TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

December 31, 2020

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.

Form **990**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

А	For t	the 2020 calendar year, or tax year beginning and endi	ing		
В	Check applic	GREATER OPPORTUNITIES FOR BROOME		D Employer identifi	cation number
		dress AND CHENANGO, INC.			
[2	∑ Nar	ne nge Doing business as		16-09091	90
	Initi retu Fina retu	al 44 WEST MAIN STREET	m/suite	E Telephone numbe 607-334-	7114
	ate	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7,676,822.
L	lretι			H(a) Is this a group re	
	tion	F Name and address of principal officer:MARK SILVANIC		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		exempt status: X 501(c)(3)	527	· ·	list. See instructions
		site: ▶ GREATEROPS.ORG		H(c) Group exemptio	
		·	L Year o	of formation: 1965	A State of legal domicile; NY
Р	art		ווחדו	T IP O	
S	1	Briefly describe the organization's mission or most significant activities: SEE SCH	טעפו	пе О	
nan		Check this box if the organization discontinued its operations or disposed of		than 050/ of its mot as	
Ver	3	·		ı	11
ၓ	4	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			11
భ	5	Total number of individuals employed in calendar year 2020 (Part V, line 1a)			178
įţį	6	Total number of volunteers (estimate if necessary)			319
Activities & Governance	7	a 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
Φ	8	Contributions and grants (Part VIII, line 1h)	🗀	6,277,725.	6,989,239.
nue	9	Program service revenue (Part VIII, line 2g)		81,492.	674,075.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,900.	1,138.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		14,290.	12,370.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,376,407.	7,676,822.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	1 , , , , , , , , , , , , , , , , , , ,		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,345,565.	4,906,942.
Expenses	16	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 2,550		0.	0.
Ϋ́				2 204 560	2 620 727
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,384,568. 5,730,133.	2,639,737. 7,546,679.
	18	1 , , , , , , , , , , , , , , , , , , ,		646,274.	130,143.
<u></u>	19 २	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	•
Net Assets or	30	Total assets (Part X, line 16)	Dei	2,299,882.	End of Year 14,424,738.
ASS	20 21			887,465.	1,601,601.
Net.	22		.	1,412,417.	12,823,137.
P	art				
		enalties of perjury, I declare that I have examined this return, including accompanying schedules and	l stateme	ents, and to the best of m	y knowledge and belief, it is
	-	rect, and complete. Declaration of preparer (other than officer) is based on all information of which p			
Sig	jn	Signature of officer		Date	
Не	re	MARK SILVANIC, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		ate Check	PTIN
Pai		DAVID URBAN DAVID URBAN	0	6/24/21 if self-employ	P00630018
	pare			Firm's EIN	47-4526160
Use	Only				16\ 624 0700
_		WILLIAMSVILLE, NY 14221		Phone no. (7	16) 634-0700
Ma	y the	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pa	Check if Schedule O contains a response or note to any line in this Part III
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: SEE SCHEDULE O
	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? X Yes No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 3,572,506 • including grants of \$) (Revenue \$)
	HEAD START: PROVIDES COMPREHENSIVE EARLY CHILDHOOD DEVELOPMENT SERVICES TO DISADVANTAGED PRESCHOOL CHILDREN AND THEIR FAMILIES. THE
	ORGANIZATION RECEIVED IN-KIND DONATIONS OF TEACHING AND AIDE SERVICES
	TOTALING \$304,201 FOR 2020.
4b	(Code:) (Expenses \$ 598,170 . Including grants of \$) (Revenue \$ 498,611 .) HOUSING: PROVIDES PERMANENT, SAFE, AND AFFORDABLE HOUSING OPPORTUNITIES
	FOR LOW-INCOME, HOMELESS INDIVIDUALS AND FAMILIES.
40	(Code:) (Expenses \$123,144including grants of \$) (Revenue \$128,099)
4c	(Code:) (Expenses \$ 123,144 · including grants of \$) (Revenue \$ 128,099 ·) UNIVERSAL PRE-K: PROVIDES QUALITY PRESCHOOLING TO CHILDREN WITH THE
	GOAL OF INCREASING SCHOOL READINESS.
4d	Other program services (Describe on Schedule O.)
1-	(Expenses \$ 2,450,707 • including grants of \$) (Revenue \$ 47,365 •) Total program service expenses ▶ 6,744,527 •
4e	Total program service expenses ► 6 , 744 , 527 . Form 990 (2020)

