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

OMB No. 1545-0047 2019 Open to Public Inspection

<u>A</u>	For the 2019 of	alendar year, or tax year beginning			D Employe	er identification number
В	Check if applicable:	C Name of organization Northern Ch	nautauqua Community		D Employe	a identification flutibus
	Address change	Foundation			\perp	071660
Ħ	Nama ahanga	Doing business as				
닏	•	I .		Room/suite		
					1,20	300 1002
						7 9/13 979
一	•=		Y 14048		G Gross re	ceipts 7,043,670
닏		F Name and address of principal officer:		H(a) Is this	a group return for	subordinates? Yes X No
	Application pending	Richard Ketcham				
		212 Lake Shore Drive	e West			idded:
	Non-chapter Non-chapter					
1	Tay-evemnt status:		nsert no.) 4947(a)(1) or 527			
÷				H(c) Group	exemption numb	oer 🕨
<u>J</u>			Other			
11111	HARMAN BURNAN BURNAN		Office			
<u></u>	¢aπ⊪ S	ummary	10 - 1 - 1 - 1 ition			
	1 Briefly d	escribe the organization's mission or most si	ignificant activities:	Schodulo O		
မွ	To e	enrich the area in which w	e live and work. (See a	ochedure o	!	
ä						
eru						
š	2 Check th	nis box I if the organization discontinue	d its operations or disposed of more th	an 25% of its net	assets.	1 40
	3 Number	of voting members of the governing body (F	Part VI, line 1a)		3	
ŝ						
iţi	5 Total nu					
桑	6 Total nu					75
ĕ	7- Total in					0
				0		
	b Net unre	lated business taxable income from Form 9	90-1, little 39	Prio		Current Year
	O Cambrilla	tions and grants (Dort VIII line 1h)			574,659	700,123
e	8 Contribu			• • • • • • • • • • • • • • • • • • • •		
ē	9 Program				162.942	
ě	10 Investm			• • •		
ш.	11 Other re					
				- 4		
	13 Grants	and similar amounts paid (Part IX, column (A	N), lines 1–3)		102,21	1,033,965
	14 Benefits	paid to or for members (Part IX, column (A)), line 4)		200 000	205 036
G	15 Salaries	, other compensation, employee benefits (P	art IX, column (A), lines 5-10)		238,282	265,836
Se	16a Profess					U
jec	h Total fu	ndraising expenses (Part IX, column (D), line	25) ▶ 47,388			
Ä	17 Other e				63,013	
	l l	·				
_		e less expenses. Subtract line to from line t		Beginning of	of Current Year	End of Year
ts o	20 Total as	esets (Part Y. line 16)		25,	377,31	9 29,896,630
SSe	20 Iolai as				410,73	3 2,810,197
et	21 Total lia	Diffuses (Part A, line 20)	ino 20			
27.7	*************		me zo			
<u></u>	Part II S	Ignature Block		tetements and to t	he heet of my	knowledge and helief it is
	Under penalties o	f perjury, I declare that I have examined this return	n, including accompanying scriedules and s	narer has any knov	vledae.	t f
_'	true, correct, and		cer) is based on an information of miles p.o.	Part 1100,		7/20/20
						10 / 30 / 20
Si	ign 📗	- ·		_ /_		ne / /
H	ere	Richard Ketcham	V	Pres/Pres	sident	
		Type or print name and title				
_	Print/Ty	/pe preparer's name	Preparer's signature	Dai	le Che	ck X if PTIN
Pa	aid ROBER	RT KOCUR, CPA	Rolf M. Koun Cla	07	/26/20 self-	employed P00170600
	onaror		and Associates, LLE)	Firm's EIN	26-4006060
	se Only	301 E 2nd St S	uite 303			
٠.	-	. T 1 3137	14701-5409		Phone no.	716-483-6109
						Y Vos No
M	ay the IRS disci	uss this return with the preparer shown abov	e? (see instructions)	<u> </u>		

orm 990 (201	9) Northern Cha	utauqua Community	16-1271663	Page 2
Part III		m Service Accomplishments contains a response or note to an	y line in this Part III	_
1 Briefly de	escribe the organization's mis		y mie iii uns Fait iii	<u></u>
	chedule O			
• • • • • • • • • • • • • • • • • • • •				
		gnificant program services during the yea	ar which were not listed on the	
	n 990 or 990-EZ? describe these new services	on Cabadula O		Yes X No
		on Schedule O. g, or make significant changes in how it o	anduste, any program	
services?)			Yes X No
	describe these changes on S			
		service accomplishments for each of its to		
		c)(4) organizations are required to report y, for each program service reported.	the amount of grants and allocal	lions to others,
a (Code:) (Expenses \$	1,248,090 including grants of	f\$ 1,033,963)	(Revenue \$ 22,904)
Grants	awarded to nu	merous non-profit o	rganizations, go	vernmental entities, ing expenses
and to	1 127 ingumes	ship recipients. And for the administra	dditional operat	ing expenses
0+75.	a, 12 / Incurred	i for the administra	cion of funds.	
	•••••	•••••	************************	
• • • • • • • • • • • • • • • • • • • •		••••••		
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			••••••	

