EXTENDED TO AUGUST 17, 2015

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 Copen to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

A	For the	2014 calendar year, or tax year beginning and	ending		
В	Check if applicable:	C Name of organization		D Employer identific	cation number
Г	Address change	NORTHERN CHAUTAUQUA COMMUNITY FOUNDAT	ION		
	Name change	Doing business as		16-1	271663
Ļ	Initial retum	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final retum/ termin-	212 LAKE SHORE DRIVE WEST) 366-4892
_	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,886,410.
F	Amende retum Applica- tion	DUNKIRK, NY 14048		H(a) Is this a group re	
	tion pending	F Name and address of principal officer: PETER CLARK 2 WEST MAIN STREET, FREDONIA, NY 1406	3	for subordinates H(b) Are all subordinates in	
_	Tov. ovor	mpt status: X 501(c)(3)		T	list. (see instructions)
		intribute: La soricity = soricity ¬ (insertio.) = 4947(a)(1) 1 1 1 1 1 1 1 1 1	01 321	H(c) Group exemptio	• • • • • • • • • • • • • • • • • • • •
		organization: X Corporation	I Year		A State of legal domicile: NY
		Summary	12 1001	OTTOMALION. = 0 0 7 10	otato or logal dollilolo
		riefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$	FOUNDA	TION IS A	
Activities & Governance	N	NOT-FOR-PROFIT 501(C)(3) ORGANIZATION TH	AT BUI	LDS PERMANE	NT FUNDS TO
rna		Check this box if the organization discontinued its operations or dispose			
ove	l .	lumber of voting members of the governing body (Part VI, line 1a)			16
Ğ	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)		4	16
es	5 T	otal number of individuals employed in calendar year 2014 (Part V, line 2a)		5	4
Χį	6 T	otal number of volunteers (estimate if necessary)		6	93
Acti	7 a T	otal unrelated business revenue from Part VIII, column (C), line 12			0.
_	bl	let unrelated business taxable income from Form 990-T, line 34		7b	0.
			<u> </u>	Prior Year	Current Year
e		Contributions and grants (Part VIII, line 1h)		591,031.	309,620.
Revenue	1.	Program service revenue (Part VIII, line 2g)	1	0.	0.
Re	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,678,175. 67,339.	1,434,741.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,336,545.	
_		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		334,871.	556,164.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1	0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		183,035.	180,989.
ses	15 5	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	h T	otal fundraising expenses (Part IX, column (D), line 25) 38,1			
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1	64,900.	71,054.
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		582,806.	
	19 F	Revenue less expenses. Subtract line 18 from line 12		1,753,739.	1,008,000.
Net Assets or	3		В	eginning of Current Year	End of Year
sets	20 1	Total assets (Part X, line 16)		22,816,608.	23,175,917.
Ass	21 7	otal liabilities (Part X, line 26)		3,202,327.	
Se l	22 1	Net assets or fund balances. Subtract line 21 from line 20		19,614,281.	20,151,046.
		Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedule			ny knowledge and belief, it is
tru	e, correct	, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	r has any knowledge.	
		Signature of officer		Date	
Sig	gn	7 F-Filed by RW	В	Date	1
He	re	PETER CLARK, PRESIDENT Type or print name and title			
		Type of print name and ade	. 1	Date Check	PTIN
D.	ia	Print/Type preparer's name KRISTY B. ZABRODSKY, CPA Preparer's signature Officery Control of the control of t	reletura	n phillip in	D014EE070
Pa	F	Firm's name BUFFAMANTE WHIPPLE BUTTAFARO, P		T () T Self-employ Firm's EIN ▶	16-1117932
	eparer e Only	Firm's address 201 WEST THIRD STREET	- U	Tuni 3 Liiv	
US	o only	JAMESTOWN, NY 14701		Phone no. 71	6-664-5104
M	v the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No
	001 11-07		ions.		Form 990 (2014)

Form **990** (2014)

	990 (2014) NORTHERN CHAUTAUQUA COMMUNITY FOUNDATION 16-1271	663	P:	age 3
Par	Checklist of Required Schedules			
			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
	If "Yes," complete Schedule A	1	X	_
	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		х
	public office? If "Yes," complete Schedule C, Part I	3		
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
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	7		
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
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		Х
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 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, VIII, 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,		3.7	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
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	11d		Х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
e f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's separate of consolidated imanical statements for the tax year mode a feetinete that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			1
	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			17
	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,			v
	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	1.0	Х	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	+
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		X
00-	complete Schedule G, Part III	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		+
<u> </u>	II 1es to line zoa, dio the organization attach a copy of its addited financial statements to this feturit	_ 		(004.4)

