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CLIENT'S COPY

D'ARCANGELO &CO., LLP 200 EAST GARDEN STREET ROME, NY 13442-4300

FOURTEEN ARNOLD AVENUE CORP C/O THE ARC 245 GENESEE STREET UTICA, NY 13501

FOURTEEN ARNOLD AVENUE CORP C/O THE ARC:

ENCLOSED IS THE ORGANIZATION'S 2019 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

D'ARCANGELO &CO., LLP

D'ARCANGELO &CO., LLP 200 EAST GARDEN STREET ROME, NY 13442-4300

FOURTEEN ARNOLD AVENUE CORP C/O THE ARC 245 GENESEE STREET UTICA, NY 13501

FOURTEEN ARNOLD AVENUE CORP C/O THE ARC:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2019 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2019 FORM 990

2019 NEW YORK FORM CHAR500

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

D'ARCANGELO &CO., LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2019

FOURTEEN ARNOLD AVENUE CORP C/O THE ARC 245 GENESEE STREET UTICA, NY 13501
D'ARCANGELO & CO., LLP 200 EAST GARDEN STREET ROME, NY 13442-4300
NOT APPLICABLE
NOT APPLICABLE
NOT APPLICABLE
NOT APPLICABLE
THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. THE ENCLOSED TRANSMITTAL LETTERS (ORIGINAL & COPY) ALONG WITH OUR RETURN ENVELOPE MUST BE MAILED WITH YOUR TAX RETURN. WE WILL RETAIN THE RETURNED, SIGNED COPY IN OUR FILE AS PROOF OF FILING.

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FEDERAL INFORMATIONAL FORMS

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NEW YORK INFORMATIONAL FORMS

D'ARCANGELO &CO., LLP 200 EAST GARDEN STREET ROME, NY 13442-4300

FOURTEEN ARNOLD AVENUE CORP C/O THE ARC 245 GENESEE STREET UTICA, NY 13501

FOURTEEN ARNOLD AVENUE CORP C/O THE ARC:

WE HAVE PREPARED AND ENCLOSED YOUR 2019 NEW YORK FORM CHAR500, ANNUAL FILING REPORT. THE REPORT SHOULD BE SIGNED, DATED, AND MAILED AS INDICATED.

NEW YORK FORM CHAR500:

THE NEW YORK FORM CHAR500 SHOULD BE MAILED ON OR BEFORE MAY 15, 2020 TO:

NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET NEW YORK, NY 10005

ENCLOSE A CHECK OR MONEY ORDER FOR \$275.00, PAYABLE TO DEPARTMENT OF LAW.

THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

THE ATTACHED COPY OF FEDERAL FORM 990 MUST BE PROPERLY SIGNED AND DATED.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

D'ARCANGELO &CO., LLP

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

DECEMBER 31, 2019

Prepared for	FOURTEEN ARNOLD AVENUE CORP C/O THE ARC 245 GENESEE STREET UTICA, NY 13501
Prepared by	D'ARCANGELO & CO., LLP 200 EAST GARDEN STREET ROME, NY 13442-4300
Amount due or refund	BALANCE DUE OF \$275.00
Make check payable to	DEPARTMENT OF LAW
Mail tax return and check (if applicable) to	NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET NEW YORK, NY 10005
Return must be mailed on or before	MAY 15, 2020
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S). THE ATTACHED COPY OF FEDERAL FORM 990 MUST BE PROPERLY SIGNED AND DATED. THE ENCLOSED TRANSMITTAL LETTERS (ORIGINAL & COPY) ALONG WITH OUR RETURN ENVELOPE MUST BE MAILED WITH YOUR TAX RETURN. WE WILL RETAIN THE RETURNED, SIGNED COPY IN OUR FILE AS PROOF OF FILING.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

	For calendar year 2019, or fiscal year beginning	, 2019, and ending	. 20	2010
	· · · · · · · · · · · · · · · · · · ·	IRS. Keep for your records.		2019
Department of the Treasury Internal Revenue Service	-	879EO for the latest informatio	n.	
Name of exempt organization			Employer	identification number
FOURTEEN ARNO	LD AVENUE CORP			
C/O THE ARC			22-2	378929
Name and title of officer				
STEVEN GASSNE	R			
PRESIDENT				
Part I Type of	Return and Return Information (Who	le Dollars Only)		
Check the box for the retu	Irn for which you are using this Form 8879-EO a	nd enter the applicable amount, i	f any, from the retu	rn. If you check the box
on line 1a, 2a, 3a, 4a, or 5	a, below, and the amount on that line for the re	turn being filed with this form was	blank, then leave	line 1b, 2b, 3b, 4b, or 5b
whichever is applicable, b	lank (do not enter -0-). But, if you entered -0- on	the return, then enter -0- on the a	pplicable line below	v. Do not complete mor
than one line in Part I.				
1a Form 990 check here	b Total revenue, if any (Form 99	90, Part VIII, column (A), line 12) .	1b	154,010
2a Form 990-EZ check he	ere > b Total revenue, if any (For	m 990-EZ, line 9)	2b	
3a Form 1120-POL check		POL, line 22)	-	
4a Form 990-PF check he		t income (Form 990-PF, Part VI, li	-	
5a Form 8868 check here	e b Balance Due (Form 8868, line	93c)		