Form 990 (2020) 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?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	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 during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		Х
	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 Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? 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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
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	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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			7,7
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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			7,7
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Page **4**

			Yes	No						
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on									
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X						
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current									
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete									
	Schedule J	23		X						
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the									
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete									
	Schedule K. If "No," go to line 25a	24a		X						
b	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?									
С	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease									
	any tax-exempt bonds?	24c								
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d								
25 a	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	25a		X						
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and									
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete									
	Schedule L, Part I	25b		X						
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current									
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%									
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X						
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,									
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled									
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х						
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV									
	instructions, for applicable filing thresholds, conditions, and exceptions):									
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			,,						
	"Yes," complete Schedule L, Part IV	28a 28b		X						
	b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV									
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			3,7						
	"Yes," complete Schedule L, Part IV	28c		X						
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			₩.						
	contributions? If "Yes," complete Schedule M	30		X						
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31								
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х						
22	Schedule N, Part II	32								
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		х						
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		- ^						
34		34	х							
35 2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х						
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- JJa								
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b								
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000								
	If "Yes," complete Schedule R, Part V, line 2	36		х						
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization									
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI									
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		X						
_	Note: All Form 990 filers are required to complete Schedule O	38	Х							
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	-								
	Check if Schedule O contains a response or note to any line in this Part V									
			Yes	No						
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 86									
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0									
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming									
	(gambling) winnings to prize winners?	1c	Х							

O20) AND CHENANGO, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	170			
	filed for the calendar year ending with or within the year covered by this return	2a 178		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b	X	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				Х
			3a		Λ
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	· ·	4-		х
L	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		21
D	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	accupte (EDAD)			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		-00		
-	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut				
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the pavor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?	·	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	I			
	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:	1			
	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	446			
10-	amounts due or received from them.)	11b	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	12b	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120			
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.		104		
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
.,	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		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 instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				

Form 990 (2020)

16-0909190

Page 6

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 it Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	J.J		
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	tion bit office (This decide is requeste information about policies not required by the internal nevertice dedect)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b		IIIa		
12a		12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
		120		
·		12c	х	
13		13	X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X	
		14		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a	Х	
a h		15b	X	
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130	-2	
160				
iva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
h		IVa		21
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
<u>S</u>	exempt status with respect to such arrangements?tion C. Disclosure	IOD		
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ▶NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	l)e onli	() avail	ablo
10	for public inspection. Indicate how you made these available. Check all that apply.	راا ال درر	, avall	abit
10	• • • • • • • • • • • • • • • • • • • •	od file e	noia!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	iu iinai	icial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records CHRISTINE MONSEN C. F.O. – 607–334–7114			
	CHRISTINE MONSEN, C.F.O 607-334-7114 44 WEST MAIN STREET, NORWICH, NY 13815			
	TT MEDI MATH DINEEI, MONWICH, NI IJOIJ			

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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Form 990 (2020)