Page 4

Form 990 (2014) NORTHERN CHAUTAUQU

Part IV Checklist of Required Schedules (continued)

	Checklist of Required Schedules (continued)			
•	Dillib and attended to the first open of the second of the second open open open open open open open open		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	0.4	х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	^	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		х	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	^	
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			· V
	Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			i.
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No", go to line 25a	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			l
	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, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			İ
	complete Schedule L, Part II	26		X
27	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 35% controlled entity or family member			
, s	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			ĺ
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a		35a		X
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	35b		
36	Section 501(c)(3) organizations. Did the organization rnake any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		-	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2014) NORTHERN CHAUTAUQUA COMMUNITY FOUNDATION 16-1271663 Page 5

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			<u></u>						
					Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a		7						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	()						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eporta	able gaming							
	(gambling) winnings to prize winners?			1c	X					
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		1						
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X	************				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					х				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
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 A	ccou	nts (FBAR).							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transc			5b		X				
	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 to					v				
	any contributions that were not tax deductible as charitable contributions?			6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions	or gifts	01						
_	were not tax deductible?	•••••	•••••	6b						
7	Organizations that may receive deductible contributions under section 170(c).	nuissa	nyouided to the nover	7a	*******	X				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7b		- 21				
b	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 w			10		İ				
С	to file Form 8282?	/a5 E	quired	7c		Х				
ч	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f						
g	real transfer of the state of t			7g						
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained									
	sponsoring organization have excess business holdings at any time during the year?			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?		· · · · · · · · · · · · · · · · · · ·	9b						
10	Section 501(c)(7) organizations. Enter:		1							
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:	ı	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		_						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		l .	12a		8 ********				
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			. 1							
	organization is licensed to issue qualified health plans	13b		-						
				14-	***************************************	X				
	Big the digarination reserve and province and a servince and a ser				-	1				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	10 U		140	1					

Page 6 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.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16	5		
	If there are material differences in voting rights among members of the governing body, or if the governing	7		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	5		
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 supervision			
·	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
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	Х	
-	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		
70	more members of the governing body?	7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
		7b		Х
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
	The governing body?	8a	Х	*******
	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 the	00		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
000	tion b. Policies (This Section B requests information about policies not required by the internal nevertie code,)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	,03	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	8888888888
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a	X	**********
	Other officers or key employees of the organization	15b		X
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iva	taxable entity during the year?	16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		**********
Sac	tion C. Disclosure	100		
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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	nle	
10	for public inspection. Indicate how you made these available. Check all that apply.	. u v unul		
	X Own website Another's website X Upon request Other (explain in Schedule O)			
40	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, as	nd finan	cial	
19		iu iiiali	oiai	
00	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:			
20	DIANE HANNUM - (716) 366-4892			
	212 LAKE SHORE DRIVE, DUNKIRK, NY 14048			

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.

