EXTENDED TO NOVEMBER 15, 2018

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.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

<u>A</u>	For th	e 2017 calendar year, or tax year beginning and e	ending		
В	Check if applicab	C Name of organization		D Employer identific	cation number
	Addre	⊫ <u> NORTHERN CHAUTAUQUA COMMUNITY FOUNDAT</u> I	ION		
_	Name chang	Doing business as		16-1	271663
L	lnitial return	(Room/suite	E Telephone number	
	Final returr	212 LAKE SHORE DRIVE WEST		')366-4892
	termir ated	, , , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	1,687,618.
	Amen	DUNKIKK, NY 14048		H(a) Is this a group re	
	Appliation			for subordinates	? Yes X No
	pendi	^{ng} 3442 STONE QUARRY ROAD, FREDONIA, NY 1	14063	H(b) Are all subordinates in	
1	Tax-ex	empt status: X 501(c)(3) 501(c)() ((insert no.) 4947(a)(1) o	or 527	1	list. (see instructions)
		te: ► WWW . NCCFOUNDATION . ORG		H(c) Group exemption	n number 🕨
		organization: X Corporation	L Year	of formation: 1987 N	State of legal domicile: NY
P	art I	Summary			
Governance	1	Briefly describe the organization's mission or most significant activities: \underline{TO} \underline{EN} LIVE AND WORK.	NRICH	THE AREA IN	WHICH WE
n Ta	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	sets
Ş.	3			3	18
ŏ	4	Number of independent voting members of the governing body (Part VI, line 1b)			18
80	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			6
ítíe	6	Total number of volunteers (estimate if necessary)			75
Activities &	1 -	Total unrelated business revenue from Part VIII, column (C), line 12	*****************	7a	0.
Ā		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
a.	8	Contributions and grants (Part VIII, line 1h)		218,006.	1,119,456.
nŭ	9	Program service revenue (Part VIII, line 2g)	1	0.	0.
Revenue	_	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,739,291.	545,721.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		21,087.	22,441.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	1,978,384.	1,687,618.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1·3)		492,825.	858,461.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
G	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		224,352.	223,905.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ber	b	Total fundralsing expenses (Part IX, column (D), line 25) 53,98	37.	<u> </u>	
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		105,875.	132,678.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		823,052.	1,215,044.
	19	Revenue less expenses. Subtract line 18 from line 12		1,155,332.	472,574.
or			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		24,065,232.	27,571,635.
ASS	21	Total liabilities (Part X, line 26)		2,247,421.	2,577,035.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		21,817,811.	24,994,600.
Pa	art II	Signature Block	'		
Und	er pena	Ities of perjury, I declare that I(have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.	
Sig	n	Signature of officer		Date (1.20)	.10
Her	·e	GINA PARADIS, PRESIDENT		4-10	I D
		Type or print name and title			
		Print/Type preparer's name Preparer's signatore	200	Pate Check Check if self-employee	PTIN
Paid	i	KRISTY B. ZABRODSKY, CPA Kushyb Cabrodd	4,04	19818 If self-employe	P01455079
Pre	parer	Firm's name BUFFAMANTE WHIPPLE BUTTAFARO, PC	7	Firm's EIN ▶	16-1117932
Use	Only	Firm's address 201 WEST THIRD STREET			
		JAMESTOWN, NY 14701		Phone no. 71	6-664-5104
May	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

. a.v.a. C	990 (2017) NORTHERN CHAUTAUQUA COMMUNITY FOUNDATION 16-12/16	63 Page 2
Dart	WI Statement of Program Service Accomplishments	r==1
·	Check if Schedule O contains a response or note to any line in this Part III	X
1 1	Briefly describe the organization's mission: TO ENRICH THE AREA IN WHICH WE LIVE AND WORK. TO THIS END, THE	
-	FOUNDATION HAS FIVE PRIMARY GOALS:	
	1. TO BE A CATALYST FOR THE ESTABLISHMENT OF ENDOWMENTS TO BENE	FIT THE
2	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	Did the organization cease conducting, or make significant changes in now it estreades, any page 1	
	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by e	
4	Describe the organization's program service accomplishments for each of its tribe largest program service accomplishments for each of its tribe largest program service. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expection 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expection 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expection 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expection 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expection 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expection 501(c)(4) organizations are required to report the amount of grants and allocations to other specific to the first tribute of the first tribute	enses, and
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to surely	
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,053,918 · including grants of \$ 858,461 ·) (Revenue \$ 1,053,918 · including grants of \$ 200,000 · 0.000 ·)
4a	(Code:) (Expenses \$ 1,053,918 · including grants of \$ 050,401 ·) (Revenue \$ 1,053,918 · including grants of \$ 050,401 ·)	Ti
	(Code:) (Expenses \$	FOR THE
	SCHOLOARHSIP RECIPIENTS, AS WELL AS TO COVER HAT EXPED 11.10	1011 1111
	ADMINISTRATION OF FUNDS.	
	(Code:) (Expenses \$)
4b	(Code:) (Expenses \$ including grants of \$ / (100 to 100 to	
	\ Revenue \$)
4c	: (Code:) (Expenses \$ including grants of \$) (Revenue \$	
40	d Other program services (Describe in Schedule O.)	1
	including grants of \$) (Revenue \$	
4	1,053,918.	Form 990 (2017)
_+	V 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	101111000 (2017)