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				ono	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	\vdash	cer ar	d a d	recto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rustee	Institutional trustee		ee/	mpen		(***2/1099-101130)		and related
	below	dualt	rtiona	_	mplo)	st co	<u></u>			organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			
(1) MARK SILVANIC	40.00									
EXECUTIVE DIRECTOR	0.00	1		х				122,925.	0.	24,267.
(2) KELLY ROBERTSON	40.00									
DEPUTY DIRECTOR	0.00			х				70,763.	0.	20,119.
(3) CHRIS MONSEN	40.00									
C.F.O.	0.00	1		Х				49,502.	0.	6,299.
(4) JERRY SKRIVAN	5.00									
PRESIDENT		Х		Х				0.	0.	0.
(5) ROBERT STARR	5.00									
VICE PRESIDENT	0.00	Х		Х				0.	0.	0.
(6) ALICE DECKER	5.00									
SECRETARY	0.00	Х		Х				0.	0.	0.
(7) CLYDE BIRCH, JR.	5.00									
TREASURER	0.00	Х		Х				0.	0.	0.
(8) DORTHEA LANGLIE	5.00								_	_
DIRECTOR		Х						0.	0.	0.
(9) CARRIE KING	5.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(10) SHARON WELLS	5.00								_	_
DIRECTOR		Х						0.	0.	0.
(11) HOLLY ABBOTT	5.00	l							•	
DIRECTOR		Х						0.	0.	0.
(12) GRACE NUCERO-ALGER	5.00								0	
DIRECTOR		Х						0.	0.	0.
(13) JULIEBETH HOLDREGE	5.00	,,							0	_
DIRECTOR		Х						0.	0.	0.
(14) XANDRA ANGLE	5.00	٠,,							0	_
DIRECTOR	0.00 5.00	Δ						0.	0.	0.
(15) JUSTIN PARKER	0.00							0.	0.	0.
DIRECTOR (TO MARCH 2021)	0.00	^			\vdash		-	0.	0.	<u> </u>
		\mathbf{I}								
		\vdash			\vdash					
		1		ı	l	l		1		

Form 990 (2020)

Pai	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)							(D)	(E)		(F)		
	Name and title	Average	Position (do not check more than one					one	Reportable Reportable			Es	timate	ed
		hours per	ours per box, unless person is bo			is bot	h an	compensation	compensation	on	amount o		of	
		week	_	cer an	a a a	recto	or/trus	itee)	from	from related			other	
		(list any	rector						the	organization			pensa	
		hours for related	or di	# 왕			ated		organization	(W-2/1099-MI	SC)	l	om th	
		organizations	ustee	trust		g.	nbens		(W-2/1099-MISC)			·	anizat d relat	
		below	ual tr	ional		ploye	st con	L					a reiat anizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				Orgi	ai iizati	0110
			_	_		×		_						
			l											
								Ļ	243,190.		0.		0,6	0 5
1b	Subtotal								243,190.		0.		0,0	00.
C	Total from continuation sheets to Part VI								243,190.				0,6	
d	, , , , , , , , , , , , , , , , , , , ,							<u> </u>	<u> </u>		0.		0,0	00.
2	Total number of individuals (including but n	ot limited to tr	ose	liste	ed al	DOV	e) wr	no r	eceived more than \$100	0,000 of reportab	le			1
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director trust	ee k	CEV 6	mn	love	ലെ	r hio	nhest compensated emr	olovee on	1			
Ū	line 1a? If "Yes," complete Schedule J for s								greet compensated emp			3		Х
4	For any individual listed on line 1a, is the su													
•	and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch	pers	son .					5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	-	-								npens	ation	from	
	the organization. Report compensation for	the calendar y	ear e	endi	ng v	vith	or w	rithir T		year.			•	
	(A) Name and business	address							(B) Description of s	services	С)) ompe		n
W.	L. KLINE, INC.							\dashv	•			•		
32	9 WATER STREET, BINGHAM	MTON, N	<i>Y</i> 1	L39	901	L			GENERAL CONS	TRUCTION	<u> </u>	18	8,8	95.
TAT	DEDOMAND HOMEO TTO							- 1			4			

the organization. Report compensation for the calendar year ending with or with	iii tile organizat	ion s lax year.	
(A)		(B)	(C)
Name and business address	Descri	ption of services	Compensation
W. L. KLINE, INC.			
329 WATER STREET, BINGHAMTON, NY 13901	GENERAL	CONSTRUCTION	188,895.
INTERSTATE HOMES LLC			
2543 NY RT 7 , HARPURSVILLE, NY 13787	MOBILE I	HOMES	186,499.
BELDON HOMES			
1951 NY RT 7, HARPURSVILLE, NY 13787	GENERAL	CONSTRUCTION	141,503.
2 Total number of independent contractors (including but not limited to those listed	ed above) who re	eceived more than	