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

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

(A)	(B)	J. gc	411120	ır	3)	.,,,,,	,	(D)	(E)	(F)
(A) Name and Title	Average		Position (do not check more than one box, unless person is both an		Reportable	Reportable	Estimated			
mame and the	hours per				compensation	compensation	amount of			
	week			nd a d				from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or director	92			Highest compensated employee		organization	(W-2/1099-MISC)	from the
	related	stee	truste		92	bens	l	(W-2/1099-MISC)		organization
	organizations below	Individual trustee	Institutional trustee		Кеу етріоуее	t con	١.			and related organizations
	line)	divid	stitut	Officer	еу еп	ighes	Former			organizations
(1) RICHARD RYAN	5.00	=	<u> </u>	0		王西	IE			,
BOARD MEMBER	3.00	X						0.	0.	0.
(2) JAMES HOLTON	5.00					-	\vdash	:		
BOARD MEMBER	3.00	Х						0.	0.	0.
(3) GERALD HALL	5.00					 	†			
BOARD MEMBER		X						0.	0.	0.
(4) PRISCILLA KOCH	5.00	-				T			·	
BOARD MEMBER		X						0.	0.	0.
(5) JEAN MALINOSKI	5.00									
BOARD MEMBER		X						0.	0.	0.
(6) PETER RYAN	5.00									
BOARD MEMBER		X						0.	0.	0.
(7) MONICA WHITE	5.00									
BOARD MEMBER		X						0.	0.	0.
(8) DAVID TRAVIS	5.00									
BOARD MEMBER		X						0.	0.	0.
(9) GINA PARADIS	5.00									
BOARD MEMBER		X						0.	0.	0.
(10) RYAN MOURER	5.00				İ					_
BOARD MEMBER		X						0.	0.	. 0.
(11) SUSAN WELLS	5.00				1	1.	ļ			
BOARD MEMBER		X		<u>L</u> .		<u> </u> :		0.	0.	0.
(12) HELEN BARAN	5.00	'			'					
BOARD MEMBER		X	<u> </u>			<u> </u>	_	0.	0.	0.
(13) PETER CLARK	5.00	_								
PRESIDENT		X	1	X	<u> </u>	-	1_	0.	0.	0.
(14) ELIZABETH BOOTH	5.00						1			
VICE PRESIDENT		X	ـ	X	_	_	1	0.	0.	0.
(15) JOHN D'AGOSTINO	5.00	 								
SECRETARY		X		X	-	 	╄	0.	0.	0.
(16) KATHERINE KAUS	5.00	١								
TREASURER	40.00	X	-	X	+	-	┼	0.	0.	0.
(17) DIANE HANNUM	40.00	-		1,				62 074		
EXECUTIVE DIRECTOR				X	<u> </u>			63,974.	0.	0.
400007 11 07 14										Form 990 (2014)

ran	VII Section A. Officers, Directors, Trus		ploy	rees			ighe	st C		es (continued)	1		
	(A)	(B)			•	C)			(D)	(E)		(F)	
	Name and title	Average	(do		Pos heck		l than	one	Reportable	Reportable		Estimated	
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation		amount of	;
		week (list any					T	, , , , , , , , , , , , , , , , , , ,	from	from related organization		other compensation	or
		hours for	director				-		organization	(W-2/1099-MI	1	from the	JΠ
		related	50 25	Stee Stee			nsate		(W-2/1099-MISC)	(** 25 1000 1711)	organizatio	n
		organizations	1 TE	ם		B 6	eduo .	ŀ				and related	
	e en en en en en en en en en en en en en	below	Individual trustee or	Institutional trustee	8	Key employee	Highest compensated employee	ig i				organization	าร
	· · · · · · · · · · · · · · · · · · ·	line)	2	last last	Officer	Ş.	E E	臣					·
			<u> </u>	<u> </u>	ļ	<u> </u>	ļ						
			-										
		- '	ļ	ļ	ļ .	ļ	ļ						
	\$		'						1				
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			-	<u> </u>	-	-		_					
		J	<u> </u>	<u> </u>		<u> </u>	<u> </u>	Ļ	(2 074		0.		^
	Sub-total								63,974.		0.		0.
	Total from continuation sheets to Part V								63,974.		0.		0.
	Total (add lines 1b and 1c)												<u> </u>
2	Total number of individuals (including but r	not limited to th	nose	eliste	ed a	bov	e) w	ho r	eceived more than \$100	,000 of reportab	le		0
	compensation from the organization											Yes	No
_	S								15 6 4			162	
3	Did the organization list any former officer												**************************************
	line 1a? If "Yes," complete Schedule J for s											3	X
4	For any individual listed on line 1a, is the s									tne organization			X
_	and related organizations greater than \$15											4	<u>^</u>
5	Did any person listed on line 1a receive or										3	_	X
	rendered to the organization? If "Yes," con	nplete Schedu.	e J	tor s	ucn	per	son					5	
	tion B. Independent Contractors		.1						hb - h h hb	#100 000 of one			
1	Complete this table for your five highest co										npens	ation from	
	the organization. Report compensation for	the calendar	/ear	ena	ing v	witn	or w	/itnii		year.		(C)	
	(A) Name and business	s address	N	ON:	F				(B) Description of s	services	_ c	ompensation	
	rano ana sasinos.	7 444,400	TA	OIV.	<u> </u>								
	Table and a state of the state	(la alicalle - leca		i 11		. 12-			d abaya)b = "===55d =	aara tha-			
2	Total number of independent contractors		101	ırnıte	eu to	י נחכ	ມຮe II ົດ	stec	a above) who received r	nore man			
	\$100,000 of compensation from the organ	ization 🚩					U				 		