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize D'ARCANGELO & CO., LLP		to enter my PIN	78929
ERO firm name			Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2019 electronically filed return is being filed with a state agency(ies) regulating charities as part of the IRS F enter my PIN on the return's disclosure consent screen.			
As an officer of the organization, I will enter my PIN as my signature on the c indicated within this return that a copy of the return is being filed with a state program, I will enter my PIN on the return's disclosure consent screen.	• ,	•	
Officer's signature	Date 🕨		
Part III Certification and Authentication			
ERO's EFIN/PIN. Enter your six-digit electronic filing identification		1	
number (EFIN) followed by your five-digit self-selected PIN.	1609436428 Do not enter all zeros		
I certify that the above numeric entry is my PIN, which is my signature on the 2019 ele confirm that I am submitting this return in accordance with the requirements of Pub. 4 <i>e-file</i> Providers for Business Returns.			
ERO's signature	Date ▶ 05	/04/20	
ERO Must Retain This Form - S Do Not Submit This Form to the IRS Unit		o So	

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FILEABLE FORMS

Form 990
(Rev. January 2020)
Department of the Treasury

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



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

AF	or th	e 2019 calendar year, or tax year beginning and	ending	-	
B c a	heck if pplicab	FOURTEEN ARNOLD AVENUE CORP		D Employer identifie	cation number
	Addre chang				
	Name chang	Doing business as		22-23789	29
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final			(315)735	
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	154,010.
	Amer returr	UTICA, NI ISSUI		H(a) Is this a group re	
	Appli tion pend			for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	Icluded? Yes No
		empt status: 501(c)(3) X 501(c) (2) ◀ (insert no.) 4947(a)(1) c	or 🛄 527	If "No," attach a	list. (see instructions)
-		te: WWW.THEARCOLC.ORG		H(c) Group exemption	, ,
		f organization: X Corporation Trust Association Other ►	L Year	of formation: 1981 N	State of legal domicile: NY
Pa	rt I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities:	MISSIC	N OF 14 ARN	OLD AVENUE
anc		CORPORATION IS TO PROVIDE RENTAL REAL EST			
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	1 1	
õ	3				13
م	4	Number of independent voting members of the governing body (Part VI, line 1b) $\ _{.}$			13
ies	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			0
Activities &	6	Total number of volunteers (estimate if necessary)		6	0
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 39	 I		-
				Prior Year 0 •	Current Year
Iue	8	Contributions and grants (Part VIII, line 1h)		175,967.	127,364.
Revenue	9	Program service revenue (Part VIII, line 2g)		2,231.	3,193.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		22,500.	23,453.
	11 12			200,698.	154,010.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
6	15	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		0.	0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per		Total fundraising expenses (Part IX, column (2), line 25)	0.		•••
Щ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		182,378.	170,654.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		182,378.	170,654.
	19	Revenue less expenses. Subtract line 18 from line 12		18,320.	-16,644.
or				ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		1,656,900.	1,535,345.
Ass J Ba	21	Total liabilities (Part X, line 26)		408,891.	303,980.
Fund		Net assets or fund balances. Subtract line 21 from line 20		1,248,009.	1,231,365.
	rt II				- ·

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer STEVEN GASSNER, PRESIDENT Type or print name and title	Date
Paid	Print/Type preparer's name LEONARD P. CARISSIMO, CPA	Date Check PTIN 05/04/20 self-employed P00164281
Preparer	Firm's name D'ARCANGELO & CO., LLP	Firm's EIN ▶ 13-2550103
Use Only	Firm's address 200 EAST GARDEN STREET	
	ROME, NY 13442-4300	Phone no. 315 - 336 - 9220
May the II	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
932001 01-2	20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2019)

	FOURTEEN ARNOLD AVENUE CORP
	n 990 (2019) C/O THE ARC 22-2378929 Page 2 rt III Statement of Program Service Accomplishments
Га	
1	Check if Schedule O contains a response or note to any line in this Part III
•	THE MISSION OF 14 ARNOLD AVENUE CORPORATION IS TO PROVIDE RENTAL REAL
	ESTATE FOR THE DISABLED.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	FOURTEEN ARNOLD AVENUE CORPORATION IS A NOT FOR PROFIT CORPORATION
	ORGANIZED FOR THE PURPOSE OF HOLDING TITLE TO PROPERTY LEASED TO AN
	AFFILIATE - THE ARC, ONEIDA - LEWIS CHAPTER, NYSARC.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	, (), (), (), () _ , () , () _ ,
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	170 664