3

\$100,000 of compensation from the organization

Statement of Revenue

Part VIII Check if Schedule O contains a response or note to any line in this Part VIII 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 6,964,084. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 25,155 similar amounts not included above 1f 3,900. 1g \$ g Noncash contributions included in lines 1a-1f 6,989,239 h Total. Add lines 1a-1f **Business Code** 272,023. 272,023. 531110 2 a SHELTER PLUS CARE Program Service Revenue b RENTAL INCOME 531110 194,179. 194,179. c UNIVERSAL PRE-K 624100 128,099. 128,099. d SUPPORTIVE HOUSING 531110 32,409. 32,409. 20,417. 624229 20,417. CONSTRUCTION FEES 26,948. 26,948. 624229 f All other program service revenue 674,075. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 837. 837. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 301. 7a **b** Less: cost or other basis Other Revenue 0 7b and sales expenses 301. c Gain or (loss) 301. 301. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses _____ c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10b **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 900099 7,523. 7,523. 11 a INSURANCE b LAUNDRY 900099 2,823. 2,823. c MISCELLANEOUS 900099 2,024. 2,024. d All other revenue 12,370. e Total. Add lines 11a-11d 676,822. 686,445. 1,138 Total revenue. See instructions 12

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	on 501(c)(3) and 501(c)(4) organizations must com	-	-		
-	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,	0.40 400	E0 E64	150 406	
	trustees, and key employees	243,190.	70,764.	172,426.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2 772 150	2 450 204	201 756	
7	Other salaries and wages	3,772,150.	3,450,394.	321,756.	
8	Pension plan accruals and contributions (include	60 440	E 6 0 2 0	11 (10	
_	section 401(k) and 403(b) employer contributions)	68,440.	56,830.	11,610.	
9	Other employee benefits	498,000.	449,741.	48,259.	
10	Payroll taxes	325,162.	290,795.	34,367.	
11	Fees for services (nonemployees):				
а	•	22 202	17 504	14 070	
b	Legal	32,383.	17,504.	14,879.	
_	Accounting				
d	, 5				
	,				
f	Investment management fees				
g	,	134,427.	72,662.	59,215.	2,550.
40	column (A) amount, list line 11g expenses on Sch O.)	20,464.	19,094.	1,370.	2,330.
12	Advertising and promotion	91,148.	79,212.	11,936.	
13	Office expenses	24,903.	13,461.	11,442.	
14 15	Information technology	24,505.	13,1010	11,112,	
15 16	Royalties	442,069.	395,030.	47,039.	
17	Occupancy	12,298.	12,238.	60.	
	Travel Payments of travel or entertainment expenses	12/2500	12,2301		
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	61,083.	61,083.		
20	Interest	26,599.	26,599.		
21	Payments to affiliates	-,	-,		
22	Depreciation, depletion, and amortization	256,506.	252,734.	3,772.	
23	Insurance	124,887.	75,724.	49,163.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24è amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DIRECT ASSISTANCE TO IN	936,288.	936,288.		
b	SUPPLIES	271,672.	270,035.	1,637.	
С	TELEPHONE	52,752.	47,423.	5,329.	
d	FOOD	51,864.	51,118.	746.	
е	All other expenses	100,394.	95,798.	4,596.	
25	Total functional expenses. Add lines 1 through 24e	7,546,679.	6,744,527.	799,602.	2,550.
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)				
	10.00.00				Earm 990 (2020)

Form 990 (2020)

Part X | Balance Sheet

Pa	πλ	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			107,391.	1	570,188.
	2	Savings and temporary cash investments			360,007.	2	621,216
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			513,097.	4	966,576
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described	d in sec	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			270,630.	7	180,441
Assets	8	Inventories for sale or use				8	
Ÿ.	9				60,685.	9	5,331
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	17,193,340.			
	b	Less: accumulated depreciation	10b	5,156,010.	988,072.	10c	12,037,330
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			0.	15	43,656
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	33)	2,299,882.	16	14,424,738
	17	Accounts payable and accrued expenses			414,875.	17	666,143
	18	Grants payable			400	18	105 011
	19	Deferred revenue			622.	19	135,961
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or form					
≣		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%			
Liabilities		controlled entity or family member of any of thes			450 660	22	848 285
_	23	Secured mortgages and notes payable to unrela			459,663.	23	747,375
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X	10 205		FO 100
	l	of Schedule D			12,305.	25	52,122
	26	Total liabilities. Add lines 17 through 25			887,465.	26	1,601,601
S		Organizations that follow FASB ASC 958, che	ck her	e ▶ △			
ž		and complete lines 27, 28, 32, and 33.			051 626		12 672 050
ala	27	Net assets without donor restrictions			951,626. 460,791.	27	12,672,050
<u>Б</u>	28	Net assets with donor restrictions			400,791.	28	131,007
Ξ		Organizations that do not follow FASB ASC 9	58, cne	eck nere			
٥		and complete lines 29 through 33.					
ets	29	Capital stock or trust principal, or current funds				29	
\SS	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			1,412,417.	31	12,823,137
Z	32	Total net assets or fund balances			2,299,882.	32	14,424,738
	33	Total liabilities and net assets/fund balances			4,499,002.	33	14,444,130