Form	990	(2	NORTH	ERN	CHAU	TAUQUA	CO	MMUNITY	FC	UNDATION	16-1271	663 Page 9
Par	ŧ۷	Ш	Statement of Reven	ue								
		-	Check if Schedule O conta	ins a re	esponse	or note to an	y line	in this Part VIII				
								(A) Total revenue		(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 :	a a	Federated campaigns	************	1a	*******************	****					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues									
ا غري			Fundraising events									
a iii			Related organizations									
S,E			Government grants (contribution		1e							
ig is			All other contributions, gifts, grant									
Pe E			similar amounts not included abov		1f	309,620	0.					
ĘÒ			Noncash contributions included in lines				- III					
a S		_	Total. Add lines 1a-1f)	-	309,620).			
						Business Co	ode					
g	2	а										
ه کِ		b										
SE		С										
Program Service Revenue		d										
9 E		е										
مّ		f	All other program service rever	nue							****	
		<u>g</u>	Total. Add lines 2a-2f]	>					
	3		Investment income (including	dividen	ds, intere	est, and				· ·	,	
			other similar amounts)				▶ 1	,434,74	l .	1,434,741.		
	4		Income from investment of tax	(-exem _l	ot bond p	roceeds I	>		_			
	5		Royalties			I						
				(i)_	Real	(ii) Person	al					
	6		Gross rents				₩					
		b	Less: rental expenses									
			Rental income or (loss)		l							
			Net rental income or (loss)			1						
	7	а	Gross amount from sales of	(i) Se	curities	(ii) Other						
			assets other than inventory									
		b	Less: cost or other basis									
			and sales expenses									
			Gain or (loss)									
			Net gain or (loss)						****			
Other Revenue	8	а	Gross income from fundraising including \$		of							
Ş.			contributions reported on line	1c). Se	ee	110 00	٠ .					
ē			Part IV, line 18		a	70 20	2 •					
횽		b	Less: direct expenses		b	10,20	3.	48,889	a			48,889.
			Net income or (loss) from fund					40,00.	•			40,000.
	9	а	Gross income from gaming ac									
			Part IV, line 19			1						
			Less: direct expenses				· ·		****			
	4.		Net income or (loss) from game Gross sales of inventory, less				*					
	10	a										
		_	and allowances Less: cost of goods sold									
			Net income or (loss) from sale				•		.000000			
	H	C	Miscellaneous Revenu		entory .	Business C	- 3					
	11		MISCELLANEOUS I		ME	90009		22,95	7.	22,957.		
	' '	b	IIIDOLLIIIIII I									
		c										
		d										
		e	Total. Add lines 11a-11d				>	22,95				
	12	_	Total revenue. See instructions.)	1,816,20	7.	1,457,698.	0.	48,889.

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respons			(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	316,759.	316,759.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	239,405.	239,405.		
3	Grants and other assistance to foreign	e			
	organizations, foreign governments, and foreign		•		
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	60 074	25 246	10 000	0 506
	trustees, and key employees	63,974.	35,346.	19,032.	9,596.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			·	
	persons described in section 4958(c)(3)(B)	0.6.005		10 010	14 000
7	Other salaries and wages	96,285.	69,238.	12,218.	14,829.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0 010		1 107	1 220
9	Other employee benefits	8,919.	6,444.	1,137.	1,338
10	Payroll taxes	11,811.	8,533.	1,506.	1,772
11	Fees for services (non-employees):				
а	Management				
b	Legal	16 200	11.760	2 077	2 442
С	Accounting	16,288.	11,768.	2,077.	2,443
d					
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	9,940.	7,182.	1,267.	1 /01
13	Office expenses		10,697.	1,888.	1,491 2,221
14	Information technology	14,806.	10,097.	1,000.	2,221
15	Royalties	8,223.	5,942.	1,048.	1,233
16	Occupancy	4,730.	4,021.	1,040.	709
17	Travel	4,730.	4,021.		709
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	5,414.	4,602.		812
19	Conferences, conventions, and meetings	2,414.	4,002.		
20	Interest				
21	Payments to affiliates	1,810.		1,539.	271
22	Depreciation, depletion, and amortization	3,641.	2,940.	155.	546
23	Insurance	3,041.	2,540.	133.	340
24	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.) MISCELLANEOUS	2,295.	1,073.	878.	344
a b	MET EDUCATE	2,101.	1,518.	268.	315
_	DUEC AND CUDCODIDUION	1,806.	1,305.	230.	271
ч С		1,000.	1,303.	230.	
d			,		
e 25	All other expenses	808,207.	726,773.	43,243.	38,191
<u>25</u> 26	Joint costs. Complete this line only if the organization	500/2011	,20,,,3.	10,210	20,1221
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	•			
	Check here if following SOP 98-2 (ASC 958-720)				
	11 tollowing 205 88-5 (V20 828-150)		 		Earm 990 (2014