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х 1 If "Yes," complete Schedule A _____ X 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X 4 during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X 5 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X 11 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X 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 X 11d Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Х 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any X foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 18 1c and 8a? If "Yes," complete Schedule G, Part II 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 Form 990 (2017)

16-1271663 Page 4 NORTHERN CHAUTAUQUA COMMUNITY FOUNDATION Part IV Checklist of Required Schedules (continued) Yes No 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 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 X 23 Schedule J 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 X 24a Schedule K. If "No", go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 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 X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b Schedule L, Part I 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," X 26 complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X of any of these persons? If "Yes," complete Schedule L, Part III 27 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): X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, 28c director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? X 31 If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II 32 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 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 34 Part V, line 1 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X 36 If "Yes," complete Schedule R, Part V, line 2 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

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 .

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Form 990 (2017)
Part V Statements

Par	Check if Schedule O contains a response or note to any line in this Part V					
	Check it Schedule O contains a response of note to any line in this Fart V					
_	T	ا . ا	21		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re			4.	x	ĺ
_	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a	6			
	filed for the calendar year ending with or within the year covered by this return	-		2b	х	
a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions			ZU	-22	
0-				3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other			- CIJ		
48	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		х
h	If "Yes," enter the name of the foreign country:	40004		,		
IJ	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accoun	ts (FBAR).			
5 0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
_	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5b		X
b	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
C	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
Оa	any contributions that were not tax deductible as charitable contributions?			6a		X
h	If "Yes," did the organization include with every solicitation an express statement that such contributions.					
D	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	provided to the payor?	7a		X
				7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
Ū	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Division of the second division of indirectly to pay promiting on a parental hangity	contra	ot?	7e	<u> </u>	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f	<u> </u>	<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	399 as required?	7g	<u> </u>	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile a Form 1098-C?	7h	<u> </u>	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		 -
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	 	
10	Section 501(c)(7) organizations. Enter:	1	1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a		1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1		
11	Section 501(c)(12) organizations. Enter:	1				
	Gross income from members or shareholders	11a		1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	4.41				
	amounts due or received from them.)	11b	2	100	ľ	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041		12a	+	+
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			13a	+	†
а	Is the organization licensed to issue qualified health plans in more than one state?	•••••		100	1	+
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	13b				
	organization is licensed to issue qualified health plans			1		
	Enter the amount of reserves on hand		J 	14a	1	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu			14b		T
<u>u</u>	IL 160, Had it filled at diffit 120 to report these payments in the provide all explanation in contest					(2017)

Form 990 (2017) NORTHERN CHAUTAUOUA COMMUNITY FOUNDATION 16-1271663 Page
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.

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in consecut of consecut of		ſ	V)
	Check if Schedule O contains a response or note to any line in this Part VI		<u></u>	X
Sect	ion A. Governing Body and Management		. T	<u> </u>
	ا ا		Yes	No_
1a	Enter the number of voting members of the governing body at the end of the tax year1a18			
	If there are material differences in voting rights among members of the governing body, or if the governing		ļ	
	hody delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
L_	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			X
	efficient director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			X
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	Х	
6	Did the organization have members or stockholders?	8	25	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7a	х	
		/a	21	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7b		X
	ather than the governing body?	7.5		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	х	
а	The governing hody?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	- 60	23	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		X
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	1 5		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
		10a	100	X
10a	Did the organization have local chapters, branches, or affiliates?	100		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b		
	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 filing the form?	1,100		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	x	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	1		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12c	X	
	in Schedule O how this was done	13	Х	
13	Did the organization have a written whistleblower policy?		X	
14	Did the organization have a written document retention and destruction policy?			
15	Did the organization have a whiteh december of the following persons include a review and approval by independent 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	
a	The organization's CEO, Executive Director, or top management official		1	X
k	Other officers or key employees of the organization			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		X
	taxable entity during the year?			
ŀ	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation 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	16b	,	l
	exempt status with respect to such arrangements?			
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶NY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) availa	able	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 900 if (9004 if 9004)			
	for public inspection. Indicate how you made these available. Check all that apply. The control of the control			
	X Own website Another's website X Upon request Other (explain in Schedule O)	nd fine	ancial	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a			
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	DIANE HANNUM - (716)366-4892			
	212 LAKE SHORE DRIVE, DUNKIRK, NY 14048	Fo	rm 99	0 (2017)

