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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. |
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| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
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| | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
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| | |
| 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 |
|---|--|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 2a 0 1b If at least one is reported on line 2a, did the organization file al required tederal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3a 3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a 3c If "Yes," enter the name of the foreign country See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a 5v Was the organization natry to a prohibited tax shelter transaction at my time during the tax year? 5a 5u did any taxable party notify the organization file Form 888617 5c 5c 6u did no reganization network and was charitable contributions? 5a 5b 7 0 reganization network and year of the was selecitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 5a | X X X X X X X |
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| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization 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. 9 a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring 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 11a b Gross income from members or shareholders 11a 11b | |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization 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. 8 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b 11a 10 Section 501(c)(12) organizations. Enter: 11a 11b 11 Section 501(c)(12) organizations. Enter: 11a 11b | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization 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. 8 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: 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 | |
| 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. 9 a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make any taxable distributions under section 4966? 9a 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: 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 | |
| sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 9a 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: 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 | |
| 9 Sponsoring organizations maintaining donor advised funds. 9a a Did the sponsoring organization make any taxable distributions under section 4966? 9a b 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: 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 | |
| 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 | |
| 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 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 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: 10b 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 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 | |
| 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 |

| FOUF | RTEEN | I ARNOLD | AVENUE | CORP |
|------|-------|----------|--------|------|
| 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. |
| | | | | | | | | | | •• |
| | | | | | | | | | | |
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| _ | 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 |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | 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) | | | | |

932011 01-20-20

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

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| | | 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 |
|--------|---|
| 932051 | 10-02-19 |

| | 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 |
| | - | | | | | | | |
| | - | | | | | | | |

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

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 |
| | | | | | | | | | | | | | | | | | |
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| 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 | |
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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> |
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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.

FOURTEEN ARNOLD AVENUE CORP C/O THE ARC

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)).