Pa 1 2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	524,234.	Retu 1	524,234.
Pa 1 2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a	524,234.	Retu 1	524,234. 10,105,492.
1 2 a b c d e 3 4 a b b	Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a	524,234.	Retu 1	524,234.

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 X, LINE 2:

THE AGENCY IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE); THEREFORE, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE FINANCIAL STATEMENTS. THE AGENCY HAS BEEN CLASSIFIED AS A PUBLICLY SUPPORTED ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE. THE AGENCY PRESENTLY DISCLOSES OR RECOGNIZES INCOME TAX POSITIONS BASED ON MANAGEMENT'S ESTIMATE OF WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE THAT A LIABILITY HAS BEEN INCURRED FOR UNRECOGNIZED INCOME TAXES. MANAGEMENT HAS CONCLUDED THAT THE AGENCY HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT IN ITS FINANCIAL STATEMENTS. U.S. FORMS 990 FILED BY THE AGENCY ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES.

Schedule D (Form 990) 2021	AND CHENANGO,	INC.	**-***9190	Page 5
Schedule D (Form 990) 2021 Part XIII Supplemental Inf	ormation (continued)			
- штунн сарргания	(55.7.1.1.2.5.1)			

SCHEDULE G (Form 990)

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

GREATER OPPORTUNITIES FOR BROOME AND CHENANGO, INC.

Employer identification number **-***9190

Part I Fundraising Activities required to complete this par	Complete if the organization answe	red "Y	'es" or	n Form 990, Part IV,	line 17. Form 990-E2	I filers are not	
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individendments. 	sed funds through any of the following and solicitate and solicitate and solicitate are solicitated. Solicitated and solicitated are solicitated and solicitated and solicitated are solicitated and solicitated and solicitated and solicitated are solicitated and solicitated and solicitated and solicitated are solicitated and solicitat	tion of tion of fundra (includer	non-g gover ising o ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or Yes		
(i) Name and address of individual or entity (fundraiser)	r entity (fundraiser) or cont		ii) Did ndraiser e custody control of ributions? (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				
- Fotal			•				
3 List all states in which the organization or licensing.			utions	s or has been notified	d it is exempt from re	egistration	

GREATER OPPORTUNITIES FOR BROOME AND CHENANGO, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

Schedule G (Form 990) 2021

-*9190 Page 2

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 GOLF	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through	
			TOURNAMENT			col. (c))	
e			(event type)	(event type)	(total number)	33(5)//	
Revenue	1	Gross receipts	65,014.			65,014.	
	2	Less: Contributions					
	_	Less. Ochanous					
	3	Gross income (line 1 minus line 2)	65,014.			65,014.	
	4	Cash prizes					
	5	Noncash prizes	11,636.			11,636.	
rses							
xper	6	Rent/facility costs					
Direct Expenses	7	Food and beverages					
	8	Entertainment	850.			850.	
	9	Other direct expenses				28,290.	
	10				>	40,776.	
	11	Net income summary. Subtract line 10 from li				24,238.	
Pa	ırt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than		
		\$15,000 on Form 990-EZ, line 6a.	1	a > Dull take (in atom)		len-	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Re	1	Gross revenue					
_	Ė	dross revenue					
ses	2	Cash prizes					
Exper	3	Noncash prizes					
Direct Expenses	4	Rent/facility costs					
	5	Other direct expenses					
	Ť	Curior direct experience	Yes %	Yes %	Yes %		
	6	Volunteer labor	No No	No No	No 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 (a)		P		
9	Fn	ter the state(s) in which the organization condu	ucts gaming activities:				
		the organization licensed to conduct gaming a	_	states?		Yes No	
b If "No," explain:							
		<u> </u>					
	_						
		ere any of the organization's gaming licenses re	· ·	~	year?	Yes No	
b	it "	Yes," explain:					

GREATER OPPORTUNITIES FOR BROOME AND CHENANGO INC.

Sch	nedule G (Form 990) 2021 AND CHENANGO, INC. **	_***9	190	Page 3
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		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	-		
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
C	If "Yes," enter name and address of the third party:			
	Name >			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
·	retain the state gaming license?		Yes	□ No
Ł	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	e		
	organization's own exempt activities during the tax year > \$			
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, I	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

GREATER OPPORTUNITIES FOR BROOME

Schedule G	(Form 990)	AND CHENANGO, mation (continued)	INC.	**-***9190	Page 4
Part IV	Supplemental Infor	mation (continued)			
-					

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

GREATER OPPORTUNITIES FOR BROOME AND CHENANGO, INC.

Employer identification number **-***9190

Part I **Questions Regarding Compensation** No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain _____ 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Х a The organization? 5a $\overline{\mathbf{x}}$ **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Х a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III Х If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2021

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

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

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

	(B) Breakdown of W	J-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARK SILVANIC	(i)	168,234.	10,250.	0.	7,229.	16,916.	202,629.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i) (ii)							
	(i)							
	(ii) (ii)							
	(i)							
	(ii)							
	(יי)						l .	<u> </u>

	GREATER OPPORTUNITIES FOR BROOME	** ***0100
Schedule J (Form 990) 2021	AND CHENANGO, INC.	**-***9190 Page
Part III Supplemental Informati		
Provide the information, explanatio	n, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also	complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

GREATER OPPORTUNITIES FOR BROOME

Attach to Form 990.