				4,44,44,44,44,44,44,44,44,44,44,44,44,4
b (Code: N/A) (Expenses \$	including grants o	f \$)	(Revenue \$)
- 1 (Ω			· · · · · · · · · · · · · · · · · · ·	
• • • • • • • • • • • • • • • • • • • •				
• • • • • • • • • • • • • • • • • • • •		•••••		• • • • • • • • • • • • • • • • • • • •
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	• • • • • • • • • • • • • • • • • • • •			
		•••••		
• • • • • • • • • • • • • • • • • • • •				
: (Code:) (Expenses \$	including grants o	F & \	(Revenue \$)
N/A) (Ελροπασα ψ	including grains o	, φ /	(Keveride \$)
*** 7.7	***************************************		• • • • • • • • • • • • • • • • • • • •	
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• • • • • • • • • • • • • • • • • • • •	••••••••••			
Other prog	ram services (Describe on S	Schedule O)		
(Expenses		including grants of \$) (Revenue \$	1
	ram service expenses	1,248,090) fivevenue 4	

iorm	990 (2019) Northern Chautauqua Community	16-1271663		Pa	age 3
The second second	tiv Checklist of Required Schedules				
0000000				Yes	No_
	s the organization described in section 501(c)(3) or 4947(a)(1) (other than a property schedule A		1	х	
2	s the organization required to complete Schedule B, Schedule of Contributor		2	Х	
3	Did the organization engage in direct or indirect political campaign activities o	n behalf of or in opposition to	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying ac election in effect during the tax year? If "Yes," complete Schedule C, Part II		4		_X_
5	s the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization th	at receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If	"Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds o	r accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts "Yes." complete Schedule D, Part I	in such funds or accounts? If	. 6	х	
7	Did the organization receive or hold a conservation easement, including ease	ments to preserve open space,			72
	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, complete Schedule D. Part III	or other similar assets? If "Yes,"	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custod	ial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt	management, credit repair, or			x
	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	donor-restricted endowments	10	Х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V		10	<u> </u>	
	If the organization's answer to any of the following questions is "Yes," then ∞ VII, VIII, IX, or X as applicable.				
а	Did the organization report an amount for land, buildings, and equipment in F		11a	х	
b	Did the organization report an amount for investments—other securities in Pa	art X, line 12, that is 5% or more			v
	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 F	art X, line 13, that is 5% or more			3.5
	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	11d		x
			11a	X	122
е	Did the organization report an amount for other liabilities in Part X, line 25? I	"Yes," complete Schedule D, Part X		42	
f	Did the organization's separate or consolidated financial statements for the t	ax year include a footnote that addresses	11f		x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)	? If "Yes," complete Scriedule D, Fall A			
	Did the organization obtain separate, independent audited financial statement Schedule D, Parts XI and XII		12a	X	
b	Was the organization included in consolidated, independent audited financia	I Statements for the tax year? II	12b		x
	"Yes," and if the organization answered "No" to line 12a, then completing So	medule D, Paris XI and XII is optional			Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," co	United States?			X
14a	Did the organization maintain an office, employees, or agents outside of the Did the organization have aggregate revenues or expenses of more than \$10	0.000 from grantmaking.			
b	Did the organization have aggregate revenues of expenses of more than a for- fundraising, business, investment, and program service activities outside the	a United States, or aggregate			
	fundraising, business, investment, and program service activities outside the foreign investments valued at \$100,000 or more? If "Yes," complete Schedu	le 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			
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000	of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts	: III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for proj	fessional fundraising services on		1	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event groups	ss income and contributions on			4.5
	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?			v
	If "Yes." complete Schedule G, Part III		19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete	ete Schedule H	20a	+	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financia	statements to this return?	20b	╁	+
21	Did the organization report more than \$5,000 of grants or other assistance t	o any domestic organization or	1	1	

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.

