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)

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 2022 Open to Public

Form 990 (2022)

Department of the Treasury Internal Revenue Service , and ending For the 2022 calendar year, or tax year beginning D Employer identification number C Name of organization Northern Chautauqua Community Check if applicable: Foundation Address change 16-1271663 Doing business as Name change Number and street (or P.O. box if mall is not delivered to street address) Room/suite E Telephone number 716-366-4892 212 Lake Shore Drive West Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/ 5,276,658 Dunkirk NY 14048 G Gross receipts \$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending Nancy Adams Fry H(b) Are all subordinates included? 212 Lake Shore Drive If "No," attach a list. See instructions Dunkirk NY 14048 X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527 Tax-exempt status: nccfoundation.org H(c) Group exemption number Website: L Year of formation: 1987 M State of legal domicile: X Corporation Trust Association Form of organization: Summary 1 Briefly describe the organization's mission or most significant activities: To enrich the area in which we live and work. (See Schedule 0) Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 16 4 Number of independent voting members of the governing body (Part VI, line 1b) 7 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year** 831,838 1,478,207 8 Contributions and grants (Part VIII, line 1h) 28,189 29,077 9 Program service revenue (Part VIII, line 2g) 1,118,128 2,478,267 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -112,42111 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,339,182 2,512,103 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... 1,342,865 1,086,043 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 297,891 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 27,827 120,089 231,348 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,939,625 1,504,023 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 572,478 1,835,159 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 32,783,815 38,543,075 20 Total assets (Part X, line 16) 3,392,825 3,919,801 21 Total liabilities (Part X, line 26) 29,390,990 34,623,274 22 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 office Sign Executive Director Here Diane Hannum Type or print name and title PTIN X if Print/Type preparer's name YoundaM Paid 10/13/23 self-employed P00476541 LUCINDA M SAXTON, CPA LUCINDA M SAXTON, CPA 26-4006060 Preparer Saxton, Kocur and Associates, Firm's EIN Firm's name Use Only 301 E 2nd St Suite 303 716-483-6109 Jamestown, NY 14701-5409 Firm's address X Yes No May the IRS discuss this return with the preparer shown above? See instructions

orm 990 (2022) Northern Char	utaugua Community	16-1271663	Page 2
Part III Statement of Program	m Service Accomplishments	3	[ <del></del> ]
Check if Schedule O c	contains a response or note to	any line in this Part III	X
Briefly describe the organization's mis			
			,
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2 Did the organization undertake any sig	gnificant program services during the	year which were not listed on the	
			Yes X No
If "Yes," describe these new services			
B Did the organization cease conducting	g, or make significant changes in how	it conducts, any program	(T) (T)
services?	,		Yes X No
If "Yes," describe these changes on S	Schedule O.		
Describe the organization's program s	service accomplishments for each of	its three largest program services, as measured	by
expenses. Section 501(c)(3) and 501(	(c)(4) organizations are required to re	port the amount of grants and allocations to oth	ers,
the total expenses, and revenue, if an	y, for each program service reported		
			00 100
a (Code: ) (Expenses \$	1,675,751 including grad	organizations, governments of S	\$ 28,189)
Grants awarded to nu	umerous non-profit	organizations, governme	ental entitles,
and to local scholar	rship recipients.	Obergring expenses or	8213,825
incurred for the adm	ninistration of the	e funds.	
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			.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
*   4   14   17   17   17   17   17   17			
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b (Code: ) (Expenses \$	including grar	nts of \$) (Revenue	\$
N/A			
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4c (Code: ) (Expenses \$	including gram	nts of \$) (Revenue	\$ (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
N/A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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d Other program services (Describe on	ı Schedule O.)		
(Expenses \$	including grants of \$	) (Revenue \$	)
4e Total program service expenses	1,675,751		

Form 990 (2022) Northern Chautauqua Community 16-1271663

Pa	urt IV Checklist of Required Schedules	т	т	
	r		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		X
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		X
E	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
5		5		Х
_	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	-		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		х	
	"Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			47
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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.	***********	GERSON N	000000000000000000000000000000000000000
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	11a	X	
	complete Schedule D, Part VI	IIa	- 4 2	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	445		x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			37
	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 Part X, line 16? 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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
_	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
_	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
b				
	fundraising, business, investment, and program service activities outside the United States, or aggregate	14b		x
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	140		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5		x
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>^</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			177
	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. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	democific government on Part IV. column (A): line 12. If "Yes" complete Schedule I. Parts I and II.	21	x	1