FOURTEEN ARNOLD AVENUE CORP C/O THE ARC

 Form 990 (2019)
 C / O
 THE
 ARC

 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)?			v
•	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> " <i>Yes</i> ," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
45	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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 23
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
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,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	~		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

Pai	TIV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	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	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
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		X
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		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"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		X
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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
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	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
-				

Form 990 (2019)

C/O THE ARC

22-2378929	Page 5
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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0 b If at least one is reported on line 2a, diff the organization file all required federal employment tax returns? 2a 0 b If at least one is reported on line 2a, diff the organization file all required federal employment tax returns? 2a 0 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a b If 'tes', 'has if field a Form 990.7 for this year? 4a 3b 3b b If 'tes', 'has if field a Form 990.7 for this year? 4a 4a innancial account in a foreign county > - 4a b If 'tes', 'enter the name of the foreign county > - - 5a 5b Sa Did any taxable party notify the organization and yea or poinbibited tax shelter transaction? 5a 5c b Did any taxable party notify the organization neaber secretise that are normally greater than \$100,000, and did the organization selection induce with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c 5c	No X
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a 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: 9b a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a	-
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b	
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11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	
a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	
amounts due or received from them.)	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	
a Is the organization licensed to issue qualified health plans in more than one state? 13a	
Note: See the instructions for additional information the organization must report on Schedule O.	
b Enter the amount of reserves the organization is required to maintain by the states in which the	
organization is licensed to issue qualified health plans	
c Enter the amount of reserves on hand	
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a	X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b	1
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1
excess parachute payment(s) during the year?	x
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 investment income? [16]	-
If "Yes," complete Form 4720, Schedule O.	X

Form **990** (2019)

	FOURTEEN ARNOLD AVENUE CORP				
		22-2	2378929		6
	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th				age 6
IU	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule (0		espon	30
					X
<u>Sec</u>	Check if Schedule O contains a response or note to any line in this Part VI				21
Sec	tion A. doverning body and Management			Yes	No
10	Enter the number of voting members of the governing hady at the and of the tay year	1a	13	res	
Ia	Enter the number of voting members of the governing body at the end of the tax year				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
h		16	13		
b	Enter the number of voting members included on line 1a, above, who are independent				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		2		x
•	officer, director, trustee, or key employee?				
3	Did the organization delegate control over management duties customarily performed by or under the	-			x
	of officers, directors, trustees, or key employees to a management company or other person?				X
4	Did the organization make any significant changes to its governing documents since the prior Form 9		······		X
5	Did the organization become aware during the year of a significant diversion of the organization's as		·····		X
6	Did the organization have members or stockholders?				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a		-		x
b	more members of the governing body?		7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, s		76		x
•	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the ye		7b		
8			0.0	x	
a L	The governing body?			X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?		8b		<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea		9		x
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		А
360	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Coae.)		N.	
				Yes	No

			162	NU
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \mathrm{NY}$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			

bsite	Another's website	Х	Upon request

19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.

20	State the name, address, and telephone number of the person who possesses the organization's books and records
	VINCENT F. VETERE - 315-735-6477
	245 GENESEE STREET, UTICA, NY 13501

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C/0	THE	ARC		

Part VII	ompensation of Officers, Directors, Trustees, Key Employees, Highest Compensat
	mployees, 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.

Form 990 (2019)

• 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.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(1-		Pos	ition			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensation	amount of
	week	offi	cer ar	nd a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or din	Ð			ited		organization	(W-2/1099-MISC)	from the
	related	stee	ruste			pensa		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		ploye	com				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JOANNA GRECO	1.00	Ē	Ë	5	ξe	Ξē	요			
	1.00	x						0.	0.	0.
DIRECTOR	1.00	^						0.	0.	0.
(2) JIM D'ONOFRIO	1.00	.,,								0
DIRECTOR	1 00	X						0.	0.	0.
(3) DR. LAWRENCE FARAGO	1.00									
DIRECTOR		X						0.	0.	0.
(4) DAVID MATHIS	1.00									
DIRECTOR		X						0.	0.	0.
(5) DR.JOHN KOWALCZYK	1.00									
DIRECTOR		X						0.	0.	0.
(6) STEVEN GASSNER	5.00									
PRESIDENT		x		X				0.	0.	0.
(7) STEPHANIE EGHIGIAN	1.00									
DIRECTOR		x						0.	0.	0.
(8) LELAND MCCORMAC	1.00									
DIRECTOR		x						0.	0.	0.
(9) RUTH RIDGWAY	1.00									
DIRECTOR		x						0.	0.	0.
(10) STEPHEN CARUSO	5.00									
TREASURER		x		x				0.	0.	0.
(11) ZAIDA MORELL	5.00									
SECRETARY		x		x				0.	0.	0.
(12) DR.BRIAN BELLAIR	1.00							• • •	•·	
DIRECTOR		x						0.	0.	0.
(13) MAUREEN BOSCO	5.00									
VICE PRESIDENT		x		x				0.	0.	0.
										••
		<u> </u>					<u> </u>			
		-								
		<u> </u>					<u> </u>			

