### **TAX RETURN FILING INSTRUCTIONS**

\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\*

### FOR THE YEAR ENDING

December 31, 2022

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 copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 04-54-77

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	e 2022 calendar year, or tax year beginning and	d ending		
В	Check if applicabl	C Name of organization GREATER OPPORTUNITIES FOR BROOME		D Employer identific	cation number
	Addre				
	Name chang			16-09091	90
Ē	□Initial return □Final	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number 607-334-	r
	return/ termin ated			G Gross receipts \$	16,609,781.
	Ameno			H(a) Is this a group re	
	Applic	-		for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	
$\overline{\Gamma}$	Tax-exe	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1	or 527	1	list. See instructions
	Websit		,	H(c) Group exemption	
		organization: X Corporation Trust Association Other	<b>L</b> Year		1 State of legal domicile: NY
	art I	Summary	<u> </u>	•	<u> </u>
_	1	Briefly describe the organization's mission or most significant activities: SEE	SCHEDU	LE O	
Governance		·			
rna	2	Check this box if the organization discontinued its operations or disp	osed of more	than 25% of its net as	ssets.
o ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	10
ه ص	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	10
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a) $\dots$		5	192
Activities		Total number of volunteers (estimate if necessary)			371
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
ne	1	Contributions and grants (Part VIII, line 1h)		11,771,713.	
Revenue		Program service revenue (Part VIII, line 2g)		1,226,980.	1,451,928.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		18,078. 82,382.	4,208.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,099,153.	16,486,278.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
		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)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		6,645,534.	6,763,019.
Expenses	15	Professional fundraising fees (Part IX, column (A), line 11e)	/ <del> </del>	0,043,334.	0,703,013.
ben	h	Total fundraising expenses (Part IX, column (D), line 25)	103.	•	•
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,459,958.	3,951,603.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,105,492.	10,714,622.
	19	Revenue less expenses. Subtract line 18 from line 12		2,993,661.	5,771,656.
Net Assets or Find Balances	3		Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		18,390,918.	24,961,694.
ASS	21	Total liabilities (Part X, line 26)		2,574,120.	3,373,240.
File	22	Net assets or fund balances. Subtract line 21 from line 20		15,816,798.	21,588,454.
P	art II	Signature Block			
	-	lties of perjury, I declare that I have examined this return, including accompanying schedu			y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of v	vhich preparer	has any knowledge.	
		Circulture of officer		Data	
Sig		Signature of officer		Date	
He	re	MARK SILVANIC, EXECUTIVE DIRECTOR Type or print name and title			
				Date Check	PTIN
Do!	d	Print/Type preparer's name  Preparer's signature	<b>II</b>	OHOOK	
Pai		DAVID URBAN DAVID URBAN Firm's name EFPR GROUP, CPAS, PLLC	<u> </u>	6/29/23 if self-employe	pd   P00630018
	parer Only	4000		Firm's EIN 4	1-4320100
USE	Unity	Firm's address 6390 MAIN STREET SUITE 200 WILLIAMSVILLE, NY 14221		Dhone no 71	6-634-0700
_	41 15	WILLIAMSVILLE, NI 14221		Priorie no. / 1	X Ves No

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O	
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
	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 m	easured 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 \$ 4,743,922. including grants of \$ ) (Revenue s	
	HEAD START: PROVIDES COMPREHENSIVE EARLY CHILDHOOD DEVELO	
	TO DISADVANTAGED PRESCHOOL CHILDREN AND THEIR FAMILIES. TO ORGANIZATION RECEIVED IN-KIND DONATIONS OF TEACHING AND I	
	SERVICES TOTALING \$514,957 FOR 2022.	EDUCATIONAL
	BERVICED TOTALING \$314,557 TOR 2022.	
	1 252 502	000 025
4b	(Code: ) (Expenses \$ 1,373,793. Including grants of \$ ) (Revenue STORCH PROVIDES PERMANENT, SAFE, AND AFFORDABLE HOUSING	
	FOR LOW-INCOME, HOMELESS INDIVIDUALS AND FAMILIES.	5 OPPORTUNITIES
	FOR LOW-INCOME, HOMELESS INDIVIDUALS AND FAMILIES.	
	200 407	220 606
4c	(Code:) (Expenses \$ 288,497. including grants of \$) (Revenue SUNIVERSAL PRE-K: PROVIDES QUALITY PRESCHOOLING TO CHILDRI	
	GOAL OF INCREASING SCHOOL READINESS.	ZIV MIIII IIID
	THEREING BEHOOL KEIDINGBO.	
4d	Other program services (Describe on Schedule O.) (Expenses \$ 3,147,701. including grants of \$ ) (Revenue \$ 34	17,354. <sub>)</sub>
40	(Expenses \$ 3,147,701 • including grants of \$ ) (Revenue \$ 34	= 1 , J J ± • )

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### GREATER OPPORTUNITIES FOR BROOME AND CHENANGO, INC.

Form 990 (2022) 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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ŭ	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	Ť		
•	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	<u> </u>		
	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			v
_	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,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
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?			X
40	If "Yes," complete Schedule D, Part IV	9		Α.
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		X
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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,	44.	х	
	Part VI	11a	- 25	
D	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	446		X
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		25
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ч	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? 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		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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? 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			
	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			
	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,"			
	complete Schedule G, Part III	19		X
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		X

AND CHENANGO, INC.

