## EXTENDED TO NOVEMBER 15, 2019

Form **990** 

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Go to www.

A For the 2018 calendar year, or tax year beginning D Employer identification number Check if applicable: C Name of organization NORTHERN CHAUTAUQUA COMMUNITY FOUNDATION 16-1271663 Name change Doing business as Number and street (or P.O. box if mail is not delivered to street address) E Telephone number ]initial return Room/suite (716)366-4892 212 LAKE SHORE DRIVE WEST Final return/ 1,691,214. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code ated H(a) Is this a group return 14048 Amended DUNKIRK, NY Yes X No F Name and address of principal officer:GINA PARADIS for subordinates? H(b) Are all subordinates included? Yes 14063 pending 3442 STONE QUARRY ROAD, FREDONIA, If "No," attach a list. (see instructions) I Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or L H(c) Group exemption number ▶ J Website: WWW.NCCFOUNDATION.ORG L Year of formation: 1987 M State of legal domicile; NY Other > K Form of organization: X Corporation Trust Summary Part I Briefly describe the organization's mission or most significant activities: TO ENRICH THE AREA IN WHICH WE Governance LIVE AND WORK. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) <del>17</del> 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 ఠ 5 Total humber of individuals employed in calendar year 2018 (Part V, line 2a) 5 75 Activities 6 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 38 ...... **Current Year** Prior Year 574,659. 1,119,456. Contributions and grants (Part VIII, line 1h) 0. 0. Program service revenue (Part VIII, line 2g) 545,721. 1,062,942. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 22,441. 53,613. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,691,214. 1,687,618. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ...... 1,002,215. 858,461. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. σ. 14 Benefits paid to or for members (Part IX, column (A), line 4) 238,282. 223,905. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ........ 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 63,013. 132,678. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,303,510. 1,215,044. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 387,704. 472,574. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 25,377,319. 27,571,635. 20 Total assets (Part X, line 16) 2,410,733. 2,577,035 21 Total liabilities (Part X, line 26) 22,966,586. 24,994,600. Net assets or fund balances. Subtract line 21 from line 20 ...... Part II | Signature Block 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. Signature of officer Sign GINA PARADIS, PRESIDENT Here Type or print name and title Prepayęr's signature 🧷 Print/Type preparer's name Illa P01455079 Yi Muss KRISTY B. ZABRODSKY, CPA Paid Firm's name BUFFAMANTE WHIPPLE BUTTAFARO, PO 16-1117932 Firm's EIN 🔊 Preparer 201 WEST THIRD STREET Firm's address Use Only Phone no. 716-664-5104 JAMESTOWN, NY 14701 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) Form 990 (2018)

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Form	990 (2018) NORTHERN CHAUTAUQUA COMMUNITY FOUNDATION 16-1.2716	63 Page <b>2</b>
Par	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III	X
1	Directly describe the examination's mission'	
,	TO ENRICH THE AREA IN WHICH WE LIVE AND WORK. TO THIS END, THE	
	FOUNDATION HAS FIVE PRIMARY GOALS:	
	TO BENEF	тт тне
	1. TO BE A CATALYST FOR THE ESTABLISHMENT OF ENDOWMENTS TO BENEF	<u> </u>
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	Sebedulo O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
Ü	If "You " doscribe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by exp	oenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expe	nses, and
	revenue, if any, for each program service reported.  (Code: 1,167,405 • including grants of \$ 1,002,215 • ) (Revenue \$	)
4a	(Code: ) (Expenses 2 P. AMARDED TO AREA NON-PROFIT ORGANIZATIONS AND TO LOCAL	ļ.
	SCHOLARSHIP RECIPIENTS, AS WELL AS TO COVER EXPENSES INCURRED FO	R THE
	ADMINISTRATION OF FUNDS.	
		- \
4b	(Code:) (Expenses \$	)
4c	(Code: ) (Expenses \$ including grants of \$) (Revenue \$	)
40	(Code:	
	(D. with the Oak adule O.)	
40	\ (Revenue \$	)
4 -	(Expenses \$ including grants of \$ 7, 405.	
46	5 Total program do not only only only	Form 990 (2018)