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>		X
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			6,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>7</u> ,		6,6	
3	Revenue less expenses. Subtract line 2 from line 1	3			0,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	, 41	2,4	17.
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	11,	, 28	0,5	77.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	12,	, 82	3,1	37.
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 in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	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?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,				1
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.	Г			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit	ı l			
	Act and OMB Circular A-133?		L	3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		[
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	1

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

GREATER OPPORTUNITIES FOR BROOME Employer identification number Name of the organization AND CHENANGO, INC. 16-0909190 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 in 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))

16-0909190 Page 2

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

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

Calendar year (or fiscal year beginning in) ► (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total fifs, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 4,899,257. 5,265,850. 5,557,297. 6,277,725. 6,989,239. 28,989 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 4,899,257. 5,265,850. 5,557,297. 6,277,725. 6,989,239. 28,989 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) 4,899,257. 5,265,850. 5,557,297. 6,277,725. 6,989,239. 28,989 Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total Supports Calendar year (or fiscal year beginning in) ► 4,899,257. 5,265,850. 5,557,297. 6,277,725. 6,989,239. 28,989	368. 368.
membership fees received. (Do not include any "unusual grants.") 4,899,257. 5,265,850. 5,557,297. 6,277,725. 6,989,239. 28,989 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3	368.
include any "unusual grants.") 4,899,257. 5,265,850. 5,557,297. 6,277,725. 6,989,239. 28,989 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3	368.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3	368.
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	368.
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	368.
or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3	368.
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8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties, and income from similar sources 13,096. 2,761. 229. 1,100. 837. 18,0	22
	<u> </u>
9 Net income from unrelated business	
activities, whether or not the	
business is regularly carried on	
10 Other income. Do not include gain	
or loss from the sale of capital	22
assets (Explain in Part VI.) 51,354. 34,858. 13,453. 6,988. 12,370. 119,0	
11 Total support. Add lines 7 through 10 29,126	
12 Gross receipts from related activities, etc. (see instructions) 12 1,016,2	98.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and stop here	
Section C. Computation of Public Support Percentage	
Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 99.53	<u>%</u>
15 Public support percentage from 2019 Schedule A, Part II, line 14	<u>%</u>
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	
1 7 1 7 11 7	X
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	
and stop here. The organization qualifies as a publicly supported organization	
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization	
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the	
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	

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

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

Galledar year (or fiscal year septiming in) Galledar year (or fiscal	Sec	tion A. Public Support	now, please com	piete Part II.)				
1 Giffs, grants, contributions, and membership feet received. (Do not include any "unusual grants.") 2 Gross eneights from admissions, merchandise acid or services per formed, or facilities turnished in any activity that is related to the organization's trave-empt purpose 3. Gross neceipts from activities that are not an unrelated trade or business under section 513. 4 Tax revenues levide for the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf. 6 Total. Add lines 1 through 5. 7 A mounts included on lines 1, 2, and 3 received from disqualified persons. b invest tenders in lines 2 and 3 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons that second to gratues of 18,000 or 1% of the annual received and annual received annu		· · · · · · · · · · · · · · · · · · ·	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
membership fees received. (Do not include any trustal grants?) 2 Gross receipts from admissions, membranding sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from admissions that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization is transpared to or expended on its behalf 5 The value of services or scalities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf 6 Total. Add lines 1 through 5		· ` ` ` · · · · · · · · · · · · · · · ·	(-, -5.5	(-,,	(-, 25.5	(=, ==:=	\-,	(-)
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19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							 	
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b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			-					17 13 11UL
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
. I		• •	•			•	•	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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		
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10	0b		
m 990 d		90-EZ)	2020