Form 990 (2022) Page 4 Part IV | Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 Х 23 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 Х Schedule K. If "No," go to line 25a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current 26 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 Х 26 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 Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 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): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Х "Yes," complete Schedule L, Part IV \_\_\_\_\_\_ X **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Х "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X **35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х 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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V No Yes 125 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a

**b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х

022) AND CHENANGO, INC.

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

		_			Yes	NO		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		100					
	filed for the calendar year ending with or within the year covered by this return	2a	192		v			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b 3a	X	Х		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?							
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		- ·	_		х		
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)'?	4a		Λ		
D	If "Yes," enter the name of the foreign country		(FDAD)					
<b>E a</b>	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			Ea		Х		
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		- 22		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			30				
ua				6a		Х		
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.			- Oa				
	were not tax deductible?		_	6b				
7	Organizations that may receive deductible contributions under section 170(c).			OD				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices r	provided to the payor?	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 w							
_	to file Form 8282?			7c		Х		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontra	ct?	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	399 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	е					
	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?			9b				
10	Section 501(c)(7) organizations. Enter:	ı	ı					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:	١	I					
а	Gross income from members or shareholders	11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	441-						
100	amounts due or received from them.)	11b	2	100				
	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041 12b	; 	12a				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	<u>l</u>					
	Is the organization licensed to issue qualified health plans in more than one state?			13a				
u	Note: See the instructions for additional information the organization must report on Schedule O.			Ioa				
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	13b						
С	Enter the amount of reserves on hand	13c						
				14a		Х		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune							
	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	ıt inco	me?	16		X		
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any actions.	tivitie	8					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17				
	If "Yes," complete Form 6069.							

Form 990 (2022)

AND CHENANGO, INC.

16-0909190

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					
			1 4		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	<u> </u>		
	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 O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	<u>0</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p 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	e dire	ct 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 9	990 w	as filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		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 a	ppoin	t 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, s	stockh	nolders, 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	ar by t	he 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 read	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	ie 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 cl	hapte	rs, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly bef	ore filing the form?	11a	X	
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to co	nflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," c	lescribe			
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approve	al by i	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	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 arrangements	ment	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	te its	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nizatio	on'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 NY					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 99	0-T (section 501(c)	3)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		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	of interest policy, a	and 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 bo	oks a	nd records			
	CHRISTINE MONSEN, C.F.O 607-334-7114					
	44 WEST MAIN STREET, NORWICH, NY 13815					

### AND CHENANGO, INC.

16-0909190

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Form 990 (2022)

Check this box if neither the organization r		orga	aniza			npe	nsat		director, or trustee.	
(A)	(B)			_ ((	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck		<b>)</b> than	one	Reportable	Reportable	Estimated
	hours per					is bot or/trus		compensation	compensation	amount of
	week	_						from the	from related	other
	(list any hours for	direct				_		organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	educ		` 1099-NEC)	,	and related
	below	idual	tution	-e	Key employee	est co loyee	ıer			organizations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former			
(1) MARK SILVANIC	40.00									
EXECUTIVE DIRECTOR				Х				182,364.	0.	24,705.
(2) KELLY ROBERTSON	40.00									
DEPUTY DIRECTOR				Х				115,869.	0.	20,222.
(3) CHRISTINE MONSEN	40.00									
C.F.O.		1		Х				111,423.	0.	4,457.
(4) ROBIN TUTTLE	40.00									
HUMAN RESOURCES DIRECTOR						Х		100,385.	0.	10,339.
(5) ROBERT STARR	5.00									
CHAIRPERSON		Х		Х				0.	0.	0.
(6) JERRY SKRIVAN	5.00									
VICE-CHAIR		Х		Х				0.	0.	0.
(7) GRACE NUCERO-ALGER	5.00									
SECRETARY		X		Х				0.	0.	0.
(8) TRACI MASSO	5.00									
TREASURER		X		Х				0.	0.	0.
(9) HOLLY ABBOTT	5.00									
DIRECTOR		X						0.	0.	0.
(10) XANDRA ANGLE	5.00									
DIRECTOR		Х						0.	0.	0.
(11) JACKIE BRUNSCHMID	5.00									
DIRECTOR		Х						0.	0.	0.
(12) JULIEBETH HOLDREGE	5.00									
DIRECTOR		Х						0.	0.	0.
(13) CARRIE KING	5.00									
DIRECTOR		X						0.	0.	0.
(14) ALICE DECKER	5.00									
DIRECTOR (PART-YEAR)		Х						0.	0.	0.
(15) SHARON WELLS	5.00									
DIRECTOR		Х						0.	0.	0.
				L						