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			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	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			
6	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		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ū	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	Х	
	Part VI			
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
_	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	ļ ·		
	Part X line 162 If "Yes." complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		$\frac{X}{X}$
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del> </del>	<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
	complete Schedule G, Part III	20a	+-	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20b	+	<del>                                     </del>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		1	$T^{-}$
21	Did the organization report more than \$5,000 or grants or other assistance to any domestic organization report more than \$5,000 or grants or other assistance to any domestic organization report more than \$5,000 or grants or other assistance to any domestic organization report more than \$5,000 or grants or other assistance to any domestic organization report more than \$5,000 or grants or other assistance to any domestic organization report more than \$5,000 or grants or other assistance to any domestic organization report more than \$5,000 or grants or other assistance to any domestic organization report more than \$5,000 or grants or other assistance to any domestic organization report more than \$5,000 or grants or other assistance to any domestic organization report more than \$5,000 or grants or other assistance to any domestic organization report more than \$5,000 or grants or other assistance to any domestic organization report more than \$5,000 or grants or other assistance to any domestic organization report more than \$5,000 or grants or other assistance and the second or other assistance and the second organization report more than \$5,000 or grants or other assistance and the second organization report more than \$5,000 or grants or other assistance and the second organization report more than \$5,000 or grants or other assistance and the second organization report more than \$5,000 or grants or other assistance and the second organization report more than \$5,000 or grants or other assistance and the second organization report more than \$5,000 or grants or other assistance and the second organization report more than \$5,000 or grants or other assistance and the second organization report more assistance and the s	21	Х	
	domestic government on Part IX, Columnity-y, line 11 in 150, Complete 5 th 150 years of the manufacture of the column transfer of the col	Forr	n <b>99</b> 0	(2018)