16-0909190 Page 5

Pa	rt IV Supporting Organizations (continued)			.gc c
	(continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	140
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
ŭ	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	1.6		
Ŭ	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	1.0		
	<i>y</i> 11 0 0		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). The organization satisfied the Activities Test. Complete line 2 below.)-		
a	The organization satisfied the Activities rest. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
b	The organization is the parent of each or its supported organizations. Complete line's below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	etructio	ne)	
2	Activities Test. Answer lines 2a and 2b below.	istraction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

GREATER OPPORTUNITIES FOR BROOME

Schedule A (Form 990 or 990-EZ) 2020 AND CHENANGO, INC.

16-0909190 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (e <i>xplain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	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		
c	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-functional	ally integrate	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

16-0909190 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations				
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro		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	9 Distributable amount for 2020 from Section C, line 6				
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
<u>i</u>	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

GREATER OPPORTUNITIES FOR BROOME

16-0909190 Page 8 Schedule A (Form 990 or 990-EZ) 2020 AND CHENANGO, INC. Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

GREATER OPPORTUNITIES FOR BROOME

AND CHENANGO, INC.

Employer identification number

16-0909190

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 or 990-EZ), 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, 990-EZ, or 990-PF), 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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$685,787.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$_4,201,961.	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
4		\$162,037.	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
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$176,320.	Person X Payroll

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	Iditional 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.)

Employer identification number

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
		\$	

Employer identification number

	Use duplicate copies of Part III if additional	space is needed.	
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_		(e) Transfer of gif	
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
D. 1	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	
-	Transferee's name, address, an		Relationship of transferor to transferee
o. n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_		(e) Transfer of git	
-	Transferee's name, address, an		Relationship of transferor to transferee
lo. n t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	
	Transferee's name, address, an	d 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

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	ised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	
	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		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
•			0/1-1/41/171/21
8	Does each conservation easement reported on line 2(d) above	•	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	•	
	balance sheet, and include, if applicable, the text of the footr	lote to the organization's linancial stater	nents that describes the
Par	organization's accounting for conservation easements. † III Organizations Maintaining Collections or	f Δrt Historical Treasures or (Other Similar Assets
· ui	Complete if the organization answered "Yes" on Form		other emmar 7,000to.
12	If the organization elected, as permitted under FASB ASC 95		and halance sheet works
ıu	of art, historical treasures, or other similar assets held for put	•	
	service, provide in Part XIII the text of the footnote to its final	, ,	•
h	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:	o oximplicity, cadeation, or recognitivities	anoranoe or pasite service,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L .
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A		g, p. 5 g
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
b	Assets included in Form 990, Part X		

GREATER OPPORTUNITIES FOR BROOME

Schedule D (Form 990) 2020

AND CHENANGO, INC.