Form 990 (2022) AND CHEN									16-0	<u>909</u>	<u> 190</u>	Р	age <b>8</b>
Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do	not c	Pos heck	ition more	than o	one	Reportable	Reportable	, !	Es	stimat	ed
	hours per	box	, unle	ss pe	rson i irecto	s both	h an	compensation	compensation		ar	nount	
	week (list any	_		<u> </u>		,, u.o	,	from the	from related organization			other	
	hours for	director				-		organization	(W-2/1099-MIS			pensa om th	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)			aniza	
	organizations	trust	ıal tru		yee	ompe		1099-NEC)	,		_	d rela	
	below	Individual trustee or	Institutional trustee	je.	Key employee	Highest compensated employee	ner				orga	anizat	ions
	line)	lndi	Inst	Officer	Key	High emp	Former						
		4								ļ			
		4											
	-												
		4								ļ			
	-												
		-											
		4								ļ			
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		┨								ļ			
						Н							
		ł								ļ			
1b Subtotal		I						510,041.		0.	5	9,7	23
c Total from continuation sheets to Part V								0.		0.		<u> </u>	0
d Total (add lines 1b and 1c)								510,041.		0.	5	9,7	23
2 Total number of individuals (including but								•	000 of reportab	_		- , -	
compensation from the organization	The minica to the	1000		Ju u	5010	,			,,000 01 10001140	.0			4
												Yes	No
3 Did the organization list any former office	r, director, trust	ee. k	cev e	ame	love	e. or	hia	nhest compensated emp	olovee on	ļ			
line 1a? If "Yes," complete Schedule J for			•		•		_		•		3		Х
4 For any individual listed on line 1a, is the	sum of reportab	le co	omp	ensa	ation	anc	d oth	her compensation from	the organization				
and related organizations greater than \$1											4	Х	
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	unr	elat	ed organization or indiv	idual for services	;			
rendered to the organization? If "Yes," con	mplete Schedul	e J f	or su	uch	pers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest of	ompensated in	depe	ende	ent c	ontr	acto	ors t	that received more than	\$100,000 of con	npens	ation '	from	
the organization. Report compensation fo	r the calendar y	ear (	endi	ng v	vith (	or w	ithir	n the organization's tax	year.				
(A)								(B)				<b>)</b>	
Name and busines	s address							Description of s	ervices		compe	nsatio	n
W. L. KLINE, INC.					_								
329 WATER STREET, BINGHA								GENERAL CONS	TRUCTION	4	,95	1,4	59
PRINCIPLE DESIGN ENGINEE	-			11/	N.								
STREET , SUITE 1 NORWICE	, NY 13	815	)				_	ENGINEERING			26	4,6	03
BELDON HOMES				_				~					
1951 NY RT 7, HARPURSVII		T3.	/ B.	/				GENERAL CONS			Т8	9,4	38
PA EVERY ARCHITECT PLLC	•						- 1/	ARCHTTECTIIAT.					

DESIGNER

MOBILE HOMES

118,892.

113,817.

INTERSTATE HOMES LLC

31 OAKRIDGE DRIVE, BINGHAMTON, NY 13903

Total number of independent contractors (including but not limited to those listed above) who received more than

2543 NY RT 7, HARPURSVILLE, NY 13787

\$100,000 of compensation from the organization

GREATER OPPORTUNITIES FOR BROOME 16-0909190 Form 990 (2022) AND CHENANGO, INC. Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues ..... 1b c Fundraising events ..... 1c d Related organizations 1d 14,917,961 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 1f 61,897 43,551 g Noncash contributions included in lines 1a-1f 1g |\$ 14,979,858. h Total. Add lines 1a-1f **Business Code** 495,437 Program Service Revenue 2 a RENTAL INCOME 531110 495,437. b UNIVERSAL PRE-K 624100 329,686 329,686 CHILD AND ADULT CARE FOOD PROGRAM 624100 216 794 216 794

	С	CHILD AND ADULT CARE FOOD PROGRAM	624100	216,794.	216,794.	
	d	SHELTER PLUS CARE	531110	208,671.	208,671.	
=	е	ENERGY FEE FOR SERVICE	624229	104,611.	104,611.	
	f	All other program service revenue	531110	96,729.	96,729.	
	g	Total. Add lines 2a-2f		1,451,928.		
	3	Investment income (including dividends, interest	est, and			
		other similar amounts)		3,225.		3,225.
	4	Income from investment of tax-exempt bond p				
	5	Royalties				
		(i) Real	(ii) Personal			
	6 a	Gross rents 6a				
	b	Less: rental expenses 6b				
	С	Rental income or (loss) 6c				
	d	Net rental income or (loss)				
	7 a	Gross amount from sales of (i) Securities	(ii) Other			
		assets other than inventory 7a	82,500.			
	b	Less: cost or other basis				
		and sales expenses <b>7b</b>	81,517.			
	С	Gain or (loss) 7c	983.			
		Net gain or (loss)		983.		983.
	8 a	Gross income from fundraising events (not				
		including \$ of				
		contributions reported on line 1c). See				
		Part IV, line 18	66,321.			
	b	Less: direct expenses 8b	41,986.			
	С	Net income or (loss) from fundraising events		24,335.		24,335.
	9 a	Gross income from gaming activities. See				
		Part IV, line 199a	l e			
	b	Less: direct expenses 9b				
	С	Net income or (loss) from gaming activities				
	10 a	Gross sales of inventory, less returns				
		and allowances 10a	а			
	b	Less: cost of goods sold 10k	)			
_	С	Net income or (loss) from sales of inventory				
			Business Code			
ןטַ	11 a	MISCELLANEOUS	900099	15,965.	15,965.	
		LAUNDRY	900099	6,543.	6,543.	
	С	INSURANCE	900099	3,441.	3,441.	
-	d	All other revenue				
	е	Total. Add lines 11a-11d		25,949.		

16,486,278.

1,477,877

28,543.

0.