~orm	990 (2022) Northern Chautauqua Community 16-1271663		Pa	ge 4
	rt.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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
Ü	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
LJU	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
D	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
ne	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
07	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
27	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
		27		X
	persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
28				
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):	077.000		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		X
_	"Yes," complete Schedule L, Part IV	28b		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		X
	"Yes," complete Schedule L, Part IV	29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		Х
	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	<u> </u>		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		Х
	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,	34		Х
	or IV, and Part V, line 1	35a		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	JJa		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35b		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		x
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		A.
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1 22		x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	20	v	
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	L
P	Statements Regarding Other IRS Filings and Tax Compliance			$\Box$
	Check if Schedule O contains a response or note to any line in this Part V		   v	<u> </u>
	1 1 10		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 19	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		1	

reportable gaming (gambling) winnings to prize winners?

Form 990 (2022) Northern Chautauqua Community Yes Statements Regarding Other IRS Filings and Tax Compliance (continued) 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 X 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 4a X 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country b See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a X 6a organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X 7a and services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X 7c required to file Form 8282? d X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a 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. 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 Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15  $\mathbf{X}$ 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? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities 17 that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.

16-1271663 Form 990 (2022) Northern Chautauqua Community Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 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. 16 Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, 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 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a X one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: ß X 8a The governing body? X a8 Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe on Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a 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 List the states with which a copy of this Form 990 is required to be filed NY 17 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 on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records 212 Lake Shore Drive West Diane Hannum

NY 14048

Dunkirk

Form 990 (2022) Northern Chautauqua Community

16-1271663

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

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

- 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

					tion c	om	pensated any current office	r, director, or trustee.	
(B) Average hours per week (list any hours for related organizations below dotted line)	box	r, unle	Pos heck ss pe	ítion more rson i irecto	s bolh r/Irusle	an :e)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
40.00			×				88.000	0	2,597
2.00	4,5								0
2.00	X		X			<u> </u>	U		
2.00	X		X				0	. 0	0
0.00	x		X				0	0	0
0.00	Х		x				0	0	0
0.00	x		x				0	0	0
1.00	х					***************************************	0	0	0
1.00	x						0	0	0
Poster 1.00 0.00	x						0	0	0
1.00							0	0	0
1.00									
	(B) Average hours per week (list any hours for related organizations below dotted line)  40.00 2.00 0.00 2.00 0.00 2.00 0.00 2.00 0.00 1.00 0.00 0	(B) Average hours per week (list any hours for related organizations below dotted line)  40.00 0.00 2.00 0.00 X	(B) Average hours per week (list any hours for related organizations below dotted line)  40.00 0.00  2.00 0.00  X  2.00 0.00 X	Average hours per week. (list any hours for related organizations below dotted line)  40.00 0.00 0.00 X 2.00 0.00 X 2.00 0.00 X X X A A A A A A A A A A A A A A A A	(B) Average hours per week (list any hours for related organizations below dotted line)  40.00 0.00 X  2.00 0.00 X  2.00 0.00 X  2.00 0.00 X	Average hours per week (list any hours for related organizations below dotted line)  40.00  0.00  2.00  0.00  X  2.00  0.00  X  2.00  0.00  X  2.00  0.00  X  1.00  0.00  X  1.00  0.00  X  1.00  0.00  X  1.00  0.00  X	Average hours per week (list any hours for related organizations below dotted line)  40.00 0.00 0.00 X  2.00 0.00 X  2.00 0.00 X  2.00 0.00 X  1.00 0.00 X  1.00 0.00 X  1.00 0.00 X  1.00 0.00 X	### Average hours per week (list arry hours for related organization compensated any current office or position (do not check more than one box, unless person is both an officer and a director/iruslee) (list arry hours for related organizations below dotted line)  ### Average hours per week (list arry hours for related organizations for related organizations below dotted line)  ### Average hours per week (list arry hours for related organizations for related organizations)  ### Average hours per week (list arry hours for related organization from the organization (W-2/ 1099-MSC/ 1099-MSC/ 1099-MSC/ 1099-NEC)  ### Average hours for related organization developed in the organization from the organization (W-2/ 1099-MSC/ 1099-MSC	C   C   C   C   C   C   C   C   C   C

