990 Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047 2020 Open to Public Inspection

Α	For the 2020 c	alendar year, or tax year beginning , and ending			
В	Check if applicable:	C Nema of organization Northern Chautauqua Community		D Employo	r Identification number
	Address change	Foundation			
П	Name change	Doing business as			.271663
		Number and street (or P.O. box if mall is not delivered to street address)	Room/suite	E Telephor	ne number 366-4892
	Initial return Final return <i>i</i>	212 Lake Shore Drive West City or town, state or province, country, and ZIP or foreign postel code		110-	300-4092
	terminaled	_	6 671 500		
	Amended relum	Dunkirk NY 14048 F Name and address of principal officer:		G Gross rec	ceipls\$ 6,671,502
F	Application pending	·	H(a) Is this a gro	oup return for s	subordinales? Yes X No
	7 pprioditor ponding	Richard Ketcham	H(b) Are all sub		ludad? Yes No
		212 Lake Shore Drive West Dunkirk NY 14048	1 '''		See Instructions
				Guotti a noti	O O III O III O III O II
1	Tax-exempt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			
7		ccfoundation.org	H(c) Group exe		7
κ ‱r	Form of organization:		Year of formation: 1	901	M State of legal domicile: NY
		mmary			
		scribe the organization's mission or most significant activities: nrich the area in which we live and work. (See Sch			
če	To e	nrich the area in which we live and work. (See Sch	ednie ()		
nar					••••
Governance					
	2 Check thi	s box if the organization discontinued its operations or disposed of more than 2	5% of its net ass	1	1 17
≪ ≪	3 Number o	f voting members of the governing body (Part VI, line 1a)		. 3	17
Activities &	4 Number of	f independent voting members of the governing body (Part VI, line 1b)		. 4	17
ξį		ber of Individuals employed in calendar year 2020 (Part V, line 2a)			6
Ac		ber of volunteers (estimate if necessary)	.,,.	6	70
	7a Total unre	plated business revenue from Part VIII, column (C), line 12		7a	0
	b Net unrela	ated business taxable income from Form 990-T, Part I, line 11	Prior Yea	., 7b	Current Year
	P. Contributi	one and groups (Cod VIII Read th)		0,123	1,407,339
Revenue	9 Program	ons and grants (Part VIII, line 1h)		2,904	23,562
Ver		service revenue (Part VIII, Ilne 2g)		3,403	956,861
R	14 Olber rou	nt income (Part VIII, column (A), lines 3, 4, and 7d)		0,916	
		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,346	
		nue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,963	
	14 Panella r	d similar amounts paid (Part IX, column (A), lines 1–3)	1,05.	3,303	1,000,731
	1	raid to or for members (Part IX, column (A), line 4)	26	5,836	285,820
Expenses	15 Salaties,	other compensation, employee benefits (Part IX, column (A), lines 5–10)	20	3,030	200,020
en	h Trial Gran	nal fundraising fees (Part IX, column (A), line 11e) raising expenses (Part IX, column (D), line 25) ▶ 20,347			V
쏬	D Total lund	Taising expenses (Part IX, column (D), line 25)	10	1,991	120,195
	17 Office exp	enses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,790	1,412,806
		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		5,556	974,956
_ V	19 Revenue	ess expenses. Subtract line 18 from line 12	Beginning of Cur		End of Year
Assets or displaying	20 Total asse	ets (Part X, line 16)	29,89		33,658,286
Ass	21 Total liabi			0,197	3,540,345
Set	:1	s or fund balances. Subtract line 21 from line 20	27,08		30,117,941
P		nature Block		<u> </u>	1
		erjury, I declare that I have examined this return, including accompanying schedules and statem	and to the hi	el ol my kr	nouledge and helief It is
tru	ue, correct, and co	mple e. Declaration of preparer (other than officer) is based on all information of which preparer	has any knowledg	ast of my Ki a.	iomeage and belief, it is
		Care Manney		(-1	175/21
Sig	in Sk	nature of officer	······································	Date	
He		Diane Hannum Execu	tive Dir	ento	~
	J 887	po or print name and title	CLVC DLL	.00001	
	PrinVType	preparer's name Preparer's signature	Dale	Check	X II PTIN
Paid	1	KOCUR, CPA Robert C.		/21 soll-em	· · · · · · · · · · · · · · · · · · ·
Prep	parer Firm's nam				26-4006060
Use	Only	301 E 2nd St Suite 303		lım's EIN 🕨	<u> </u>
	Flrm's addr	. We consider the control of the con			716-483-6109
Mav		this return with the preparer shown above? See instructions.	<u> Lb)</u>	hone no.	
For	Paperwork Reduc	tion Act Notice, see the separate instructions.			X Yes No
DAA		and the departure monuturing.			roim 33U (2020)