Form 990 (2017)	NORTHERN	CHAUTAUQUA	COMMUNITY	FOUNDATION	16-1271663	Page 7
1 01111 000 (201.1)				111 1	ام مادم ما	

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.

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

Check this box if neither the organization.	ation nor any related o	orga	niza			nper	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)			(C	2)			(D)	(E)	(F)
Name and Title	Average	(do	not ch	Posi neck i	more	than o	one	Reportable	Reportable compensation	Estimated amount of
	hours per	box,	unles	ss pei	rson i irecto	is both or/trus	an ee)	compensation from	from related	other
	week							the	organizations	compensation
	(list any hours for	Individual trustee or director				- I		organization	(W-2/1099-MISC)	from the
	related	9e Of	stee			nsate		(W-2/1099-MISC)	,	organization
	organizations	trust	institutional trustee		Key employee	эшс		•		and related
	below	idual	ution	ь ы	ig iii	esto	Jet			organizations
	line)	Indiv	Insti	Officer	Æ	Highest compensated employee	Former			
(1) RICHARD RYAN	1.00								0	0.
BOARD MEMBER		X				_		0.	0.	0.
(2) GERALD HALL	1.00								_	0
BOARD MEMBER		X	<u></u>	<u> </u>	_	<u> </u>		0.	0.	0.
(3) PRISCILLA KOCH	1.00									
BOARD MEMBER		X	<u> </u>	<u> </u>	_	_		0.	0.	0.
(4) MONICA WHITE	1.00									
BOARD MEMBER		X	_					0.	0.	0.
(5) DAVID TRAVIS	1.00									
BOARD MEMBER		X			_			0.	0.	0.
(6) RYAN MOURER	1.00									
BOARD MEMBER		X			_			0.	0.	0.
(7) SUSAN WELLS	1.00									
BOARD MEMBER		X			_			0.	0.	0.
(8) HELEN BARAN	1.00									
BOARD MEMBER		X				_	_	0.	0.	0.
(9) PETER CLARK	1.00									
BOARD MEMBER		X	_		_	_	<u> </u>	0.	. 0.	0.
(10) KATHERINE BRINKMAN	1.00	_								
BOARD MEMBER		X	_	_			1	0.	. 0.	0.
(11) SYLVESTER CLEARY	1.00									
BOARD MEMBER		X	1	_			-	0	. 0	. 0.
(12) ALEX MOSS	1.00					-				
BOARD MEMBER		X	:		\perp		1	0	. 0	. 0.
(13) JAMES O. RAWCLIFF	1.00						İ			0
BOARD MEMBER		X				4	_	0	. 0	. 0.
(14) KATHERINE TAMPIO	1.00									
BOARD MEMBER		X					ļ.,	0	. 0	. 0.
(15) GINA PARADIS	2.00									0
PRESIDENT		X		_ X		_ _		0	. 0	. 0.
(16) RICHARD KETCHAM	2.00							_		
VICE PRESIDENT		2		7	7	\bot	4-	0	. 0	. 0.
(17) NANCY ADAMS FRY	2.00			_					. 0	. 0.
SECRETARY		Σ		<u> </u>	(丄	0	• 0	Form 990 (2017)

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

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\$100,000 of compensation from the organization

Statement of Revenue (C) Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections
512 - 514 (B) (A) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1b b Membership dues c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1f 1,119,456 similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 119,456 h Total. Add lines 1a-1f Business Code Program Service 2 a f All other program service revenue a Total. Add lines 2a-2f Investment income (including dividends, interest, and 545,721. 545,721. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (ii) Personal (i) Real 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) . (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See 1,000. Part IV, line 18 _____a b Less: direct expenses _____ b 1,000. 1,000 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses _____ b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory ... Business Code Miscellaneous Revenue 21,441. 11 a MISCELLANEOUS INCOME 900099 21,441. d All other revenue 21,441 e Total. Add lines 11a-11d 1,000. 687,618 0. 567,162 Total revenue. See instructions. Form 990 (2017)