Part IV   Checklist of Required Schedules (continued)   Yes   No   Part IV, eclumn (A), line 2º If "Yes," complete Schedule I, Part I and IV   Part IV, eclumn (A), line 2º If "Yes," complete Schedule I, Part I and IV   Part IV, eclumn (A), line 2º If "Yes," complete Schedule I, Part I and IV   Part IV, eclumn (A), line 2º If "Yes," complete Schedule I, A state and IV   Part IV, eclumn (A), line 2º If "Yes," complete Schedule I, A state and IV   Part IV, eclumn (A), line 2º If "Yes," complete Schedule I   Part IV, eclumn (A), line 3º If yes, and the componentation of more time \$100,000 as of the last day of the year, that was issued after December 31, 2002° IV "Yes," answer lines 2º Id harvegs 2º If and complete Schedule IV, "Yes," or lone 2º If "Yes," answer lines 2º If harvegs 2º If and complete Schedule IV, "Yes," or lone 2º If "Yes," answer lines 2º If harvegs 2º If and complete Schedule IV, "Yes," or lone 2º If "Yes," answer lines 2º If harvegs 2º If and complete Schedule IV, "Yes," or lone 2º If "Yes," complete Schedule IV, Part I   Part IV	C	990 (2018) NORTHERN CHAUTAUQUA COMMUNITY FOUNDATION 16-1271	663	Р	age 4
Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, eclaren (A), line 2? If "Yes," complete Schedule (*, Parts I and III 22 IX Part I A) and III 22 IX Part I A Company (*) and the organization answer "Yes" to Part IVI, Scalon A, line 3, or 5 about compensation of the organization's current and former officers, directors, busters, key comployees, and highest compensated employees? If "Yes," complete Schedule I and I was exampted to the last day of the year, that was issued after December 31, 2009? If "Yes," answer lines 24th brough 24d and complete Schedule I (*) (*) (*) (*) or line "Part I VIS, expense of tax exampt bonds beyond a temporary profed exception" and the organization mixest any proceeds of tax exampt bonds beyond a temporary profed exception" and the organization or accepts account other than a rotunding secret at any time during the year to defease any tax-exampt bonds?  24a Did the organization mixest any proceeds of tax exampt bonds beyond a temporary profed exception" and the part I VIS or the part of the first transaction with a discussified person of time there than a rotunding secret at any time during the year?  25a Section 501c(3)3, 501c(4)4, and 501c(2)30 organizations. Did the organization engage in an excess benefit transaction with a discussified person of the part of the granization with a discussified person of the part of the organization with a discussified person of the part of the organization with a discussified person of the organization and the organization person of the	Form	39() (2() 18) NORTHER CHILDRE		***************************************	
Part K, celumn (A), line 2º If "Yes," complete Schedule I, Parts I and III  20 bit the congranization answer "Yes" to Part IVI, Scotin On, Jine 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 I, Part IVI, Inc. 10, 100 to 10 to 1	Par	TV Checklist of Required Schedules (continued)		Yes	No
Part IX, column (A), line 2* // 1*/es*, complete stretument and former officers, directors, trustees, key employees, and highest compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees // 1*/es*, complete Schedule J.  23	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	20	×	
and former officers, directors, trustees, key employees, and highest compensated employees, "in *res, Curipters' 1* *sea. *Schedule J    23		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	-25	
and former officers, directors, trustees, key employees, and highest compensated employees, "in *res, Curipters' 1* *sea. *Schedule J    23	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
Schedule J. Was 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, 200? If "Yes," arrawave lines 24b through 24d and complete Schedule K. If "Wo," go to like 25a		and former officers, directors, trustees, key employees, and highest compensated employees? If tes, complete	0.2		x
sate day of the year, that was issued after December 31, 2002? If "Yes," answer times 240 intrologin 240 and curriete Schedule K, I*No., go to fine 256  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year of defease any tax-exempt bonds?  d Did the organization and tas an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  25d Section 50(16)(8), 50(16)(4), 4nd 50(16)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "I*Yes," complete Schedule I, Part I is 18 the organization with a disqualified person during the year? "I*Yes," complete Schedule I, Part I is 18 the organization with a disqualified person during the year? "I*Yes," complete Schedule I, Part I is 18 the organization with a disqualified person during the year? "I*Yes," complete Schedule I, Part I is 18 the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustoes, key employees, individed employees, or disqualified persons? If "Yes," complete Schedule I, Part II is 18 the organization provide a grant or other assistance to an officer, director, trustoe, key employee, autostantial contributor or employee thereof, agrant solicotion committee member, or to a 35% controlled entity or family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV is 18 the organization a party to a business transaction with one of the following parties (see Schedule I, Part IV is 18 the organization receive more than \$25,000 in non-cash contributions of "Yes," complete Schedule I, Part IV is 18 the organization receive more than \$25,000 in non-cash contributions of the organization receive more than \$25,000 in non-cash contributions of the Yes," complete Schedule I, Part IV		Schedule J	20		<del></del>
Schedule K. If "No." go to line 256 b) Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tux-exempt bonds? d) Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tux-exempt bonds? d) Did the organization maintain an escrow account other than a refunding escrow at any time during the year of defease any tux-exempt bonds? d) Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? If "Yes," complete Schedule I, Part I yes to organization aware that it engaged in an excess bonefit transaction with a disqualified person of the year? If "Yes," complete Schedule I, Part I yes, 'complete Schedule II, Part I yes, 'complete Schedule II, Part I yes, 'complete Schedule II	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