Total revenue. See instructions

Miscellaneous Revenue

Other Revenue

### 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	ion 501(c)(3) and 501(c)(4) organizations must com			, , ,	
D-	Check if Schedule O contains a respon	nse or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 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,				
	trustees, and key employees	409,656.	115,869.	293,787.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,185,750.	4,630,139.	552,611.	3,000.
8	Pension plan accruals and contributions (include	400 0		22 42-	<u> </u>
	section 401(k) and 403(b) employer contributions)	128,057.	99,895.	28,125.	37.
9	Other employee benefits	628,946.	566,745.	62,018.	183.
10	Payroll taxes	410,610.	335,379.	75,111.	120.
11	Fees for services (nonemployees):				
	Management	F 707	4 764	004	1.50
	Legal	5,727.	4,764.	804.	159.
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	228,760.	190,278.	32,124.	6,358.
40	column (A), amount, list line 11g expenses on Sch O.)	42,802.	42,315.	487.	0,330.
12	Advertising and promotion	99,953.	86,041.	13,912.	
13 14	Office expenses Information technology	10,726.	8,922.	1,506.	298.
15	Royalties	2077201	0,7220		
16	Occupancy	946,965.	890,511.	56,454.	
17	Travel	15,005.	15,005.	30,72021	
18	Payments of travel or entertainment expenses	,,,,,,	,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	88,066.	86,927.	1,139.	
20	Interest	40,354.	40,354.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	568,149.	557,108.	11,041.	
23	Insurance	222,700.	215,713.	6,987.	
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	939,817.	939,817.		
h	SUPPLIES	265,737.	264,386.	1,351.	
c	FOOD	235,080.	235,080.	,	
d	VEHICLE EXPENSES	87,068.	87,068.		
	All other expenses	154,694.	141,597.	10,849.	2,248.
25	Total functional expenses. Add lines 1 through 24e	10,714,622.	9,553,913.	1,148,306.	12,403.
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 10 00				Earm <b>990</b> (2022)

Form 990 (2022)
Part X Balance Sheet

Pai	πχ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	504,934.	1	543,631.
	2	Savings and temporary cash investments	1,125,218.	2	1,369,505.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,442,660.	4	2,175,045.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net	163,677.	7	158,721.
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	59,057.	9	80,983.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 26,663,005	1 - 004 - 04		
	b	Less: accumulated depreciation 10b 6,183,705	15,036,724.	10c	20,479,300.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	50.640	14	154 500
	15	Other assets. See Part IV, line 11	58,648.	15	154,509.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	18,390,918.	16	24,961,694.
	17	Accounts payable and accrued expenses	1,398,309.	17	1,916,316.
	18	Grants payable	200 677	18	E00 201
	19	Deferred revenue	289,677.	19	509,391.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
Ε		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lia	00	controlled entity or family member of any of these persons	842,932.	22	809,729.
	23	Secured mortgages and notes payable to unrelated third parties	042,552.	23	005,725.
	24 25	Unsecured notes and loans payable to unrelated third parties		24	
	23	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Cobodulo D	43,202.	25	137,804.
	26	Total liabilities. Add lines 17 through 25	2,574,120.		3,373,240.
	20	Organizations that follow FASB ASC 958, check here		20	0/0/0/2200
Ses		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	15,676,148.	27	21,460,082.
Bal	28	Net assets with donor restrictions	140,650.	28	128,372.
<u>n</u>		Organizations that do not follow FASB ASC 958, check here			
Ţ		and complete lines 29 through 33.			
S OI	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ret	32	Total net assets or fund balances	15,816,798.	32	21,588,454.
	33	Total liabilities and net assets/fund balances	18,390,918.	33	24,961,694.

Form **990** (2022)

232012 12-13-22

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
	Tabel account (south a cont   Dock VIII   colored (A)   line 40)		16	5,48	6 2	72
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,40		
2	Total expenses (must equal Part IX, column (A), line 25)	2				
3	Revenue less expenses. Subtract line 2 from line 1	3		77	-	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,81	ο, <i>ι</i>	98.
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	21	L,58	8, <u>4</u>	54.
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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,			
	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 th	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					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	

Form **990** (2022)

### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

### **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.

GREATER OPPORTUNITIES FOR BROOME

Attach to Form 990 or Form 990-EZ.

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

Open to Inspect

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

AND CHENANGO, INC. 16-0909190 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

AND CHENANGO, INC.

16-0909190 Page 2

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						
Cale	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5,557,297.	6,277,725.	6,989,239.	11,950,119.	15,107,754.	45,882,134.
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	5,557,297.	6,277,725.	6,989,239.	11,950,119.	15,107,754.	45,882,134.
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.						45,882,134.
	ction B. Total Support	<u> </u>					
	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	5,557,297.	6,277,725.	6,989,239.	11,950,119.	15,107,754.	45,882,134.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	220	1 100	027	17 152	2 225	22 544
	and income from similar sources	229.	1,100.	837.	17,153.	3,225.	22,544.
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	13,453.	6,988.	12,370.	58,144.	25 9/19	116,904.
	assets (Explain in Part VI.)	13,433.	0,500.	12,570.	30,144.	23,747.	46,021,582.
	• • •	ete (eee instructie	) )			12 3	,533,640.
	Gross receipts from related activities, First 5 years. If the Form 990 is for th	•	,	fourth or fifth toy			, 555, 0401
13	organization, check this box and stop	-		•			
Sec	ction C. Computation of Publi						·····
	Public support percentage for 2022 (I			column (fl)		14	99.70 %
	Public support percentage from 2021					15	99.59 %
	<b>33 1/3% support test - 2022.</b> If the co						, -
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o						
_	and <b>stop here.</b> The organization quali	~					
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te		•		•		
b	10% -facts-and-circumstances test	~		• • •	•		
_	more, and if the organization meets the						•
	organization meets the facts-and-circu				-		
18	Private foundation. If the organizatio		-		• • •		