_	FOURTEEN		A١	/El	IUN	Ξ	COE	RP		22-2	270	020	D -	
	990 (2019) C/O THE A t VII Section A. Officers, Directors, Trust		nlav			а LI:	a h a	-+ (Componented Employe		570	929	Ра	ige 8
l ui	(A) Name and title	(B) Average hours per	(do box	not c , unle	(C Pos heck	C) ition more rson i	l than is bot	one h an	(D) Reportable	(E) Reportable compensatio			(F) timate	
		week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	lirecto	Highest compensated employee	Lormer	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	t s	com fro orga and	other pensat om the anization relate nization	tion e on ed
	Subtatal		-						0.		0.			0.
С	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	I, Section A							0.		0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	nose	liste	ed al	bove	e) wł	סר r	received more than \$100),000 of reportab	le		Yes	0 No
3	Did the organization list any former officer, line 1a? <i>If "Yes," complete Schedule J for su</i>					-						3	Tes	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportab),000? <i>If</i> "Yes,	le co " <i>co</i>	omp <i>mpl</i> e	ensa ete S	atior Sche	n and edule	d ot e J	her compensation from for such individual	the organization		4		X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," comp</i>	•							•			5		Х
	tion B. Independent Contractors									<u> </u>				
1	Complete this table for your five highest con the organization. Report compensation for t (A)										npens	ation fi		
	(A) Name and business	address	NC	ONI	E				Description of s	services	С	omper		1
	Total number of independent contractors ("			mita	d to	the	80		d above) who received -	acro than				
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	IUT III	nite	u 10		se II:)	steo	above) who received h	ore trian				

Form 990 (2019) C

FOURTEEN ARNOLD AVENUE CORP C/O THE ARC

	rt VII	Statement of Revenue					<u></u>
		Check if Schedule O contains a respor	nse or note to anv	line in this Part VIII			
				(A) Total revenue	Related or exempt	(C) Unrelated business revenue	Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	b c d f g	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and similar amounts not included above1fNoncash contributions included in lines 1a-1f1g \$					
		Total. Add lines 1a-1f RENTAL REVENUE	Business Code 531390		127,364.		
Program Service Revenue	2 a b c d		_		127,304.		
Pro		All other program service revenue		127,364.			
	<u>д</u> 3	Total. Add lines 2a-2f Investment income (including dividends, in		±27,304.			
	4	other similar amounts) Income from investment of tax-exempt bor	nd proceeds	3,193.			3,193.
	b	Royalties (i) Real Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c	(ii) Personal	-			
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis					
Revenue	с	and sales expenses 7b Gain or (loss) 7c					
Other		,	8a				
			8b				
		Net income or (loss) from fundraising even Gross income from gaming activities. See	<u>is</u>				
		Part IV, line 19	9a				
			<u>9b</u>				
		Net income or (loss) from gaming activities Gross sales of inventory, less returns	►				
		and allowances	10a	-			
		Less: cost of goods sold Net income or (loss) from sales of inventor	10b				
Miscellaneous Revenue	11 a	MV FACADE PROJECT	Business Code 531390		23,453.		
ellar ven	b		-				
lisc	c d	All other revenue	-				
Σ		Total. Add lines 11a-11d		23,453.			
	12	Total revenue. See instructions		154,010.	150,817.	0.	3,193.

	FOURTEEN ARNOLD A	VENUE CORP
Form 990 (2019)	C/O THE ARC	22
Part IX Statement of	Functional Expenses	
Section 501(c)(3) and 501(c)(4) organizations must complete all colu	umns. All other organizations must complete column (A)

	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
3	individuals. See Part IV, line 22 Grants and other assistance to foreign				
5	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	2,500.	2,500.		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	15 006	15 006		
20	Interest	15,236.	15,236.		
21	Payments to affiliates	151,460.	151,460.		
22	Depreciation, depletion, and amortization	,40U.	,40U.		
23	Insurance Other expenses. Itemize expenses not covered				
24	above (List miscellaneous expenses not covered line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	1,183.	1,183.		
b	FILING FEES	275.	275.		
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	170,654.	170,654.	0.	0
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)				

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		FOURTEEN	ARNOLD	AVENUE	CORP
Form 990 (2019)	C/O THE	ARC		
Part X	Balance Shee	t			