Schedule K. If "No." go to into 229  Did the organization maintain an escrow account other than a refunding scorow at any time during the year to defease any tax-exempt bonds?  did the organization maintain an escrow account other than a refunding scorow at any time during the year to defease any tax-exempt bonds?  did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Jan.  25a Section 50 f(s)(3), 50 f(s)(4), and 50 f(s)(29) organizations. Did the organization engage in an axcess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I    b is the organization aware that it engaged in an excess benefit transaction with a disqualified person of the year, and that the transaction has not been reported on any of the organization spilor Forms 930 or 990-522 If "Yes," complete Schedule L, Part I    25b		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b tillough 24d and complete	24a		Х
c Did the organization maintain an escrow account other than a returding escrow at any time during the year to detease any tax-exempt bonds?  d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d) 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 "es," complete Schedule L, Part I I  b is the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trusteas, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II I  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 55% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III I I I I I I I I I I I I I I I I I		Schedule K. If "No," go to line 25a			<del>                                     </del>
any tax-exampt bonds?  1 Did the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year?  253 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 b is the organization has not been reported on any of the organization sprior Forms 990 or 990 E27 If "Yes," complete Schedule L, Part I bit the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any ourrent or former officers, circectors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II and the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant as election committee member, or to a 59% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III anstructions for applicable filing thresholds, conditions, and exceptions;  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions;  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X and surprise or director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X and surprise or director indirect tower? If "Yes," complete Schedule L, Part IV 28b X 29b	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception.			
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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-E27 // "Yes," complete Schedule I., Part I/  25 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes," complete Schedule I., Part II    26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of air yor of these persons? // "Yes," complete Schedule I., Part III    27 Was the crganization a party to a business transaction with one of the following parties (see Schedule I., Part IV    28 Was the crganization a party to a business transaction with one of the following parties (see Schedule I., Part IV    28 Instructions for applicable filling thresholds, conditions, and exceptions):  28 A current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a fa	d	Did the organization act as an "on benall of issue for bonds outstanding at any time damage in an excess benefit			
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sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  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  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  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  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 V   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  Part V   Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V   Yes   No  1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a		Schedule N, Part II			
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18 "Yes," complete Schedule R, Part V, line 2  39 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  30 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  31 Note. All Form 990 filers are required to complete Schedule O  32 Note. All Form 990 filers are required to complete Schedule O  33 Complete Schedule O contains a response or note to any line in this Part V  34 Note. All Form 990 filers are required to complete Schedule O  35 Check if Schedule O contains a response or note to any line in this Part V  36 Note. All Form 990 filers are required to complete Schedule O  48 Note. All Form 990 filers are required to complete Schedule O  49 Note. All Form 990 filers are required to complete Schedule O  40 Note. All Form 990 filers are required to complete Schedule O  40 Note. All Form 990 filers are required to complete Schedule O  40 Note. All Form 990 filers are required to complete Schedule O  40 Note. All Form 990 filers are required to complete Schedule O  41 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  42 Note. All Form 990 filers are required to complete Schedule O  43 Note. All Form 990 filers are required to complete Schedule O  44 Note. All Form 990 filers are required to complete Schedule O  45 Note. All Form 990 filers are required to complete Schedule O  46 Note. All Form 990 filers are required to complete Schedule O  47 Note. All Form 990 filers are required to complete Schedule O  48 Note. All Form 990 filers are required to complete Schedule O  48 Note. All Form 990 filers are required to complete Schedule O  48 Note. All Form 990 filers are required to complete Schedule O  48 Note. All Form 990 filers are required to complete Schedule O  59 Note. All Form 990 filers are required to complete Schedule O  50 Note. All Form 990 filers are	-00	Within the meaning of section 512(b)(15)1 in 1515			
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c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1.		ζ
(gambling) winnings to prize winners?		(gambling) winnings to prize winners?			