Form **990** (2019)

32,520,000	1990 (2019) NOTCHETT Chautauqua Community 10 12:12:00		***************************************	
Pa	urt IV Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
22	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	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			
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	ļ		
	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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		!	l
Ū	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		<u> </u>
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			27
	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		ļ	
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			1
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			3.7
	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			х
	"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		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28c	1	x
	"Yes," complete Schedule L, Part IV		 	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	25	 	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		x
	conservation contributions? If "Yes," complete Schedule M	31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		х
	complete Schedule N, Part II			\top
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		X
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			
34		34		x
25-	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		T	
b	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			
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
31	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			
50	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
P	art V Statements Regarding Other IRS Filings and Tax Compliance			\Box
20000000	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		<u></u>
	, ,	[Yes	s No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 15			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		4	
	reportable gaming (gambling) winnings to prize winners?	1c		

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (cont	<u>inued)</u>				
				[Yes	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	2a	7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re			2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ns)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			I .		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedu			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	a financial account in a foreign country (such as a bank account, securities account, or other financial	ial acco	ount)?	4a		X
b	If "Yes," enter the name of the foreign country ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia		nts (FBAR).			37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?					X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action?		3		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>		\vdash
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did			60		x
	organization solicit any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions or		6b		
_	gifts were not tax deductible?			00		
7	Organizations that may receive deductible contributions under section 170(c).		*			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for			7a		X
.	and services provided to the payor?					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?					
С				7c		х
d	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year		1			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co			75		X
g g	If the organization received a contribution of qualified intellectual property, did the organization file					*************
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organ					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund mainta					
				8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?					<u> </u>
10	Section 501(c)(7) organizations. Enter:					
а	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:		1			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo	i i	[12a		
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.					
а				13a	<u> </u>	
	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	1.00	1			
	the organization is licensed to issue qualified health plans	1				
C	Enter the amount of reserves on hand	13c		14a		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?				-	<u> </u>
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sche				 	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remu			15		x
	excess parachute payment(s) during the year?			15		
16	If "Yes," see instructions and file Form 4720, Schedule N.	ant inco-	ma?	16		X
.0	Is the organization an educational institution subject to the section 4968 excise tax on net investment of "Yes," complete Form 4720, Schedule O.	ant intol	116:	10		
	n 100, Complete Form 7/20, Conedule O.			P0000000000	1.0000000000000000000000000000000000000	4000000000

orm 990 /2019\	Northern	Chautauqua	Community
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orm 990 (2019	northern chautauqua community	" O'll and 7h halow and for a "No"
Part VI	Governance, Management, and Disclosure For each "Yes	" response to lines 2 through 7b below, and lot a 190
CILVI	Governation, islandagomoni, and beautiful in the second	- processes or changes on Schedule O. See instructions.
	response to line 8a, 8b, or 10b below, describe the circumstances	s, processes, or changes on contiduo of coo mental v
	Check if Schedule O contains a response or note to any line in thi	is Part VI

Sect	ion A. Governing Body and Management					Va-			
	1	4 -	1	.8		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	-	. 0	1	l			
	If there are material differences in voting rights among members of the governing body, or								
	if the governing body delegated broad authority to an executive committee or similar								
	committee, explain on Schedule O.		1	.8					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1 4	. 0	-				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with								
	any other officer, director, trustee, or key employee?				2		X		
3	Did the organization delegate control over management duties customarily performed by or under the direct						Х		
	supervision of officers, directors, trustees, or key employees to a management company or other person?				3 4		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed in				5		X		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?				6	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 appoint				-	X	l		
	one or more members of the governing body?				7a	<u> </u>			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				7.		х		
	stockholders, or persons other than the governing hody?				7b		<u> </u>		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by	the 1	following:	8a	X	/******* 		
а	governing body?								
b	Each committee with authority to act on behalf of the governing body?				8b	X	 		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at						x		
				· · · · · · · · · · · · · · · · · · ·	9				
Sec	the organization's mailing address? If Yes, provide the harries and addresses on consequenced by the Inter- tion B. Policies (This Section B requests information about policies not required by the Inter-	nai i	Kev	enue C	oae.)		No		
						Yes	No X		
10a	Did the organization have local chapters, branches, or affiliates?				10a		1		
b	If "Ves." did the organization have written policies and procedures governing the activities of such chapters,				10b		1		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		 •		11a	X	 		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before limits	tne	torm		IId	1 22			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				12a	X	1		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	 		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to c	confi	icts?	120	1	\vdash		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If Yes,				12c	x			
	describe in Schedule O how this was done				13	X	+		
13	Did the organization have a written whistleblower policy?		<i>.</i>		14	X	+		
14	Did the organization have a written document retention and destruction policy?				14	22			
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?				15a	X			
а	The organization's CEO, Executive Director, or top management official				15a		X		
b	Other officers or key employees of the organization				190	 			
	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				160	: ::::::::::::::::::::::::::::::::::::	X		
	with a taxable entity during the year?				16a	<u> </u>			
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				164		******		
	organization's exempt status with respect to such arrangements?	<u></u>			16b	<u> </u>			
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed NY								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-1 (s	ectio	on 50) I(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 on Schedule O)		!!						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	erest	polic	sy, and					