### 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 better the tests listed better the tests listed better the tests listed between the tests	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(a) 2020	(4) 2021	(a) 2022	(f) Total
	Gifts, grants, contributions, and	(a) 2016	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
'	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 organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	inace under coetion E10						
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						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here		<u></u>				
	tion C. Computation of Publ					11	
	Public support percentage for 2022 (					15	<u>%</u>
	Public support percentage from 2021 etion D. Computation of Investigation					16	<u>%</u>
	•					17	0/
	Investment income percentage for 20					<del>                                      </del>	%
	Investment income percentage from 3 3 1/3% support tests - 2022. If the					18	% 17 is not
เฮส							
<b>L</b>	more than 33 1/3%, check this box a 33 1/3% support tests - 2021. If the						
D	<b>33 1/3% support tests - 2021.</b> If the line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	ato roundation. Il the organizatio	II GIG HOL OHEUN A	. 201 UII UI I 14, 18	a, or rob, oricon t	וווט טטא מווע סכב ווו	J. 404010	

### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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		
	3с		
	_		
	4a		
	4b		
	4c		
	5a		
	Eh		
	5b 5c		
	•		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
dule	A (Forr	n 990)	2022

# GREATER OPPORTUNITIES FOR BROOME AND CHENANGO, INC.

Schedule A (Form 990) 2022

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Pai	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organi	zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	•	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		I how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
S00		vised, or controlled the supporting organization.  C. Type II Supporting Organizations	2		<u> </u>
Jec	uon (	7. Type ii Supporting Organizations		Va	Na
1	Moro	a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
'		stees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec		D. All Type III Supporting Organizations	<u> </u>		
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization'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			
	organi	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	son of the relationship described on line 2, above, did the organization's supported organizations have a			
	U	cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
S00		rted organizations played in this regard.  Type III Functionally Integrated Supporting Organizations	3		
		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
1 a		The organization satisfied the Activities Test. Complete line 2 below.	•		
b		The organization satisfied the Additional Test, complete line 2 solow.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
c		The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see in	structio	ns).	
2		ies Test. <b>Answer lines 2a and 2b below.</b>		Yes	No
		abstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		pported 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 th	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e 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 V	Ithe reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or	_		
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each	<b>^</b> 1		
	OT ITS S	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2022

AND CHENANGO, INC.

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Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	nizations				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must	st complete	e Sections A through E.				
Sect	ion 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	ion 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	ion 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 integra	ted Type III supporting org	anization (see			

Schedule A (Form 990) 2022

instructions).

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Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Section D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exe	1						
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		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	he organization is responsive	е					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2022 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022			
_1_	Distributable amount for 2022 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2022 (reason-							
	able cause required - explain in Part VI). See instructions.							
_3_	Excess distributions carryover, if any, to 2022							
	From 2017							
	From 2018							
	From 2019							
	From 2020							
	From 2021							
	Total of lines 3a through 3e							
	Applied to underdistributions of prior years							
	Applied to 2022 distributable amount							
÷	Carryover from 2017 not applied (see instructions)							
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2022 from Section D,							
	line 7: \$							
	Applied to underdistributions of prior years							
	Applied to 2022 distributable amount  Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, <i>explain in Part VI</i> . See instructions.							
6	Remaining underdistributions for 2022. Subtract lines 3h							
U	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2023. Add lines 3j							
•	and 4c.							
8	Breakdown of line 7:							
	Excess from 2018							
	Excess from 2019							
	Excess from 2020							
	Excess from 2021							
	Excess from 2022							
<u> </u>								

Schedule A (Form 990) 2022

GREATER OPPORTUNITIES FOR BROOME 16-0909190 Page 8 AND CHENANGO, INC. Schedule A (Form 990) 2022 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 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 B, Part VI 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.)

232028 12-09-22 Schedule A (Form 990) 2022

### Schedule B

### Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

GREATER OPPORTUNITIES FOR BROOME AND CHENANGO, INC.

16-0909190

Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$\_\_\_\_\_\_\$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization

GREATER OPPORTUNITIES FOR BROOME

AND CHENANGO, INC.

Employer identification number

16-0909190

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		- \$\$69,637.	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
2		- s 410,178.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		539,656.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* 5,763,514.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$ <u>382,917.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 877,450.	Person X Payroll

Name of organization

GREATER OPPORTUNITIES FOR BROOME

AND CHENANGO, INC.

Employer identification number

16-0909190

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
7		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
8		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions 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

16-0909190

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
		- - - - \$	
(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
		 _ _ _ \$	

Schedule B (Form 990) (2022) Name of organization Employer identification number GREATER OPPORTUNITIES FOR BROOME 16-0909190 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 16-0909190

Pai	organizations Maintaining Donor Adviser organization answered "Yes" on Form 990, Part IV, line		ds or Accounts. Complete if the
	, ,	(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	vriting that the assets held in donor adv	rised funds
	are the organization's property, subject to the organization's or	exclusive legal control?	Yes No
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 or	r donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	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	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	•	
	historic structure 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
7	Amount of overage incurred in monitoring increasing band	ling of violations, and enforcing concern	votion accompants during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and emorcing conserv	valion easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	70(h)(4)(R)(i)
Ŭ	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservation		
Ū	balance sheet, and include, if applicable, the text of the footn	·	
	organization's accounting for conservation easements.	oto to the organization o financial state	mente that decombes the
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	t and balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in	furtherance of public
	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	-	
	provide the following amounts relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		

Schedule D (Form 990) 2022

AND CHENANGO, INC.