art X	▓	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	/ line in this Part X		· · · · · · · · · · · · · · · · · · ·	
					(A) Beginning of year		(B) End of year
1		Cash - non-interest-bearing			87,356.	1	136,032
2		Savings and temporary cash investments				2	
3		Pledges and grants receivable, net				3	
4		Accounts receivable, net				4	
5		Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa					
		Part II of Schedule L				5	
6		Loans and other receivables from other disquali					
"		section 4958(f)(1)), persons described in section	•	•			
		employers and sponsoring organizations of section					
		employees' beneficiary organizations (see instr).				6	
7		Notes and loans receivable, net				7	
7						8	
8		Inventories for sale or use				9	
9		Prepaid expenses and deferred charges	1 1				
108	а	Land, buildings, and equipment: cost or other	40	120 202			
		basis. Complete Part VI of Schedule D	10a	52 000	68,643.	40	67,215
	b	Less: accumulated depreciation	10b	32,900.	22,640,525.	10c	22,952,130
11		Investments - publicly traded securities			22,040,323.	1	22,332,130
12		Investments - other securities. See Part IV, line				12	
13		Investments - program-related. See Part IV, line		13			
14		Intangible assets		20.004	14	20 540	
15		Other assets. See Part IV, line 11	20,084.		20,540		
16		Total assets. Add lines 1 through 15 (must equ	al line 3	4)	22,816,608.		23,175,917 1,201
17		Accounts payable and accrued expenses	16,287.		1,201		
18		Grants payable		18			
19	1	Deferred revenue				19	
20		Tax-exempt bond liabilities				20	
21		Escrow or custodial account liability. Complete				21	
22		Loans and other payables to current and forme					
		key employees, highest compensated employee	es, and	disqualified persons.			
22		Complete Part II of Schedule L				22	
23		Secured mortgages and notes payable to unrela	ated th	rd parties		23	
24	,	Unsecured notes and loans payable to unrelate	d third	parties		24	
25	i	Other liabilities (including federal income tax, pa	ayables	to related third			
		parties, and other liabilities not included on line	s 17 ⋅ 24). Complete Part X of			
		Schedule D			3,186,040.		3,023,670
26		Total liabilities. Add lines 17 through 25			3,202,327.	26	3,024,871
		Organizations that follow SFAS 117 (ASC 958	8), che	k here 🕨 🔃 and			
3		complete lines 27 through 29, and lines 33 ar	nd 34.				
27	,	Unrestricted net assets			19,614,281.	27	20,151,046
27 28 29 30 31 32 32	}	Temporarily restricted net assets				28	
29)			<u></u>		29	
5		Organizations that do not follow SFAS 117 (A	ASC 95	8), check here 🕨 🔙			
5 .		and complete lines 30 through 34.					
30)	Capital stock or trust principal, or current funds	3			30	·
31		Paid in or capital surplus, or land, building, or e				31	
32		Retained earnings, endowment, accumulated in				32	
33	-	Total net assets or fund balances			19,614,281	33	20,151,046
1 55	į	Total liabilities and net assets/fund balances			22 016 600		

orm	990 (2014) NORTHERN CHAUTAUQUA COMMUNITY FOUNDATION	10-1	2/1003	Pag	ge 12
Pa	TXI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,816		
2	Total expenses (must equal Part IX, column (A), line 25)	2	808		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,008		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,614		
5	Net unrealized gains (losses) on investments	5	-47	L,2	<u>35.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	20,15	1,0	<u>46.</u>
Pa	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
			[200000000]	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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	a no b			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	*****************
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	**********
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audi	t		
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audi	t		
			1 21-1		i

Form **990** (2014)