22-2378929 Page 11

		Check if Schedule O contains a response or not	te to any	/ line in this Part X			
		· · · · ·			(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing		······ -	7,500.	1	7,500.
	2	Savings and temporary cash investments			428,730.	2	447,416.
	3	Pledges and grants receivable, net				3	0.0 1.05
	4	Accounts receivable, net				4	26,185.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali				6	
			under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)				
ets	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use	····· -		8	12.460	
4	9	Prepaid expenses and deferred charges			45,686.	9	13,460.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,416,536.	1 180 568		1 000 600
	b	Less: accumulated depreciation	10b	2,376,837.	1,172,567.	10c	1,039,699.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		2,417.	15	1,085.	
	16	Total assets. Add lines 1 through 15 (must equ			1,656,900.	16	1,535,345.
	17	Accounts payable and accrued expenses		4,744.	17	3,112.	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV o	of Schedule D		21	
es	22	Loans and other payables to any current or form	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
iab		controlled entity or family member of any of the	se perso	ons		22	
-	23	Secured mortgages and notes payable to unrela	ated thir	d parties	376,021.	23	300,868.
	24	Unsecured notes and loans payable to unrelate	d third p	oarties		24	
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	s 1 7-24).	Complete Part X			
		of Schedule D			28,126.	25	0.
	26	Total liabilities. Add lines 17 through 25			408,891.	26	303,980.
s		Organizations that follow FASB ASC 958, che	eck here				
ő		and complete lines 27, 28, 32, and 33.					
alar	27	Net assets without donor restrictions			1,248,009.	27	1,231,365.
Ä	28	Net assets with donor restrictions				28	
ŭ		Organizations that do not follow FASB ASC 9	58, che	ck here 🕨 🗌			
Ĕ		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ed				30	
ťÅ	31	Retained earnings, endowment, accumulated in				31	
Ne	32	Total net assets or fund balances			1,248,009.	32	1,231,365.
	33	Total liabilities and net assets/fund balances			1,656,900.	33	1,535,345.
							Form 990 (2019)

	FOURTEEN ARNOLD AVENUE CORP				
Form	990 (2019) C/O THE ARC	22-237	8929	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			10.
2	Total expenses (must equal Part IX, column (A), line 25)	2			54.
3	Revenue less expenses. Subtract line 2 from line 1	3			44.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,24	8,0	09.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,23	1,3	65.
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				37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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			v	
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			х	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Δ	
•	If the organization changed either its oversight process or selection process during the tax year, explain on Scl				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-			x
I -	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		0		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

sc	SCHEDULE D Supplemental Financial																⊢		o. 1545	-0047	7						
(For	n 990)				Р	► C Part l	omp V, lin	olete i 1e 6, 7	f the oi 7, 8, 9,	10, 11	la, 11I	b, 1 [.]	1c, 1 [.]	1d, 1	Yes I1e,	s" on , 11f,	n For , 12a	m 99 a, or	90, 12b.					2	J	y	0
	ment of the Treasury I Revenue Service			1						► Att	ach to	o Fo	rm 9	90.						'n	Open to Public Inspection					С	
	e of the organizati	ion		'OUI		EN	AR	RNO1		rm990 for instructions and the latest information. AVENUE CORP							Employer identi 22-23						ıber				
Pa	rt I Organiza	atio							Advis	sed	Func	ls o	or O	ther	r S	imil	lar I	Fun	ds or	· A	cco					<u> </u>	
	organizatio	on an	nsw	ered "	Yes"	on F	orm §	990, I	Part IV,	line 6	i.																
											(;	a) Do	onor	advis	sed	d fund	ds			(k) Fur	nds ai	nd ot	her ac	count	s	
1	Total number at e																										
2	Aggregate value of																										
3	Aggregate value o																										
4	Aggregate value a																										
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?										_	٦.,	Г															
~																							ட	_ Yes	; L		No
6	Did the organizatio																										
	for charitable purp impermissible priv														-	-	-	-			-			Yes	. Г		No
Pa	rt II Conserv								e if the o														ــــــ				NU
1	Purpose(s) of con									-									, . a	,							
•	Preservation							,	U		`			·	<u> </u>	Pres	serva	ation	of a hi	sto	rically	impo	ortan	t land	area		
	Protection c								,				,						oface			•					
	Preservation	n of c	оре	n spa	.ce																						
2	Complete lines 2a	ι thro	oug	n 2d it	i the a	orgar	nizatio	on he	ld a qu	alified	l cons	erva	tion (contr	ribu	ution	in th	ne for	m of a	co	nserv	ation	ease	ement	on the	las	st
	day of the tax yea	ır.																				Held	l at th	e End	of the 1	Fax '	Year
а	Total number of c	onse	erva	tion e	asem	nents															2a						
b	Total acreage rest																				2b						
С	Number of conser	vatic	ion e	asem	ents	on a	certif	fied h	istoric s	struct	ure in	clud	led in	(a) .							2c						
d									-																		
listed in the National Register 2d 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the																											
3		vatic	ion e	asem	ents	mod	ified,	trans	ferred,	releas	sed, e	xting	guish	ed, o	or te	ermir	nated	d by i	the or	gani	zatio	n dur	ing th	ne tax			
	year ►			-									- 41														
4	Number of states		-	-	-	-								_	o oti	ion k		ling									
5	Does the organiza violations, and ent																							Yes	. Г		No
6	Staff and voluntee																		 						_	ar	NU
U		51 110	ours	uevo		5 11101	ntorn	ng, m	specin	ig, na	numig	101 0	lolati	0113,	an		10101	ng co	511361 V	anc	n ca	seme	113 U	unng	ine ye		
7	Amount of expense	ses ir	_ incu	rred ii	n mor	nitorir	na. in	Ispec	tina, ha	Indlin	a of vi	olati	ons.	and e	enf	forcir	na ca	onser	vation	eas	seme	nts d	urina	the v	ear		
-	▶\$						3,		3 ,		5		,											,			
8	Does each conser	rvatic	ion e	asem	ient r	eport	ted o	n line	2(d) ab	ove s	satisfy	the	requ	ireme	ent	s of s	secti	ion 1	70(h)(4	1)(B	(i)						
	and section 170(h					-					-		-										🗆	Yes	. [No
9	In Part XIII, descri	be h	how	the o	rganiz	zatior	n repo	orts c	onserv	ation	easen	nent	s in i	ts rev	ven	nue a	ind e	exper	ise sta	item	ent a	and					
	balance sheet, an	d inc	cluc	e, if a	pplica	able,	the t	text o	f the fo	otnote	e to th	ne or	ganiz	zatior	n's	finar	ncial	state	ements	s tha	at de	scribe	es the	Э			
	organization's acc																										
Pa	rt III Organiza						-								rea	asu	res	, or	Othe	er S	Simi	lar A	sse	ets.			
	Complete i																										
1 a	If the organization			•								•												KS			
	of art, historical tre																			erar	ice o	pub	IC				
F	service, provide in																				oha	at we	rka a	f			
b	0																										
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:																										
	(i) Revenue inclu	-				-																\$					
	(ii) Assets include																										
2	If the organization																					·					
-	the following amo										-																
а	Revenue included					•							•									\$					
	Assets included in																										