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Pai	rt III   Organizations Maintaining (	Collections of A	rt, Hist	orical Tr	easures, c	r Other	Similar A	ssets(continue	d)
3	Using the organization's acquisition, access	ion, and other record	ls, check	any of the	following that	t make sig	nificant use o	of its	
	collection items (check all that apply):								
а	Public exhibition	d	ı <u>Ш</u> .	oan or exc	hange progra	m			
b	Scholarly research	е	. 🗌	Other					
С	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explain	n how th	ey further t	he organization	on's exem <sub>l</sub>	ot purpose in	Part XIII.	
5	During the year, did the organization solicit	or receive donations	of art, his	storical trea	sures, or othe	er similar a	ssets		
	to be sold to raise funds rather than to be m							Yes	No_
Pai	rt IV Escrow and Custodial Arran		ete if the	organizatio	n answered "	Yes" on F	orm 990, Par	t IV, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod								
	on Form 990, Part X?							຺∟∟⊔Yes L	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:					
								Amount	
	Beginning balance						1c		
	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
	Did the organization include an amount on F	· ·				-	?	.└── Yes	No
	If "Yes," explain the arrangement in Part XIII							L	
Pai	rt V Endowment Funds. Complete	· · · · · · · · · · · · · · · · · · ·						and I A Farmina	ua baali
		(a) Current year	<b>(b)</b> Pr	rior year	(c) Two year	s dack (d	inree years t	oack <b>(e)</b> Four yea	irs dack
	Beginning of year balance								
b	Contributions								
	3 / 3 /								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g									
2	Provide the estimated percentage of the cur	•	e (line 1g	g, column (	a)) held as:				
а	<u> </u>		_%						
b		%							
С		<u></u> %							
	The percentages on lines 2a, 2b, and 2c sho	=							
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	t are held a	and administe	red for the			s No
	organization by:								S NO
	(i) Unrelated organizations							3a(i)	+-
	(ii) Related organizations								+-
	If "Yes" on line 3a(ii), are the related organization				<b>'</b>			3b	
4	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipn		wment to	unds.					
Pai	Complete if the organization answere		) Dort IV	lina 11a (	200 Form 000	Dort V liv	no 10		
	•							1 (25)	
	Description of property	(a) Cost or o		` '	t or other (other)	` '	umulated eciation	(d) Book va	llue
	Land	basis (investr	nent)		4,953.	uepre	olatiUI I	1,094,	953
	Land				9,542.	5 3 (	00,871.	14,378,	
	Buildings			19,01	J,J44.	٥,٥(	,,,,,,,	14,3/0,	<u> </u>
	Leasehold improvements		+	1 1/	3,887.	ΩS	32,834.	261,	053
	Equipment		+		4,623.	- 00	,,,,,,,,,,	4,744,	
	Other		Y colum					20,479,	
iota	ni muu iiries ra irirouuri re, (C <i>olurriri (a) Must</i> 6	guari Ulli 330, Part	A, COIUITI	וווווט), וווופ	100./			1 40,41,	J U U •

Schedule D (Form 990) 2022

AND CHENANGO, INC.

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Scriedule D (Form 990) 2022 71110 CITETITATION	, IIIC.		OJOJIJO Page O
Part VII Investments - Other Securities.	on Farma OOO Boot IV line	addle Coo Forms 2000 Book V line 10	
Complete if the organization answered "Yes" or (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
	(b) Dook value	(c) Wethod of Valuation. Cost of end	-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests (3) Other			
(A)			
(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	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		e 11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	15 \		
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X   Other Liabilities.	15.)		
Complete if the organization answered "Yes" of	on Form 000 Part IV line	a 11a or 11f Soa Form 900 Part V lina 25	
	on Form 990, Part IV, line	Title of Titl. See Form 990, Part A, line 25	(b) Book value
. , , , , , , , , , , , , , , , , , , ,			(b) DOOK value
(1) Federal income taxes (2) OPERATING LEASE LIABILITIE	2.5		86,963.
GROUP THU DEPOSITES	10		50,841.
(-)			30,041.
(4)			
(5) (6)			
(6)			
(7)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		137,804.
2 Liability for uncertain tax positions. In Part XIII. provide t			

AND CHENANGO, INC. Schedule D (Form 990) 2022

Pa	rt XI Reconciliation of Revenue per Audited Financial S	catements with	nevenue per n			
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	17,001	L,235.
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	514,957.			
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		1,957.
3	Subtract line 2e from line 1			3	16,486	5,278.
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				_
-	Add lines <b>4a</b> and <b>4b</b>			4c		0.
5	T. I. I. A. I. II. O I. A. (Th's an all see al. Fee as 000 De I. I. I'e a					
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	16,486	5,278.
	rt XII Reconciliation of Expenses per Audited Financial	Statements Wit		•		5,278.
	Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV	<b>Statements Wit</b> , line 12a.	h Expenses per	Retu	irn.	
	rt XII Reconciliation of Expenses per Audited Financial	<b>Statements Wit</b> , line 12a.	h Expenses per	•		
1 2	Complete if the organization answered "Yes" on Form 990, Part IV  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:	Statements Wit	h Expenses per	Retu	irn.	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV 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	Statements Wit	h Expenses per	Retu	irn.	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV 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 , line 12a.  2a 2b	h Expenses per	Retu	irn.	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV 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	Statements Wit	h Expenses per	Retu	irn.	
Pa  1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV 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.)	Statements With Ine 12a.  2a 2b 2c 2d	514,957.	Retu	ırn. 11,229	9,579.
Pa  1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV 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	Statements With Ine 12a.  2a 2b 2c 2d	514,957.	Retu	irn. 11,229 514	9,579. 1,957.
Pa  1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV 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	Statements With Ine 12a.  2a 2b 2c 2d	514,957.	Retu	ırn. 11,229	9,579. 1,957.
Pa  1 2 a b c d e	Complete if the organization answered "Yes" on Form 990, Part IV 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.)	Statements With Ine 12a.  2a 2b 2c 2d	514,957.	Retu	irn. 11,229 514	9,579. 1,957.
1 2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV 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:	Statements With Ine 12a.  2a 2b 2c 2d	514,957.	Retu	irn. 11,229 514	9,579. 1,957.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV  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:	Statements With line 12a.  2a	514,957.	Retu	irn. 11,229 514	9,579. 1,957. 1,622.
1 2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV  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	Statements With Ine 12a.  2a	514,957.	Retu	irn. 11,229 514	9,579. 1,957. 1,622.