	Check if Schedule O contains a response	or note to any line in th	is Part IX(B) Program service	(C) Management and	(D) Fundraising
7b, 8	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	expenses
	Grants and other assistance to domestic organizations	F10 004	519,284.		
	and domestic governments. See Part IV, line 21	519,284.	519,404.		
	Grants and other assistance to domestic	220 177	220 177		
	individuals. See Part IV, line 22	339,177.	339,177.		
	Grants and other assistance to foreign				
	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,	68 800	27 452	20,168.	10,168.
	trustees, and key employees	67,789.	37,453.	20,100.	10/100
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	404 040	70 550	39,065.	19,697.
7	Other salaries and wages	131,312.	72,550.	39,003.	15,051.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		2 702	2 036	1,027.
9	Other employee benefits	6,845.	3,782.	2,036.	2,694.
10	Payroll taxes	17,959.	9,922.	3,343.	2,034.
11	Fees for services (non-employees):				
а	Management				
b				0.204	4,197.
	Accounting	27,979.	15,458.	8,324.	4,197.
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion			2 074	1 650
13	Office expenses	11,003.	6,079.	3,274.	1,650. 1,999.
14	Information technology	13,327.	7,363.	3,965.	1,999.
15	Royalties			1 070	998.
16	Occupancy	6,653.	3,676.	1,979.	1,179.
17	Travel	7,856.	4,340.	2,337.	1,119.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			4 000	622.
19	Conferences, conventions, and meetings	4,144.	2,290.	1,232.	044.
20	Interest				
21	Payments to affiliates			1 000	222
22	Depreciation, depletion, and amortization	2,223.		1,890.	333 719
23	Insurance	4,795.	2,649.	1,427.	719
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.)	44,694.	24,693	13,297.	6,704
á	OTHER FUND TRANSFERS AN	4,083.	2,256		612
ŀ	MISCELLANEOUS	3,445.	1,903		517
(TELEPHONE	1,888.			283
	DUES AND SUBSCRIPTION	588			588
(e All other expenses	1,215,044.		. 107,139.	53,987
25	Total functional expenses. Add lines 1 through 24e	1,41J,V44.	1,000,010		
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here from it following SOP 98-2 (ASC 958-720)				

art	<u>X</u>	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
		Cash · non-interest-bearing	90,062.	1	108,712
		Savings and temporary cash investments		2	
	2	Pledges and grants receivable, net		3	
	3	Accounts receivable, net		4	
		Loans and other receivables from current and former officers, directors,			
	5	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
	O	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	2,031.	9	
	_	Land, buildings, and equipment: cost or other			
	IUA	hasis Complete Part VI of Schedule D 10a 122, 949			
	b	Less: accumulated depreciation 10b 60,099.	65,253.		62,850
	11	Investments - publicly traded securities	23,886,467.	11	27,377,365
	12	Investments - other securities. See Part IV, line 11		12	
	13	investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	21,419.		22,708
	16	Total assets. Add lines 1 through 15 (must equal line 34)	24,065,232.		27,571,635
	17	Accounts payable and accrued expenses	7,301.		14,402
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
,	22	Loans and other payables to current and former officers, directors, trustees,			
201		key employees, highest compensated employees, and disqualified persons.			
Idumes		Complete Part II of Schedule L		22	
֓֞֞֝֞֜֜֜֝	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17·24). Complete Part X of	2 240 120	0.5	2,562,633
		Schedule D	2,240,120		2,577,03
	26	Total liabilities. Add lines 17 through 25	2,241,421	- 20	2,311,03
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es		complete lines 27 through 29, and lines 33 and 34.	21,817,811	. 27	24,994,60
anc	27	Unrestricted net assets	21,011,011	28	44/00-100
2ai	28	Temporarily restricted net assets		29	
g	29	Permanently restricted net assets		-29	
Ī		Organizations that do not follow SFAS 117 (ASC 958), check here			
ō		and complete lines 30 through 34.		30	
sets	30	Capital stock or trust principal, or current funds		31	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		32	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	21,817,811		24,994,60
en.	33	Total net assets or fund balances Total liabilities and net assets/fund balances	24,065,232		27,571,63

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