Part VII Section A. Officers	, Directors, Tru	stee	s, K	эу Е	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours	Average box, unless person is both a hours officer and a director/trustee			an ee)	(D) Reportable compensalion from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(12) Richard Ketch	am 1.00 0.00	x						0	0	0
Director (13) Josiah Lamp		21				-				
Director	1.00	x						0	0	0
(14) Kyle Leikam	1.00									
Director (beg 6/22) (15) Danielle Marx	0.00	x						0	0	0
(15) Danielle Marx	1.00	x						0	0	0
(16) Alexandria M	rphy 1.00									0
Director (17) Gina Paradis	0.00	Х		 				0	0	0
Director (thru 6/22)	0.00	x						0	0	0
(18) Stephanie Ste	1.00 0.00	x						0	0	0
(19) Katherine Tar										_
Director (thru 6/22)	0.00	Х			<u></u>	<u></u>	<u></u>	88,000	0	2,597
1b Subtotal										
d Total (add lines 1b and 1c)  Total number of individuals (in reportable compensation from	ncluding but not l	imite						88,000 ve) who received more than		2,597
3 Did the organization list any for employee on line 1a? If "Yes, 4 For any individual listed on line."	ormer officer, dir " complete Sche e 1a. is the sum	ecto dule of re	<i>J for</i>	r <i>suc</i> able	h in con	divid npen	<i>ual <sub>.</sub></i> satio	on and other compensation	from the	Yes No
organization and related organization and related organization and related organization individual.  5 Did any person listed on line	la receive or acc	rue	com	 pens	atio	n fro	, m ai	ny unrelated organization o	or individual	5 X
for services rendered to the o Section B. Independent Contractor	ors									
Complete this table for your fi compensation from the organ	ization. Report of	ens	ated ensa	inde ation	pen for	dent the c	con aler	idar year ending with or wit	hin the organization's tax y	ear. (C)
(A) Name and business address Description of services									(C) Compansation	
			•							
								/		
2 Total number of independent received more than \$100,000	contractors (incl	udin n fro	g bu m th	t not	limi ganl	ted t zatio	o the	ose listed above) who	0	000

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Form 990 (202)	Northern	Chautauqua	Community	16-127166
Part VIII	Statement of R		ananna ar nata ta s	any line in this Dart VIII

9898 <b>3</b>	A. M. O. M.	Check if	Sche	edule O conta	ins a	respon	se or note	to any line in thi	s Part VIII		,
			***************************************					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from lax under sections 512-514
ts ts	1a	Federated camp	aions		1a						
rar		Membership due			1b		15,400				
S, G	c	Fundraising ever	nts		1c		264,044				
ar /		L 19. 1									
s, C					1e		9,500				
ution er Si	f All other contributions, gifts, grants, and similar amounts not included above					1,	189,263				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions i	included	in	1a		11,657				
Co	h	Total, Add lines						1,478,207			
							Business Code				
e)	2a	Administrat	tive	fees - Agenc	Y		561000	28,189	28,189		
r Żi	b		,,,,,,	*******							
Program Service Revenue	С										
ran Reve	d										
rog	е			*****							
ш.	f	All other progran	n serv	ce revenue ,,,,							
	g	Total. Add lines	2a-2f					28,189		,	
	3	Investment incor	me (in	cluding dividend	s, inte	rest, and					
		other similar am	ounts)	*************				814,188			814,188
	4	Income from investment of tax-exempt bond proceeds									
	5	Royalties			<u></u>						
				(i) Real		(ii) F	Personal				
	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
	C	Rental Inc. or (loss)	6c								
	d	Net rental incom	e or (	ośs) ,							
	1 d	Gross amount from sales of assets other than inventory 7a (i) Securities 2,703		(ii) Other							
				686	ļ	252,388					
ire	b	Less: cost or other									
Other Revenue		basis and sales exps.	7b	2,652,							
8		Gain or (loss)	7c	J.	552	<del></del>	252,388				202 040
her		Net gain or (loss						303,940			303,940
ŏ	8a	Gross income from		-							
		(not including \$		264,044							
		of contributions rep		n line							
		1c). See Part IV, lin		*******	8a						
		Less: direct expe			8b		112,421	770 101			110 401
		Net income or (le			vents	45424544		-112,421			-112,421
	9a	Gross income from	_								
		activities. See P			9a						
		Less: direct expe		*****	9b						
		Net income or (le	-		ities .						
	10a	Gross sales of ir									
		returns and allov			10a						
		Less: cost of god			10b						
	<u>C</u>	Net income or (le	oss) fr	om sales of inve	ntory		Business Code				
Sno							ousiness Code				
nec	11a										
ella Ven	b										
Miscellaneous Revenue	C .i			•••••							
Σ		All other revenue					L				
		Total. Add lines						2,512,103	28,189		1,005,707
	12	Total revenue.	see in	SUUCHONS				2,012,103	20,103		1 2/000/101