#### | Part XIII | Supplemental Information.

EXAMINATION BY TAXING AUTHORITIES.

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 FINANCIAL STATEMENTS. U.S. FORMS 990 FILED BY THE AGENCY ARE SUBJECT TO

Schedule D	(Form 990) 2022	AND CHENANGO,	INC.	16-0909190 Page 5
Part XIII	(Form 990) 2022 Supplemental Info	mation (continued)		
-				

### SCHEDULE G (Form 990)

Department of the Treasury

Name of the organization

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.

GREATER OPPORTUNITIES FOR BROOME

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

OMB No. 1545-0047

**2022** 

Open to Public Inspection

Employer identification number

AND CHE	NANGO, INC.				16-0909	190
Part I Fundraising Activities required to complete this par	• Complete if the organization answert.	ered "\	es" o	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not
Indicate whether the organization rais     a	sed funds through any of the following solicitates and solicitates and solicitates are solicitated as a solicitate and solicitates are solicitated as a solicitated are solicitated as a solicitated as a solicitated are solicitated are solicitated are solicitated are solicitated are solicitated as a solicitated are solic	tion of tion of fundra (inclu	non-g gover aising ding o sional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(i) Name and address of individual or entity (fundraiser)		Did raiser sustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						
List all states in which the organization or licensing.				s or has been notified	d it is exempt from r	egistration

Schedule G (Form 990) 2022

AND CHENANGO, INC.

16-0909190 Page 2

Pa	rt l		-				•	
		of fundraising event contributions and gr		)-EZ,				ots greater than \$5,000.
			(a) Event #1 GOLF TOURNAMENT		(b) Event #2	(0	Other events NONE	(d) Total events (add col. (a) through
ø)			(event type)		(event type)		(total number)	col. <b>(c)</b> )
Revenue								
3eve	1	Gross receipts	66,321.					66,321.
_								
	2	Less: Contributions						
	3	Gross income (line 1 minus line 2)	66,321.					66,321.
_	-	Gloss income (line 1 minus line 2)	00,3211					00/0211
	4	Cash prizes						
	5	Noncash prizes	11,452.					11,452.
nsea		<b>5</b> . (6 . 111)						
хре	6	Rent/facility costs						
Direct Expenses	7	Food and beverages						
Dire	•							
	8	Entertainment	850. 29,684.					850.
	9	Other direct expenses						29,684.
	10	, ,						41,986. 24,335.
Pa		Net income summary. Subtract line 10 from light Gaming. Complete if the organization is			Dort IV line 10 or			24,333.
1 6		\$15,000 on Form 990-EZ, line 6a.	answered fes on Form	1990	, Part IV, line 19, or	repo	ted more than	
_		ψ.ο,οοο σ σ σοο <u></u> ,ο σα.	( ) 5:	(b	) Pull tabs/instant			(d) Total gaming (add
Revenue			(a) Bingo		bingo/progressive bingo		c) Other gaming	col. (a) through col. (c))
Reve								
_	1	Gross revenue						
ses	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
t Ex								
irec	4	Rent/facility costs						
	5	Other direct expenses		_				
	6	Valuntaar lahar	Yes %		Yes%		Yes %	
	0	Volunteer labor	∟ No		No		No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)					
		, , ,						
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)					
		ter the state(s) in which the organization condu		ototo				Yes No
		the organization licensed to conduct gaming and No," explain:		State	S?			. L res L No
	"	No," explain:						
	_							
		ere any of the organization's gaming licenses re				year	?	Yes No
b	lf "	Yes," explain:						
	_							

# GREATER OPPORTUNITIES FOR BROOME AND CHENANGO INC.

Sch	edule G (Form 990) 2022 AND CHENANGO, INC.	<u>6-09</u>	0919	0 Pag	je <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	L	Yes		No
	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:				
	The organization's facility	1	3a		%
	An outside facility		3b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
• •	Enter the marie and address of the person who propares the organization's garning special events books and records.				
	Name				
	Address				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes		No
ıJa	boes the organization have a contract with a tillid party from whom the organization receives gaming revenue:				
<b>L</b>	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amour	<b>.</b> +			
D		ıı			
	of gaming revenue retained by the third party \$				
С	If "Yes," enter name and address of the third party:				
	N.				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		☐ Yes		No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t				
	organization's own exempt activities during the tax year \$				
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); ar	nd Part I	I, lines	9, 9b, 10	Ob,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
					_
					—

Schedule 0	G (Form 990) AND CHENANGO, INC.  Supplemental Information (continued)	16-0909190 Page 4
Part IV	Supplemental Information (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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

GREATER OPPORTUNITIES FOR BROOME AND CHENANGO, INC.