Form 990 (2018)

Form 990 (2018)

Statements Regarding Other IRS Filings and Tax Compliance (continued)

No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return X 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?... **7**g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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 Sponsoring organizations maintaining donor advised funds. 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? 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 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.) 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 X 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 Х 15 excess parachute payment(s) during the year? If "Yes." see instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management  1a Enter the number of voting membras of the governing body at the end of the tax year  if there are married differences is voting rights among membras of the governing body. or if the governing body deligible broad authority to a vaculture committee or similar committee. or plain in Schedule 0.  □ The province of the committee or similar committee. On the governing body deligible broad authority to a vaculture committee or similar committee. On the governing body deligible for circles, rustees, or key employees to management deliles outstomarily performed by or under the direct supervisible of officers, disector, trustees, or key employees to a management company or officer person?  □ Did the originalization naked any significent changes to this governing documents since the plan for 5mm 990 was filled?  □ Did the originalization maked any significent changes to this governing documents since the plan for more membra or stockholders of the governing to the originalization have were subject to a proposal diversion of the originalization have were subject to a proposal diversion of the originalization have were subject or the proposal diversion of the originalization have were subject to a proposal diversion of the originalization have were subject to approval by members, stockholders, or persons certification and the proposal proposal certification of the originalization can be possible to the proposal p		Check if Schedule O contains a response or note to any line in this Part VI			X						
It is Enter the number of voting members of the governing body at the end of the tax year	Sec										
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officer, director, fustese, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 090 was filed?  Did the organization have members or stockholders?  Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to olect or appoint one or more members of the governing body?  A re any governance decisions of the organization reserved to for subject to approval by) members, stockholders, or persons other than the governing body?  A reany governance decisions of the organization reserved to for subject to approval by) members, stockholders, or persons other than the governing body?  B old the organization and organization behalf of the governing body?  B old the organization and organization that the mealings held or written actions undertaken during the year by the following:  The governing body?  B officers of the properties of the properties of the governing body?  B officers of the properties of the governing body?  D organization's mailing address? If If Yes, I provide the names and addresses in Schedule O  The properties of the Section B requests information about policies not required by the Internal Revenue Code.  Section B. Policies (This Section Be requests information about policies not required by the Internal Revenue Code.)  The stock of 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?  The state of the organization have a written organization to review this Form 990.  Describe in Schedule O the process, if any, used by the organization of the policy in the form 990 to all members of its governing body b		Pild and officers director, trusted, or key employee have a family relationship or a business relationship with any other									
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a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization 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?  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?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶NY  Section €104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)  Describe in 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.  State the name, address, and telephone number of the person who possesses the organization's books and records ▶  DIANE HANNUM - (716)366-4892	15	Did the process for determining compensation of the following persons include a review and approval by independent			1						
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the organization of the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶NY  18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)  19 Describe in 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 ▶  DIANE HANNUM - (716) 366-4892	а	The organization's GEO, executive Director, or top management onicial		$\Box$	X						
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a  taxable entity during the year?  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?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶NY  18 Section €104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)  19 Describe in 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 ▶  DIANE HANNUM − (716) 366−4892	b	Other officers or key employees of the organization									
taxable entity during the year?  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?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶NY  18 Section €104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)  19 Describe in 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 ▶ □ DTANE HANNUM - (716) 366-4892		If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
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?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶NY  18 Section €104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)  19 Describe in 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 ▶ DIANE HANNUM - (716)366-4892	16a	Did the organization invest in, contribute assets to, or participate in a joint venture of similar analysment man a	16a	- colorado:	X						
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's  exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶NY  18 Section €104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)  19 Describe in 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 ▶  DIANE HANNUM - (716)366-4892		taxable entity during the year?									
exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶NY  18 Section €104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)  19 Describe in 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 ▶  DIANE HANNUM - (716)366-4892	b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate to parable and take and take stops to safeguard the organization's									
Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶NY  18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)  19 Describe in 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 ▶  DIANE HANNUM - (716) 366-4892		in joint venture arrangements under applicable rederal tax law, and take steps to safeguard the organization of	16b	Sections.	2-12-2						
<ul> <li>List the states with which a copy of this Form 990 is required to be filed ►NY</li> <li>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) available for public inspection. Indicate how you made these available. Check all that apply. <ul> <li>X Own website</li> <li>Another's website</li> <li>Upon request</li> <li>Other (explain in Schedule O)</li> </ul> </li> <li>Describe in 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.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records ►</li></ul>	<u>C-</u>			.h.	<u>. L </u>						
<ul> <li>Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-1 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)</li> <li>Describe in 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.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records DIANE HANNUM - (716) 366-4892</li> </ul>		extion C. Disclosure									
for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)  Describe in 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.  State the name, address, and telephone number of the person who possesses the organization's books and records  DIANE HANNUM - (716) 366-4892		List the states with which a copy of this Form 990 is required to be filed 2.12	3)s only	) ava	ilable						
<ul> <li>Z Own website</li></ul>	18	Section 5 104 requires an organization to make its norms 1020 (1024 of 1024 At applicable), 500, and 500 f (5000) 500, and 5000, a	,	,							
<ul> <li>Describe in 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.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records DIANE HANNUM - (716)366-4892</li> </ul>											
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   DIANE HANNUM - (716)366-4892		LAI UWN Website Lai Another swebsite Laz opon request Lai other local position and its governing documents, conflict of interest policy.	nd finar	ncial							
20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶	19	Describe in Schedule O whether (and it so, now) the dry year									
DIANE HANNUM - (716)366-4892		Statements available to the public during the tax year.									
212 LAKE SHORE DRIVE, DUNKIRK, NY 14048	20	DTANE HANNIM - (716)366-4892									
		212 LAKE SHORE DRIVE, DUNKIRK, NY 14048									