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990
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	FOURTEEN	ARNOLD A	VENU	E CORF)					
	dule D (Form 990) 2019 C / O THE A									Page 2
Par	t III Organizations Maintaining Coll	ections of Ar	t, Hist	torical Tr	easures, o	or Other	Similar	Asset	S (continu	ed)
3	Using the organization's acquisition, accession,	and other record	s, checl	k any of the	following that	it make sigr	nificant us	e of its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	е		Other						
с	Preservation for future generations									
4	Provide a description of the organization's collect	ctions and explair	n how th	ney further t	he organizati	on's exemp	t purpose	e in Part	XIII.	
5	During the year, did the organization solicit or re	ceive donations of	of art, hi	storical trea	sures, or oth	er similar as	sets			
	to be sold to raise funds rather than to be maint	ained as part of t	he orga	nization's c	ollection?			🗌	Yes	No No
Par	t IV Escrow and Custodial Arrange	ments. Comple	ete if the	organizatio	on answered	"Yes" on Fo	orm 990, F	Part IV, li	ine 9, or	
	reported an amount on Form 990, Part X	, line 21.								
1a	Is the organization an agent, trustee, custodian	or other intermed	liary for	contributior	ns or other as	sets not ind	luded			
	on Form 990, Part X?								Yes	🗌 No
b	If "Yes," explain the arrangement in Part XIII and									
									Amount	
с	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Form						?		Yes	No
	If "Yes," explain the arrangement in Part XIII. Ch					-				
Par	t V Endowment Funds. Complete if the	e organization an	swered	"Yes" on Fo	orm 990, Parl	: IV, line 10.				
	•	a) Current year		rior year	(c) Two yea		Three yea	rs back	(e) Four y	ears back
1a	Beginning of year balance									
	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the current	vear end balanc	e (line 1	a. column (a)) held as:			L		
а	Board designated or quasi-endowment	5	%	J , (
b	Permanent endowment	%								
с	Term endowment %									
	The percentages on lines 2a, 2b, and 2c should	equal 100%.								
3a	Are there endowment funds not in the possession	•	ation tha	at are held a	and administe	ered for the	organizat	ion		
	by:	5					5		Y	'es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ns listed as requir	ed on S	chedule R?	•				3b	
4	Describe in Part XIII the intended uses of the org								0.0	I
Par	t VI Land, Buildings, and Equipmen									
	Complete if the organization answered "). Part I\	/. line 11a. S	See Form 990). Part X. lin	e 10.			
	Description of property	(a) Cost or of			or other		imulated		(d) Book	value
		basis (investr			(other)	• •	ciation		(4) 2001	raido
1a	Land		,		1,776.				281	,776.
	Buildings				4,760.	2.37	6,83	7.		,923.
	Leasehold improvements			-,	,	,	,			
d	Equipment							+		
	Other									
	Add lines 1a through 1e. (Column (d) must equa	I Form 990 Part	X colun	nn (R) line '	10c.)				1,039	.699.
iotal			., coluli	שוווו ,ום, יווי				<u> </u>	<u>-,</u>	,