Diane Hannum

Dunkirk

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 212 Lake Shore Drive West

NY 14048

716-366-4892

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

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

See instructions for the order in whice Check this box if neither the organical control or the order in whice the order in which the order in whice the order in which the order in whice the order in which the order in whi	n to list the pers inization nor any	rela	ted o	e. orgai	nizat	ion o	comp	pensated any current office	, director, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related	(do box offic	not c , unle cer an	Posi heck i ss pe	ition more rson is	than o s both r/trusto	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	organizations below dotted line)	Individual trustee or director	nstitutional trustee	Ser .	Key employee	Highest compensated employee	ner			
(1) Gina Paradis	2.00									
	0.00	$ \mathbf{x} $		Х				o	0	0
President/Director (2) Richard Ketcham	0.00	1		Λ.						
(2) Richard Retenant	2.00									
V-Pres/President	0.00	x		x				0	0	0
(3) Peter Ryan										
(0) 2 0 0 0 0 0 0 0	2.00									•
Treasurer	0.00	X		X			L	0	0	0
(4) Nancy Adams Fry										
	2.00									0
Secretary/V-Pres.	0.00	X		X	ļ			0	0	0
(5) David Travis										
	1.00								0	0
Director/Secretary	0.00	X	<u> </u>	X	<u> </u>		ļ	0	0	
(6) Helan Baran										
	1.00							0	0	0
Director	0.00	X	_	├	-	-	+-	<u> </u>		
(7) Kathy Brinkman	4 00									
	1.00							0	0	0
Director	0.00_	X		├-	╁╌		\vdash			
(8) Sylvester Cleary	1.00									
Director	0.00	x						0	0	0
(9) Rachel Foley	0.00	1	1	-	\dagger	†	\vdash			
(a) Macher Forey	1.00									
Director (beg. 7/19)	0.00	X						0	0	0
(10) John Hamels		T			T	1	T			
(10,000	1.00									
Director	0.00	X						0	0	0
(11) James Holton										
	1.00									_
Director (thru 9/19)	0.00	X				\perp		0	0	990 (2019)

16/1271663 07/26/2020 12:39 PM Form 990 (2019) Northern Chautauqua Community 16-1271663 Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) (D) (A) (B) Position Estimated amount Reportable Reportable Name and title Average (do not check more than one compensation of other compensation hours box, unless person is both an from related compensation per week from the officer and a director/trustee) organizations from the organization (list any (W-2/1099-MISC) (W-2/1099-MISC) organization and hours for Individual trustee nstitutional trustee related organizations related organizations st compensated yee below dotted line) Richard Johnson (12)1.00 0 0 0 Director (beg. 7/19) 0.00 X Patricia Koch 1.00 0 0 0.00 X 0 Director Danielle Marx 1.00 0 0 0 0.00 X Director Alexandria Murphy (15)1.00 0 0 0 0.00 X Director (16)James Rawcliff 1.00 0 0 0 0.00 X Director Richard Ryan (17)1.00 0 0 0 0.00 X Director (18)Katherine Tampio 1.00 0 0 0 0.00 X Director (19)Diane Hannum 40.00 0 500 75,308 0.00 Executive Director 75,308 500 Subtotal Total from continuation sheets to Part VII, Section A 75,308 1,500 Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of 2 reportable compensation from the organization ▶ 0 No Yes Did the organization list any former officer, director, trustee, key employee, or highest compensated 3 X 3 employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such X 4 individual ______ Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (B)
Description of services (A) Name and business address