Form 990 (2022)

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 (B) Program service (C) Management and (A) Total expenses Do not include amounts reported on lines 6b, 7b, general expenses expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 1,001,906 1,001,906 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 340,959 340,959 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, 4,530 55,264 30,803 90,597 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) 11,525 78,369 230,497 140,603 Other salaries and wages 7 Pension plan accruals and contributions (include 1,415 208 2,540 4,163 section 401(k) and 403(b) employer contributions) 5,145 757 9,229 15,131 Other employee benefits 1,251 8,509 15,264 25,024 Payroll taxes 10 Fees for services (nonemployees): 28,189 28,189 Management Legal 6,350 6,350 Accounting Lobbying ď Professional fundraising services. See Part IV, line 17 40,707 40,707 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column 61,333 61,333 (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 1,492 7,231 2,754 11,477 Office expenses 13 2,273 4,197 11,017 17,487 Information technology 14 Royalties 15 914 5,666 11,698 18,278 16 Occupancy 1,980 1,073 5,198 8,251 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 1,299 2,399 6,297 9,995 Conferences, conventions, and meetings 19 20 Payments to affiliates 21 247 3,166 1,533 4,946 Depreciation, depletion, and amortization 22 436 5,575 2,700 8,711 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.)  $1,\overline{996}$ 1,081 5,241 8,318 Miscellaneous 611 1,129 4,703 2,963 Dues and Subs 130 1,666 807 2,603 Telephone All other expenses 27,827 236,047 1,675,751 1,939,625 Total functional expenses. Add lines 1 through 24e 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 (2022) Northern Chautauqua Community
Rant X Balance Sheet

P	art X	Balance Sheet					
		Check if Schedule O contains a response or note to	o any l	ne in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash—non-Interest-bearing			004 101	1	212 416
	2	Savings and temporary cash investments			204,191	2	312,416
	3	Pledges and grants receivable, net		,,		3	
	4	Accounts receivable, net		******		4	
	5	Loans and other receivables from any current or former of					
		trustee, key employee, creator or founder, substantial con					
		controlled entity or family member of any of these person				5	
	6	Loans and other receivables from other disqualified person					
ets	_	under section 4958(f)(1)), and persons described in secti				6 7	
Assets	7	Notes and loans receivable, net		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		8	
1	8	Inventories for sale or use				9	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other	40-	182,627			
		basis. Complete Part VI of Schedule D	10a	62,704		400	119,923
	D 44	Less: accumulated depreciation	เบม	02,104	38,209,860	11	32,346,331
	11	Investments—publicly traded securities			30,203,000	12	02/01/01/01
	12	Investments—other securities. See Part IV, line 11				13	-
	13 14	Investments—program-related. See Part IV, line 11				14	
	15	Intangible assets			4,154		5,145
	16	Total assets. Add lines 1 through 15 (must equal line 33	.,, ,		38,543,075	16	32,783,815
	17	Accounts payable and accrued expenses			13,374	17	10,198
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of	Sche	lule D		21	
s	22	Loans and other payables to any current or former officer					
Liabilities		trustee, key employee, creator or founder, substantial co					
abi		controlled entity or family member of any of these persor				22	
Ĺ	23	Secured mortgages and notes payable to unrelated third				23	
	24	Unsecured notes and loans payable to unrelated third pa	rties			24	
	25	Other liabilities (including federal income tax, payables to	relate	d third			
		parties, and other liabilities not included on lines 17-24).	Comp	ete Part X			2 2 2 2 2 2 2 2
		of Schedule D			3,906,427	25	
	26	Total liabilities. Add lines 17 through 25	-		3,919,801	26	3,392,825
۰,		Organizations that follow FASB ASC 958, check here	X				
ces		and complete lines 27, 28, 32, and 33.			24 566 204		20 200 702
ılar	27			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	34,566,024		29,380,792
B	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 958, chec			57,250	28	10,198
nuc			ck her	<b>∍</b> [_]			
Ϋ́		and complete lines 29 through 33.				20	
ts c	29	Capital stock or trust principal, or current funds				30	
sse	30	Paid-in or capital surplus, or land, building, or equipment				31	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or			34,623,274		29,390,990
Ne	32	Total net assets or fund balances  Total liabilities and net assets/fund balances		*********	38,543,075		
	.00	Total naminios and not assets/fully balances				1 22	Form 990 (2022)