Schedule D (Form 990) 2019

C/O THE ARC

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (4) (5) (B) (C) (C) (C) (C) (C) (D) (C) (C) (C) (C) (F) (C) (C) (C) (C) (C)

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Schedule D (Form 990) 2019

(G) (H)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col	lumn (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	
1.	(a) Description of liability	(b) Book value
(1) Fe	ederal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

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

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

FOURTEEN	ARNOLD	AVENUE	CORP

Sche	dule D (Form 990) 2019 C/O THE ARC		22-2378929	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
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	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		. 5	
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses pe	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
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	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		. 5	
Pa	t XIII Supplemental Information.			

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

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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. FOURTEEN ARNOLD AVENUE CORP



Employer identification number 22 - 2378929

FORM 990, PART VI, SECTION B, LINE 11B:

C/O THE ARC

THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS ALL FINAL REPORTS

INCLUDING THE IRS FORM 990 PRIOR TO ISSUANCE.

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

THE ORGANIZATION REQUIRES THAT THE POLICY STATEMENT BE REVIEWED AND SIGNED

ON AN ANNUAL BASIS. BOARD MEMBERS ARE AWARE OF THE POLICY AND RECUSE

THEMSELVES WHEN A PERCEIVED CONFLICT ARRISES.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S DOCUMENTS REQUIRED TO BE DISCLOSED ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S DOCUMENTS REQUIRED TO BE DISCLOSED ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LN 2C

THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS IS REQUIRED TO FULFILL

THE BOARD'S FIDUCIARY OVERSIGHT RESPONSIBILITY. THE COMMITTEE IS

RESPONSIBLE FOR REVIEWING, DISCUSSING, AND ACCEPTING THE AUDITOR'S

WRITTEN REPORTS.

SCHEDULE R (Form 990) Comp			MB No. 1549 201 pen to P Inspecti	9 ublic				
Name of the organization FOURTEEN ARNOI C/O THE ARC	JD AVENUE CORP				Em	nployer identifi 22-23789	cation n 929	umber
Part I Identification of Disregarded Entities. Complete	te if the organization answered "Yes	" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state c foreign country)	(d) Total incor	(e) me End-of-year	assets	ets Direct cor entit		9
	-							
	-							
	-							
Part IIIdentification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34, t	because it had one	or more	e related tax-exe	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Direo	(f) ct controlling entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))			Yes	No
THE ARC, ONEIDA-LEWIS CHAPTER - 15-0581298 245 GENESEE STREET UTICA, NY 13501	TO PROVIDE HOUSING AND PROGRAM SERVICES FOR THE DISABLED	NEW YORK	501(C)(3)	LINE 7				x
LAWRENCE & LAMPHEAR CORPORATION - 22-2379470								
245 GENESEE STREET	TO PROVIDE RENTAL REAL							
UTICA, NY 13501	ESTATE FOR THE DISABLED	NEW YORK	501(C)(3)	LINE 10				X
	-							
	-							

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Page 2

Schedule R	(Form 990) 2019 C/O	THE ARC											22-2	2378	3929	F	Page
Part III o	dentification of Related Org rganizations treated as a pa	ganizations Taxable	e as a Partn tax year.	ership. Complete	if the organi	zation answ	ered "Ye	es" on For	m 990, F	Part IV, line	e 34, b	ecaus	e it had one c	or more	e relate	ed	
Nam of r	(a) le, address, and EIN elated organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomin (related excluded fi	(e) nant income , unrelated, rom tax under s 512-514)	Share	(f) e of total come	Sha end-	(g) are of of-year sets	Disprop	h) ortionate tions? No	(i) Code V-Ul amount in b 20 of Scheo K-1 (Form 10	oox ⁿ Jule L	nanaging partner?	Perce	<) entag ership
Part IV	dentification of Related Org	ganizations Taxable	e as a Corpo	pration or Trust. C year.	Complete if t	he organizat	ion ans	wered "Ye	s" on Fo	rm 990, P	art IV,	line 34	4, because it I	nad or	ne or m	nore rel	lated
	(a) Name, address, and E of related organizatio	IN n	Prim	(b) ary activity	(C) Legal domicile (state or foreign country)	(d) Direct con entit	trolling	(e Type of (C corp, or tr	entity S corp,	(f) Share o inco	of total		(g) Share of end-of-year assets	Perce	i h) entage ership	512(1	i) tion b)(13) rolled ity?
																163	