			44 0 2 CT # F T T T T T T T T T T T T T T T T T	TIOTAID A M TONI	16-1271663	Page 7
	ATOD MITTED AT		COMMINITY	FOUNDATION	TO-T7/T002	Page
000 (0010)	NORTHERN	CHMOTWOOD	COMMISSION		Remarks the second seco	

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

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

## Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter ·0· in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization (A)	(B)			- (C	;)			ا (تا)	()	(F)			
Name and Title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)			box, unless person is both an			neck more than one as person is both an			Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations			
1) RICHARD RYAN	1.00	3.7	-					0.	0.	0			
OARD MEMBER		X		<u> </u>	├	-		<u> </u>					
2) JOHN HAMELS	1.00	77			·			0.	0.	0			
OARD MEMBER	1 00	X	_	_	├	+-	-	<u> </u>					
3) PRISCILLA KOCH	1.00	٠,						0.	0.	0			
OARD MEMBER	1 00	X	-	├—	╀	+							
4) DAVID TRAVIS	1.00	٠,						0.	0.	0			
OARD MEMBER	1 00	X	<u> </u>	-	-	+	├						
5) ALEX MURPHY	1.00	١,,			ı			0.	0.	0			
SOARD MEMBER		X		-	╂	+-	-						
6) SUSAN WELLS	1.00	٠,						0.	0.	\ o			
BOARD MEMBER	1 00	X	╀-	┢	+	╁	├						
(7) HELEN BARAN	1.00	٠,		1			1	l 0.	. 0.	0			
BOARD MEMBER	1 00	X	╄	╀	+	+-	<del> </del>						
(8) JAMES HOLTON	1.00	٠,						0.	0.	) c			
BOARD MEMBER	1 00	X	+	+-	+-		╁						
(9) KATHERINE BRINKMAN	1.00	٠,						0	. 0.				
BOARD MEMBER		X	╬	+-		╁	╁						
(10) SYLVESTER CLEARY	1.00	$ _{\mathbf{x}}$			1			0	. 0	.\			
BOARD MEMBER	1 00		+-	╀	╁	╬	╁						
(11) DANIELLE MARX	1.00	$\exists_{x}$	.					0	. 0	.  .			
BOARD MEMBER	1.00		+	+	+	+-	+-						
(12) JAMES O. RAWCLIFF	1.00	$\exists_{\mathbf{x}}$						0	. 0	.  (			
BOARD MEMBER	1,00		+	+-	+		+						
(13) KATHERINE TAMPIO	1.00						ı	0	.\	.]			
BOARD MEMBER	2.00		+	+	+	+	+-						
(14) GINA PARADIS	2.00	$\exists_{\mathbf{x}}$	,	X	اح			0	. 0	. (			
PRESIDENT	2.00		+	1	<del>`</del>  -	+-	+	<del>                                     </del>					
(15) RICHARD KETCHAM	2.00	Ⅎℷ	ا ح	12	۱ ۲			0	. 0	•			
VICE PRESIDENT	2.00		+	+	+	$\dashv$	+						
(16) NANCY ADAMS FRY	2.00	՛ չ	ا ج	2	z			0	. 0	•			
SECRETARY	2.00		-	+	+	+	+-						
(17) PETER RYAN	4.00		K	,	x			0	. 0				