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

received more than \$100,000 of compensation from the organization ▶

	00 (2019) Nort			uqu	a Com	munity	7	16-	-1271663		Page \$
art \	/III Stateme	ent o	f Revenue	inc n	roenone	se or note	to any line in	this	s Part VIII		
	Checkii	SCIII	eduje O conta	11115 a	respons	se or note	(A) Total revenue		(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
9 10	Federated camp	aiane		1a							
	Membership due			1b		20,900					
티 ,	Fundraising eve	78 nte		1c							
<u>ا</u> ا	d Related organiz			1d							
	Government grants (co		1	1e							
2	f All other contributions,										
her	and similar amounts n			1f		679,223					
<u>5</u> (Noncash contributions	included	in lines 1a-1f	1g		10,580					
ang i	h Total. Add lines						700,1	.23			
						Business Code					
22	a Administra	tive	fees - Agenc	Y		561000	22,9	04	22,904		
_ I							·				
Kevenue	_										
e e	J										
~ e	_										
	f All other program										
	g Total. Add lines						22,9	304		l .	Γ
3	Investment inco	me (in	cluding dividend	s, inter	rest, and						656,23
	other similar am						656,2	235			050,25
4	Income from inv	estme	ent of tax-exempt	bond	proceeds						
5	Royalties	<u>.</u>	T	·····i				*****			
			(i) Real		(ii) P	ersonal					
6	a Gross rents	6a									
1	 Less: rental expenses 	6b									
	Rental inc. or (loss)	6c	1			D		·····			
	d Net rental incon a Gross amount from	ne or ((i) Securities		1	Other					
	sales of assets	70	6,403,		,	- Curior					
	other than inventory Less: cost or other	7a	0,403,	700							
l l	basis and sales exps.	7b	6,376,	532							
	c Gain or (loss)										
	d Net gain or (los						27,	168			27,16
	a Gross income from										
`	(not including \$		J								
	of contributions re		on line 1c).								
	See Part IV, line 1	^		8a							
1	b Less: direct exp			8b							
	c Net income or (events		🕨					
	a Gross income fror										
	See Part IV, line 1	9		9a							
	b Less: direct exp			9b							
'	c Net income or (loss) f	rom gaming activ	ities .	<u> </u>	<u> </u>		*******			-
10	a Gross sales of		•								
	returns and allo			10a							
1	b Less: cost of go			10b	<u> </u>						
	c Net income or (loss) f	rom sales of inve	entory		Dusiness Cade					
			_			Business Code	60	01 C	60,916		
g 11		Pas	s-Through fur	nds		900099	60,	210	80,316	,	
Revenue	b										
Re .	C							_			

60,916

83,820

1,467,346

0

e Total. Add lines 11a-11d

Total revenue. See instructions

DAA

Form 990 (2019)

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 (B) Program service (A) Total expenses Do not include amounts reported on lines 6b, Management and expenses general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 757,481 757,481 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 276,482 276,482 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, 23,042 11,521 42,245 76,808 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) 20,989 41,978 93,884 156,851 Other salaries and wages 7 Pension plan accruals and contributions (include 257 515 943 1,715 section 401(k) and 403(b) employer contributions) 1,677 7,279 3,353 12,309 Other employee benefits 2,505 5,010 18,153 10,638 Payroll taxes _____ 10 11 Fees for services (nonemployees): Management Legal b 2,996 1,498 6,362 10,856 Accounting Lobbying Professional fundraising services. See Part IV, line 17 31,536 31,536 Investment management fees _____ Other. (If line 11g amount exceeds 10% of line 25, column 17,470 17,470 (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion 12 1,570 3,141 11,351 6,640 Office expenses 13 2,652 5,304 17,681 9,725 Information technology 14 Royalties 15 2,348 1,174 4,984 8,506 Occupancy 16 952 6,345 1,904 3,489 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 574 1,148 2,104 3,826 Conferences, conventions, and meetings 19 20 Payments to affiliates 21 736 368 1,564 2,668 Depreciation, depletion, and amortization 22 2,933 1,382 691 5,006 23 Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 405 809 1,512 2,726 Miscellaneous 358 716 1.519 Telephone 2,593 197 394 1,427 836 Dues and Subs All other expenses 126,312 47,388 1,421,790 1,248,090 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 following SOP 98-2 (ASC 958-720)

Page 11 Northern Chautauqua Community 16-1271663 Form 990 (2019) 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 Cash—non-interest-bearing 73,176 77,503 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 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 129,430 10a basis. Complete Part VI of Schedule D 65,030 64,143 10c 65,287 b Less: accumulated depreciation 10b 29,733,908 25,210,808 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 14 25,403 23,978 15 15 Other assets. See Part IV, line 11 25,377,319 29,896,630 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 28,423 9,465 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties _____ 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 2,781,774 2,401,268 25 of Schedule D 2,810,197 2,410,733 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27,052,743 22,966,586 27 Net assets without donor restrictions 27 33,690 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here ▶ │ │ and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

29,896,630 Form 990 (2019)

27,086,433

30

31

32

33

22,966,586

25,377,319

30

31

32

Schedule O.

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of

If the organization changed either its oversight process or selection process during the tax year, explain on

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

the audit, review, or compilation of its financial statements and selection of an independent accountant?

Single Audit Act and OMB Circular A-133?

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

X

2с

3a