Schedule O.

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

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

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

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

3a

3b

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Part VII Section A. Officers								ind Highest Compensated	Employees (continued)	
***************************************				(0	2)					
(A)	(B)			check		than c		(D)	(E)	(F)
Name and title	Average box, unless person is both an Reportable Reportable hours officer and a director/trustee) compensation compensation		Estimaled amount of other							
	per week (list any	옥콩	5	8	8	岛高	균	from the organization (W-2/	from related organizations (W-2/	compensation from the
	hours for related	direct	titutic	Officer	y em	pioye	Former	1099-MISC/	1099-MISC/ 1099-NEC)	organization and related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	emp		1099-NEC)	1033-NEO/	
	below dotted line)	itee	ustee			Highest compensated employee				
(20) Susan Wells,	Esa	:	<del> </del>		ļ	ä.		<u></u>		
	1.00									
Director	0.00	x				<u></u>		0	.0	0,
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	e a a difference en									
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7 *************************************	************	<u> </u>	<u> </u>			<u> </u>		<u></u>		
<u> </u>		\ <u></u>		<u> </u>	<del> </del>	$\vdash$	<del> -</del>			
				:						
\$ `\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				ļ.—						
1b Subtotal,	<u>l:</u>						ļ			
c Total from continuation she										
d Total (add lines 1b and 1c)									#400 000 -f	<u> </u>
Total number of individuals (ir reportable compensation from			ed to	thos	e lis	ited a	3boV	ve) who received more than	\$100,000 of	
							,	<u> </u>		Yes No
3 Did the organization list any for										3
employee on line 1a? If "Yes, 4 For any individual listed on lin	e 1a, is the sum	of re	eport	able	com	npen	satio	on and other compensation	from the	
organization and related organ	nizations greater	thar	า \$15	50,00	00? [	If "Y€	es," i	complete Schedule J for su	cn	Section of the section of
<ul><li>individual</li><li>Did any person listed on line</li></ul>	la receive or acc	rue	com	pens	atio	n froi	n ai	ny unrelated organization o	r individual	
for services rendered to the o	rganization? If "\	'es;"	con	plet	e Šc	hedi	ile J	for such person		
Section B. Independent Contractor  Complete this table for your fi		ener	ated.	indo		lent	cont	tractors that received more	than \$100 000 of	
compensation from the organ	ization. Report c	onip	ensa	tion	for t	he c	alen	idar year ending with or with	nin the organization's tax y	ear.
Name and	(A) I business address							Descrip	(B) olion of services	Compensation
				*						
	<del>, , , , , , , , , , , , , , , , , , , </del>						+	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s	
							T	the state of the s		
-	7.						_			
Harman Andrews Comment of the Commen	,						+			
										·
2 Total number of independent	contractors (incl	ıding	j but	not	limit	ed to	the	ose listed above) who		
received more than \$100,000	of compensation	i froi	n the	gro e	aniz	ation	1			Form <b>990</b> (2022