Form 990 (2018)

(A)

Name and title

Average

hours per

week

(list any

		Check if Schedule O contains	s a response or note to any iii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<u> इ.स.</u>	1 a	Federated campaigns	1a				
o a	b	Membership dues	1b	-			
A P	C	Fundraising events		4	1980 July 1980		
<u>a</u>		Related organizations		-			
ž.E		Government grants (contribution		4			
e a	f	All other contributions, gifts, grants,			1949		
		similar amounts not included above		4			
Contributions, Gilles, Glancs and Other Similar Amounts		Noncash contributions included in lines 1a- Total. Add lines 1a-1f		574,659.			
اهر	n	Total. Add lines 14-11	Business Cod	e			
0	2 a						
Program Service Revenue	2 a b						
9 E	c						
e a l	d	=:					
gar	е						
ž		All other program service revenu					
	g	Total. Add lines 2a-2f					Printered   Prin
	3	Investment income (including di	vidends, interest, and	1 062 942	1,062,942.		
		other similar amounts)		1,002,512	-/		
	4	Income from investment of tax-e	exempt bond proceeds				
	5	Royalties					
Į		-	(i) Real (ii) Personal	$\exists$			
		Gross rents			100		
-		Less: rental expenses					
	C	Rental income or (loss) L Net rental income or (loss)					
		Gross amount from sales of	(i) Securities (ii) Other		1 100000		10.00
	7 a	assets other than inventory	(i) Cocurinos				
		Less: cost or other basis					10 Page 10 Pag 10 Page 10 Pag 10 Page 10 Pag 10 Page 10 Page 1
1	į,	and sales expenses					To an area of
	_	Gain or (loss)					
	,	d Net gain or (loss)	<b>&gt;</b>	<b>&gt;</b>			
	8 2	a Gross income from fundralsing	events (not				
Other Revenue		including \$	of				
eve		contributions reported on line	1c). See				
E		Part IV, line 18		_			
the	i	b Less: direct expenses	b	_			
0	(	c Net income or (loss) from fund	raising events	<u> </u>			
	9 :	<ul> <li>a Gross income from gaming act</li> </ul>					1 2 2 2
		Part IV, line 19		$\dashv$			
		b Less: direct expenses	b		olor September and a september of the se		
		c Net income or (loss) from gami	roturns				
	10	a Gross sales of inventory, less					
		and allowances		$\dashv$			
		b Less: cost of goods sold c Net income or (loss) from sales	s of inventory	<b>&gt;</b>			
		Miscellaneous Revenu		ode			
	1	OBITED BIND DDAN		9 32,228			
	11	b MISCELLANEOUS I	NCOME 90009	9 21,385	21,385	•	
		d All other revenue					
		e Total. Add lines 11a-11d		53,61	3.		0.
	1	Total revenue. See instructions		1,691,21	4.1,116,555	) • <u> </u>	Form <b>990</b> (20