16-0909190 Page **2**

Pai	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures,	or Othe	er Simi	lar Ass	ets (continu	ued)
3	Using the organization's acquisition, access	on, and other record	ls, check	any of the	following tha	at make s	ignifican	t use of it	ts	
	collection items (check all that apply):									
а	Public exhibition	d	ı 🗆 L	oan or exc	hange progr	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how th	ey further t	he organizat	ion's exe	mpt purp	ose in Pa	art XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, his	storical trea	sures, or oth	er similaı	assets	_		
	to be sold to raise funds rather than to be m								Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" on	Form 99	0, Part I\	/, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for o	contribution	ns or other as	ssets not	included	_		
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing to	able:						
									Amount	
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
f	Ending balance							<u> </u>		
	Did the organization include an amount on F		•					∟	Yes	├ No
	If "Yes," explain the arrangement in Part XIII									
Par	T V Endowment Funds. Complete				1				1	
		(a) Current year	(b) Pr	rior year	(c) Two yea	rs back	(d) Three	years bac	k (e) Four	years back
	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
_	and programs									
	Administrative expenses									
g	End of year balance		- /l: 1 -	l /						
2	Provide the estimated percentage of the cur	•	•	g, column (a	a)) neid as:					
a	Board designated or quasi-endowment ▶ Permanent endowment ▶	%	_%							
		% %								
С	Term endowment ▶ The percentages on lines 2a, 2b, and 2c sho									
20	Are there endowment funds not in the posses	•	ation tha	t are hold a	nd administ	arad for t	ho oraan	ization		
Sa	by:	sssion of the organiza	alion ina	i are rielu a	ina auminist	erea ioi ti	ne organ	ization	Г	Yes No
									3a(i)	Tes No
	(ii) Unrelated organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizations									
4	Describe in Part XIII the intended uses of the								OD	
	t VI Land, Buildings, and Equipm		- WITICITE I	unus.						
	Complete if the organization answere) Part IV	line 11a 9	See Form 990	n Part X	line 10			
	Description of property	(a) Cost or o			or other		ccumulat	ed	(d) Book	value
	Becomplian or property	basis (investr		` '	(other)		oreciation		(u) Book	value
1a	Land	<u> </u>			9,834.				839	,834.
	Buildings				5,996.	4,:	383,4	25.	10,892	
	Leasehold improvements			- , - ·	,		, -		- ,	<u></u>
	Equipment			1,02	4,049.	•	772,5	85.	251	.,464.
	Other				3,461.		, -			3,461.
	. Add lines 1a through 1e. (Column (d) must e		X. colum						12,037	7,330.

Schedule D (Form 990) 2020 AND CHENANGO), INC.	16-	-0909190 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of		11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description	, ,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)	•	
Part X Other Liabilities.	10.)		
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OTHER CURRENT LIABILITIES			14,209.
(3) SECURITY DEPOSITS			37,913.
(4)			3.,,525
(5)			
<u>(6)</u>			
<u>(7)</u> (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	<u> </u>	52,122.
iotai. (Columni (D) must equal Form 330, Fart A, Col. (B) line	20.)		20,120

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

Sche	edule D (Form 990) 2020 AND CHENANGO, INC.			<u> 16-</u>	0909190 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per R	eturr	٦.
	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	7,981,023.
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	304,201.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	304,201.
3	Subtract line 2e from line 1			3	7,676,822.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,676,822.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		h Expenses per	Retu	ı rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	7,850,880.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	304,201.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	304,201.
3	Subtract line 2e from line 1			3	7,546,679.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	7,546,679.
Pa	rt XIII Supplemental Information.				
Prov	ide 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,
ines	2d and 4h; and Part XII, lines 2d and 4h. Also complete this part to provide any additional and and any additional and additional and any additional and additional additional additional additional and additional a	itional infor	mation		

PART X, LINE 2:

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

GREATER OPPORTUNITIES FOR BROOME

Schedule D (Form 990) 2020 AND CHENANGO, INC. Part XIII Supplemental Information (continued)	16-0909190 Page 5
Part XIII Supplemental Information (continued)	

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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 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 3, CHANGES IN PROGRAM SERVICES: GREATER OPPORTUNITIES FOR BROOME AND CHENANGO, INC. (THE AGENCY) - WAS FORMED THROUGH A MERGER OF OPPORTUNITIES FOR CHENANGO, INC. AND OPPORTUNITIES FOR BROOME, INC., WHICH LEFT OPPORTUNITIES FOR CHENANGO, INC. AS THE SURVIVING ENTITY; THE MERGED ENTITIES OPERATE UNDER THE NEW NAME GREATER OPPORTUNITIES FOR BROOME AND CHENANGO, INC. THE MERGER WAS EFFECTIVE JULY 1, 2020, HOWEVER, WAS NOT FINALIZED UNTIL JULY 27, 2020.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: VARIOUS SMALL PROGRAMS INCLUDING SPECIAL NEEDS EDUCATION, CHILD CARE, EMERGENCY ASSISTANCE, AND FAMILY DEVELOPMENT.

EXPENSES \$ 2,450,707. INCLUDING GRANTS OF \$ 0. REVENUE \$ 47,365.