Schedule R (Form 990) 2019 C/O THE ARC

Part V	Transactions With Related Org	janizations. Complete if the c	rganization answered "Yes'	" on Form 990, Part IV, line 34, 35b, or 36.
--------	-------------------------------	--------------------------------	----------------------------	--

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	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		Х
	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e	Х	
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	X	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
n	n Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
0	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p		X
	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE ARC, ONEIDA LEWIS CHAPTER	J	127,364.	
(2) THE ARC, ONEIDA LEWIS CHAPTER	Е	26,185.	
(3)			
<u>(4)</u>			
(5)			
(6)			

Schedule R (Form 990) 2019 C/O THE ARC

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)	(e)	(f)	(g)	(1	n)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are partner 501 (c orgs	all rs sec.	Share of	Share of		ropor- nate tions?	Code V-UBI	General managir	or Percentage
of entity		(state or foreign country)		orgs Yes		total income	end-of-year assets	alloca Yes	tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner	
				res	NO			res	NO	(<u> </u>
											\vdash	
	-											
											\vdash	
				$\left \right $							┢╼╋┝	

Schedule R (Form 990) 2019

Schedule R	(Form 990)	2019

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Open to Public Inspection

1.General Informat	ion				
For Fiscal Year Beginning	g (mm/dd/yyy	<pre>/y) 01/01/2</pre>	2019 and Ending (r	mm/dd/yyyy) 12/31/2	019
Check if Applicable: Address Change	Name of Org FOURTE		D AVENUE CORP	C/O THE ARC	Employer Identification Number (EIN): 22-2378929
Name Change	Mailing Add 245 GB	ress: ENESEE STI	REET		NY Registration Number: 029245
Final Filing	City / State /		01		Telephone: 315 735-6477
Reg ID Pending	Website: WWW • TH	HEARCOLC.	ORG		Email:
Check your organization's		nly 🗌 EPTL o	only X DUAL (7A &		onfirm your Registration Category in the
registration category: 2. Certification	7A or				narities Registry at www.CharitiesNYS.com.
	ication requir	ements Improper	certification is a violation	of law that may be subject t	o penalties. The certification requires
two signatories.	louion requi				
				all attachments, and to the of the State of New York ap	best of our knowledge and belief,
liley and	e ilue, collec	and complete in	accordance with the laws	STEVEN GASS	
President or Authorized	Officer:			PRESIDENT	NEK
		Signature		Print Name	
				VINCENT F V	ETERE
Chief Financial Officer or	Treasurer:	Signature		CFO Print Name	and Title Date
		Signature		Print Name	and fille Date
3. Annual Reporting	g Exempti	on			
Check the exemption(s) the comparison of the com	hat apply to y	our filing. If your	organization is claiming an	exemption under one cate	gory (7A or EPTL only filers) or both
					ed Char500. No fee, schedules, or
	•		an exemption or are a DU	IAL filer that claims only one	exemption, you must file applicable
schedules and attachmer	its and pay a	ipplicable tees.			
🗌 3a. 7A filin	a exemption:	: Total contributio	ns from NY State including	g residents, foundations, go	vernment agencies, etc. did not
exceed \$2	5,000 <u>and</u> th	e organization dic			aising counsel (FRC) to solicit
contributio	ons during the	e fiscal year.			
	filing exemption fiscal year.	on: Gross receipts	s did not exceed \$25,000 a	and the market value of ass	ets did not exceed \$25,000 at any time
daning the	noour your.				
4. Schedules and A	ttachmen	ts			
See the following page		- 7			
for a checklist of	Yes ⊥Σ				ising counsel or commercial co-venturer
schedules and		for fund ra	aising activity in NY State?	? If yes, complete Schedule	4a.
attachments to	Yes 🛽	K No 4b. Did th	o organization robolivo go	vernment grants? If yes, con	polata Sabadula Ab
complete your filing.			le organization receive gov	eniment grants? If yes, con	npiete Schedule 4b.
5. Fee				•	
See the checklist on the	7A filing	g fee:	EPTL filing fee:	Total fee:	Make a single check or money order
next page to calculate yo					payable to:
fee(s). Indicate fee(s) you	\$	25.	\$ 250.	\$ 275.	"Department of Law"
are submitting here:				Ψ	
CHAR500 Annual Filing for	r Charitable C	Organizations (Upd	dated January 2020)		

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

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Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF: - Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3. - Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.

Annual Filing Checklist

Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

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

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

Check the financial attachments you must submit with your CHAR500:

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

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

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000

X No Review Report or Audit Report is required because total revenue and support is less than \$250,000

We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

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

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

For EPTL and DUAL filers, calculate the EPTL fee:

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

Send Your Filing

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

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

Need Assistance?

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

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

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

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

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

DUAL filers are registered under both 7A and EPTL.

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

Confirm your Registration Category and learn more about NY law at <u>www.CharitiesNYS.com.</u>

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

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