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D)** Fundraising expenses (C) Management and (A) Total expenses Do not include amounts reported on lines 6b, Program service general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 615,948 615,948 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 386,267 386,267 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 10,590. 20,960. 38,950 70,500. trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 21,284. 42,121. 78,276. 141,681 Other salaries and wages ..... Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 2,088. 1,055. 3,880. 7,023 Other employee benefits ..... 2,866. 5,672 10,540. 19,078. Payroll taxes 10 Fees for services (non-employees): Management b Legal 491. 970. 1,803. 3,264. c Accounting Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 1,680. Advertising and promotion ..... 3,326. 12 6,180. 11,186. 4,261. 2,153. Office expenses ..... 13 7,919. 14,333. Information technology ..... Royalties 1,046. 2,069. 15 6,962. 10,727. 3,847. 1,611. Occupancy \_\_\_\_\_ 3,189. 16 5,927. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 395. 781. 1,451 2,627. Conferences, conventions, and meetings ..... 19 Interest 20 344. Payments to affiliates ...... 1,954. 21 2,298. Depreciation, depletion, and amortization ..... 562. 1,111. 22 2,065 3,738. 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 608. 1,204. 2,237. 4,049. 2,364. MISCELLANEOUS 355. 703. 1,306. TELEPHONE 221. 435. 809. 1,465. DUES AND SUBSCRIPTION e All other expenses 45,261. 90,844. 1,167,405 1,303,510. Total functional expenses. Add lines 1 through 24e 25 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) Form 990 (2018)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 108,712. 77,503. Cash · non-interest-bearing 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 127,649. 10a basis. Complete Part VI of Schedule D ....... 65,030. 62,850. 10c 62,619. 10b b Less: accumulated depreciation 25,210,808. 27,377,365. 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets ..... 23,978. 14 22,708. 15 Other assets. See Part IV, line 11 25,377,319. 15 27,571,635. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 14,402. 9,465. 17 Accounts payable and accrued expenses \_\_\_\_\_\_ 17 18 Grants payable \_\_\_\_\_ 18 19 Deferred revenue \_\_\_\_\_ 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Liabilities 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties \_\_\_\_\_\_ 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of 2,401,268. 2,562,633. 25 ..... 2,410,733. Schedule D 2,577,035. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. 22,966,586. Net Assets or Fund Balances 24,994,600. 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 22,966,586. 32 24,994,600. 33 Total net assets or fund balances 25,377,319. 33 27,571,635. 34 Total liabilities and net assets/fund balances Form 990 (2018)

	990 (2018) NORTHERN CHAUTAUQUA COMMUNITY FOUNDATION	16-127	1663	Page	<u>, 12</u>
Par	t XI Reconciliation of Net Assets			_	
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u> L	
1 2	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)	1 2 3	1,691 1,303 387	,51	.0.
3	Revenue less expenses. Subtract line 2 from line 1		24,994	, 60	0.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		2,415		
5	Net unrealized gains (losses) on investments	6		<u> </u>	
6	Donated services and use of facilities	7			
7	Investment expenses	8			
8	Prior period adjustments	9			0.
9 10	Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	10	22,966	5,58	36.
o e velor	column (B))				
Pai	t XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII				X
	Check if Schedule O contains a response or note to any line in this rearrain			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	2a		X
<b>2</b> a					
	separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  Both consolidated and separate basis		2b	Х	
O	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:  Roth 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 state of the committee that assumes responsibility for oversight of the state of the committee that assumes responsibility for oversight of the committee that as	• •	2c	X	
	review, or compilation of its financial statements and selection of an independent accountant?	nedule O.			
	If the organization changed either its oversight process or selection process during the tax year, explain in Scl  If the organization changed either its oversight process or selection process during the tax year, explain in Scl  If the organization changed either its oversight process or selection process during the tax year, explain in Scl  If the organization changed either its oversight process or selection process during the tax year, explain in Scl  If the organization changed either its oversight process or selection process during the tax year, explain in Scl  If the organization changed either its oversight process or selection process during the tax year, explain in Scl  If the organization changed either its oversight process or selection process during the tax year, explain in Scl  If the organization changed either its oversight process or selection process during the tax year, explain in Scl  If the organization changed either its oversight process or selection process during the tax year, explain in Scl  If the organization changed either its oversight process or selection process during the tax year, explain in Scl  If the organization changed either its oversight process or selection process during the tax year, explain in Scl  If the organization changed either its oversight process or selection process during the tax year, explain in Scl  If the organization changed either its oversight process or selection process during the tax year, explain in Scl  If the organization changed either its oversight process or selection process during the tax year, explain in Scl  If the organization changed either its oversight process or selection process during the tax year, explain	ingle Audit			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	J	3a_		X
	Act and CMB Circular A-133?	uired audit			
b	Act and CMB Circular A-1337  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?		3b		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Form	990	(2018