Name of the organization	AND CHENANGO, INC.	Employer identification number 16-0909190
FORM 990, PART	T VI, SECTION B, LINE 11B:	
BOARD REVIEWS	AND APPROVES.	
EODM 000 DADO	r VI, SECTION B, LINE 12C:	
	IRED TO DISCLOSE ON AN ANNUAL BASIS.	
FORM 990, PART	T VI, SECTION B, LINE 15:	
THE BOARD DETI	ERMINES THE COMPENSATION FOR THE EXECUTIVE D	IRECTOR ON AN
ANNUAL BASIS A	AND THE EXECUTIVE DIRECTOR DETERMINES THE CO	MPENSATION FOR ALI
EMPLOYEES BASE	ED ON REVIEWS.	
FORM 990, PART	r VI, SECTION C, LINE 19:	
AVAILABLE UPON	N REQUEST.	
FORM 990, PART	T XI, LINE 9, CHANGES IN NET ASSETS:	
TRANFER OF NET	T ASSETS FROM OPPORTUNITIES FOR BROOME, INC	11,280,577
FORM 990, PART	T XII, LINE 2C:	
NO CHANGES HAV	VE TAKEN PLACE DURING THE FISCAL YEAR ENDED	DECEMBER 31,
2020.		

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

16-0909190

OMB No. 1545-0047

Name of the organization GREATER OPPORTUNITY AND CHENANGO, INC.

GREATER OPPORTUNITIES FOR BROOME Employer identification number

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 of foreign country)	r (d) Total inco	me End-of-year		eets Direct con entit		I
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, I	because it had one	or more relate	d tax-exen	npt	
	(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 conti entity		Section 5 contr enti	olled
					501(c)(3))			Yes	No

Page 2

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

	, · · · · · · · · · · · · · · · · · · ·		1	1		1			1	1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(i)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gene	ral or	Percentage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	alloca	itions?	amount in box 20 of Schedule K-1 (Form 1065)	part	ner?	ownership
		country)		sections 512-514)		0.00010	Yes	No	K-1 (Form 1065)	Yes	No	
EAST HILLS SENIOR LIMITED												
PARTNERSHIP - 20-8734675,]											
2224 PIERCE CREEK ROAD,	SENIOR LIVING											
BINGHAMTON, NY 13903	APTS	NY	N/A	RELATED	0.	0.		X	N/A		X	.00%
	1											
	1											
	1											
	1											
	1											
	1											
	1											
	1											
	1											
										-	\vdash	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	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.

Yes No

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

1	During the tax year, did the organization engage in any of the following transactions with one of	or more re	elated organizations listed	in Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X		
b	Gift, grant, or capital contribution to related organization(s)				1b		X		
С	Gift, grant, or capital contribution from related organization(s)				1c		X		
					1d		X		
е	Loans or loan guarantees by related organization(s)				1e		X		
f	Dividends from related organization(s)				1f		X		
g	Sale of assets to related organization(s)				1g		X		
h Purchase of assets from related organization(s)									
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X		
I Performance of services or membership or fundraising solicitations for related organization(s)									
					1n		X		
c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) f Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) l 1k l Performance of services or membership or fundraising solicitations by related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) 1nd									
р	Reimbursement paid to related organization(s) for expenses				1p		X		
					1q	Х			
r	Other transfer of cash or property to related organization(s)				1r		X		
					1s		X		
2	If the answer to any of the above is "Yes," see the instructions for information on who must co	omplete th	nis line, including covered	relationships and transaction thresholds.					
	Name of related organization Transaction	action		(d) Method of determining amount invo	olved				
1)									
2)									
3)									
4)									
5)									
6)									
3216	33 10-28-20			Schedule R	(Forr	n 990)	2020		

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)	(r	1)	(i)	(j)	(k	()
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related unrelated	partners s	Share of	Share of	Dispro	opor- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	l or Percer	ntage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	allocat	ions?	of Schedule K-1	partn	owner owner	rsnip
		Country)	Sections 5 (2-5 (4)	Yes N	o Income	assets	Yes	No	(F01111 1065)	Yes I	10	
	-											
	1											
	1											
							1			\vdash		
	_											
										\sqcup		
										\Box		
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