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

Employer identification number

-*9190 AND CHENANGO, INC. Part I Types of Property (d) (a) (b) (c) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1q Art - Works of art 1 Art - Historical treasures Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 6 Cars and other vehicles Boats and planes 7 Intellectual property 8 Securities - Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures 14 Qualified conservation contribution - Other Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 312,000.FMV (BUILDING 25 78,060.FMV (LAND X 26 Other > 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for X exempt purposes for the entire holding period? 30a **b** If "Yes." describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2021

GREATER OPPORTUNITIES FOR BROOME

Schedule M	(Form 990) 2021	AND	CHENAN	GO, 1	INC.					**_**	*9190	Pad	ge 2
Part II	Supplemental is reporting in Part this part for any ac	Inforr	nation. Pro	vide the i	information	required by s, the numb	/ Part I, lines per of items	s 30b, 32b, a received, or	and 33 a	nd wheth	er the orga	nization	<u> </u>
	this part for any ac	aditional	information.										

SCHEDULE O (Form 990)

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 the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

GREATER OPPORTUNITIES FOR BROOME AND CHENANGO, INC.

Employer identification number **-***9190

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE MISSION OF GREATER OPPORTUNITIES IS TO EDUCATE, ADVOCATE, AND EMPOWER INDIVIDUALS AND FAMILIES TO IMPROVE THE QUALITY OF THEIR LIVES THROUGH THE DEVELOPMENT OF SELF-RELIANCE, WHILE PROMOTING A CULTURE OF PEOPLE WORKING TOGETHER TO HELP THEMSELVES, ONE ANOTHER, AND THEIR COMMUNITY. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE MISSION OF GREATER OPPORTUNITIES IS TO EDUCATE, ADVOCATE, AND EMPOWER INDIVIDUALS AND FAMILIES TO IMPROVE THE QUALITY OF THEIR LIVES THROUGH THE DEVELOPMENT OF SELF-RELIANCE, WHILE PROMOTING A CULTURE OF PEOPLE WORKING TOGETHER TO HELP THEMSELVES, ONE ANOTHER, AND THEIR COMMUNITY. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: VARIOUS SMALL PROGRAMS INCLUDING EMERGENCY ASSISTANCE, FAMILY DEVELOPMENT, FIRST TIME HOMEBUYERS AND REHAB PROGRAMS. **REVENUE \$ 271,436.** EXPENSES \$ 2,891,352. INCLUDING GRANTS OF \$ 0. FORM 990, PART VI, SECTION B, LINE 11B:

BOARD REVIEWS AND APPROVES.

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

BOARD IS REQUIRED TO DISCLOSE ON AN ANNUAL BASIS.

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

Schedule O (Form 990) 2021 Page 2 GREATER OPPORTUNITIES FOR BROOME Name of the organization **Employer identification number** **-***9190 AND CHENANGO, INC. THE BOARD DETERMINES THE COMPENSATION FOR THE EXECUTIVE DIRECTOR ON AN ANNUAL BASIS AND THE EXECUTIVE DIRECTOR DETERMINES THE COMPENSATION FOR ALL EMPLOYEES BASED ON REVIEWS. FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST. FORM 990, PART XII, LINE 2C: NO CHANGES HAVE TAKEN PLACE DURING THE FISCAL YEAR ENDED DECEMBER 31, 2021.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection GREATER OPPORTUNITIES FOR BROOME Name of the organization **Employer identification number** **-***9190 AND CHENANGO, INC.

Part I	Identification of Disregarded Entities. Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.				
	(a) Name, address, and EIN (if applicable)	(b) Primary activity	(c) Legal domicile (state o	(d) r Total inco	(e) me End-of-year	assets Dire	(f) ct controllin	ıa
	of disregarded entity	, ,	foreign country)				entity	
		-						
Part II	Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization a	answered "Yes" on Form 990), Part IV, line 34, l	because it had one	or more related tax	-exempt	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	g con	(g) 512(b)(13) trolled ntity?
			, , , , , , , , , , , , , , , , , , ,		501(c)(3))		Yes	No
		_						
		-						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

OMB No. 1545-0047

Page 2

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

		_	1	1		1	1		i			
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gene	ral or	Percentage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	alloca	itions?	20 of Schedule	part	ner?	ownership
		country)		sections 512-514)		455515	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes	No	
EAST HILLS SENIOR LIMITED												_
PARTNERSHIP - 20-8734675,]											
2224 PIERCE CREEK ROAD,	SENIOR LIVING											
BINGHAMTON, NY 13903	APTS	NY	N/A	RELATED				X	N/A		x	
												_
	1											
	1											
	1											
	1											
	1											
	1											
	1											
	1											
	1											
	•			•			•	•	•	_		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(b contr enti	
		country)		J. 1.25.4				Yes	No
								 	\vdash
									
-									

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

Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Laans or loan guarantees to or for related organization(s) e Laans or loan guarantees by related organization(s) f Dividends from related organizat	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entit	ty			1a		X
C Cft, grant, or capital contribution from related organization(s) 1d	b Gift, grant, or capital contribution to related organization(s)				1b		Х
d Loans or loan guarantees to roll related organization(s) 12	c Gift, grant, or capital contribution from related organization(s)				1c		Х
e Lears or loan guarantees by related organization(s)	d Loans or loan guarantees to or for related organization(s)				1d		Х
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners s 501(c)(3 orgs.? Yes N	Share of total income	Share of end-of-year assets	Disprotionallocati	por- ate ons?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne Yes N	or Percentage ownership o
of entity		(state or foreign country)	excluded from tax under sections 512-514)	Yes N	total income	end-of-year assets	Yes	No	of Schedule K-1 (Form 1065)	yes N	o ownership
		country)	sections 512-514)	Yes N	lo income	assets	Yes	No	(Form 1065)	Yes N	
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