Employer identification number 16-0909190

	·		Yes	No
<b>1</b> a	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			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	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			
		1b		
2	dicate which, if any, of the following the organization used to establish the compensation of the organization's  EO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to stablish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee  Written employment contract  Independent compensation consultant  Form 990 of other organizations  Approval by the board or compensation committee  uring the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing ganization or a related organization:			
	VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  First-class or charter travel			
_				
3				
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year did any person listed on Form 990. Part VII. Section A line 1a, with respect to the filing			
-				
•		4a		х
		4b		X
		4c		X
·		70		
	The totally of lines fais, list the persone and provide the appropriate amounts for easily terms.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	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:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	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	7		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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARK SILVANIC	(i)	170,789.	11,575.	0.	7,395.	17,310.		0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022	AND CHENANGO	, INC.		16-0909190	Page 3
Part III Supplemental Informa	ntion				
Provide the information, explanat	ion, or descriptions required	or Part I, lines 1a, 1b, 3, 4a, 4b, 4c	, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also co	omplete this part for any additional informat	tion.

#### **SCHEDULE M** (Form 990)

Noncash Contributions

OMB No. 1545-0047

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. Attach to Form 990.

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

GREATER OPPORTUNITIES FOR BROOME

AND CHENANGO, INC.

Open to Public Inspection

**Employer identification number** 

16-0909190

Part I Types of Property (a) (b) (c) (d) 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 43,551.FMV X Real estate - Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies ..... 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 25 Other 26 Other 27 Other 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions 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 3 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. X 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.

16-0909190 AND CHENANGO, INC. Schedule M (Form 990) 2022 Page 2 Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. SCHEDULE M, PART I, COLUMN (B): RECEIVED 5 PARCELS OF LAND - LYON STREET AND MUNSELL STREET

Schedule M (Form 990) 2022

#### 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 Inspection

OMB No. 1545-0047

Name of the organization

GREATER OPPORTUNITIES FOR BROOME AND CHENANGO, INC.

**Employer identification number** 16-0909190

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 \$ 347,354.** EXPENSES \$ 3,147,701. 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) 2022 Page 2 GREATER OPPORTUNITIES FOR BROOME Name of the organization **Employer identification number** 16-0909190 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, 2022.

#### 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.

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 16-0909190

Part I	Identification of Disregarded Entities. Complete	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.					
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total inco	me End-of-year		Direct c	(f) ontrolling ntity	)
Part II	Identification of Related Tax-Exempt Organiza organizations during the tax year.	tions. Complete if the organization a	nswered "Yes" on Form 990	, Part IV, line 34, l	because it had one	or more	related tax-exe	empt	
	(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) 512(b)(13) rolled ity?
					501(c)(3))			Yes	No

16-0909190

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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	/	h)	(i)	(j		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop alloca	artianata	Code V-UBI amount in box 20 of Schedule	Gene	al or Per	rcentage vnership
EAST HILLS SENIOR LIMITED										П		
PARTNERSHIP - 20-8734675,												
2224 PIERCE CREEK ROAD,	SENIOR LIVING											
BINGHAMTON, NY 13903	APTS	NY	N/A	RELATED				X	N/A		X	
										Ш		

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>(b)</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	ent	i) etion b)(13) rolled ity?
		country)		,				Yes	No
									<u> </u>
									<u> </u>
									<u> </u>

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

Page 3

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	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?								
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity								
b	Gift, grant, or capital contribution to related organization(s)				1b		X		
С	Gift, grant, or capital contribution from related organization(s)				1c		X		
	Loans or loan guarantees to or for related organization(s)				1d		X		
	e Loans or loan guarantees by related organization(s)								
f	f Dividends from related organization(s)								
g	g Sale of assets to related organization(s)								
h	Purchase of assets from related organization(s)				1h		X		
i	Exchange of assets with related organization(s)				1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х		
-									
k	k Lease of facilities, equipment, or other assets from related organization(s)								
- 1	Performance of services or membership or fundraising solicitations for related organizat	ition(s)			11	Х			
m	m Performance of services or membership or fundraising solicitations by related organization(s)								
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
	o Sharing of paid employees with related organization(s)								
	• • • • • • • • • • • • • • • • • • • •								
g	Reimbursement paid to related organization(s) for expenses				1p		Х		
a.	Reimbursement paid by related organization(s) for expenses				1q	Х			
•	1 7 3 (7 1				•				
r	Other transfer of cash or property to related organization(s)				1r		Х		
	r Other transfer of cash or property to related organization(s)  s Other transfer of cash or property from related organization(s)								
	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.								
	(a)	(b)	(c)	(d)					
		Transaction	Amount involved	Method of determining amount inve	t involved				
		type (a-s)		-					
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
23216	3 09-14-22			Schedule F	R (Forr	n 990)	2022		

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.

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(ł	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related unrelated	partners se	Share of	Share of	Dispr	por- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	Percentage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	allocat	ions?	of Schedule K-1	partne	r? ownersnip
		Country)	Sections 5 (2-5 (4)	Yes No	) IIICOITIE	assets	Yes	No	(F01111 1065)	Yes N	10
					-						
	]	1					1				1