	orm 990 (2020) Northern Chaut	augua Community	16-1271663	Page 2
1 Briefly describe the organization's mission: 2 Did the organization undertake any significant program services during the year which were not listed on the prior From 990 or 990-E27 1 TYes; 'Goode these now services on Schedule O. 3 Did the organization cease conducting, or make significant changes in Now it conducts, any program services, as measured by services? 1 TYes, 'Goode below being an Schedule O. 4 Describe the organization's program service socropleshments for each of its three largest program services, as measured by organizations of 67(0)(9) and 691(6)(6) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverse, if any, for each program service reported. 4a (Code:) (Expenses \$ 1, 233, 862 including grants of \$ 1,006,791) (Revenue \$ 23,562) (Grants awarded to numerous non-profit organizations, governmental entities, and to local scholarship recipients. Operating expenses of \$227,071 incurred for the administration of the funds. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) N/A 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) N/A 4d (Clear program sorvices (Describe on Schedule O) (Paperate \$) (Revenue \$) (Revenue \$)	Part III	Statement of Drogram S	arvice Accomplishments	ne in this Part III	<u>X</u>
See Schedule O Did the organization undertake any significant program survices during the year which were not listed on the prior Form 890 or 990-E27 The Section Break of Schedule O. Old the organization ceases conducting, or make algorificant changes in how it conducts, any program services as services? It "Fes," describe these changes on Schedule O. Describe the organization program service accomplishments for each of its three largest program services, as measured by expenses. Scotlon 901(c)(s) and 901(c)(s) organizations are recurred to report the amount of grants and allocations to others, the total expenses, and revenue, "Any for each program service approars services, and the total expenses, and revenue, "Any for each program service approars are services, as measured by expenses. Scotlon 901(c)(s) and 901(c)(s) organizations are recurred to report the amount of grants and allocations to others, the total expenses, and revenue, "Any for each program service approars are services, as measured by expenses. \$ 1,233,862 including grants of \$ 1,006,791) (Revenue \$ 23,562) 4ar (Code:) (Expenses \$ 1,233,862 including grants of \$ 1,006,791) (Revenue \$ 23,562) incurred for the administration of the funds. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) At (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d (Other program services (Describe on Schedule O.) (Repenses \$ including grants of \$) (Revenue \$) (Revenue \$)	4 Prinfly da				
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pior Frim 980 or 390-127 If "Yes," describe these new services on Schedule O. 3. Did the organization crasso conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 4. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501c(x)(3) and 501(c)(4) organizations are required for report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 1,233,862 including grants of \$ 1,006,791) (Revenue \$ 23,562) (Grants awarded to numerous non-profit organizations, governmental entities, and to local scholarship recipients. Operating expenses of \$227,071 incurred for the administration of the funds. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) N/A 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) N/A 4d (Code:) (Expenses \$ including grants of \$) (Revenue \$) N/A 4d (Code:) (Expenses \$ including grants of \$) (Revenue \$) N/A 4d Other program services (Describe on Schodule O.) (Expenses \$ including grants of \$) (Revenue \$)					
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(Expenses 4 moraling grants at 7) (Revenue \$)

16-1271663

Fd	Checkist of Required Oblication		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
		1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			**
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	ls the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			47
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			İ
U	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	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			177
,	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,"			37
Ü	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	ļ		1
J	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			37
	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	1	77	
, 0	or in quasi endowments? If "Yes." complete Schedule D, Part V	10	X	1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
• •	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		77	
ч	complete Schedule D. 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			7
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	 -	X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			- V
	of its total assets reported in Part X. line 16? If "Yes," complete Schedule D, Part VIII	110	-	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			x
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	110		+~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	1	
f	Did the erganization's separate or consolidated financial statements for the tax year include a footnote that addresses		.	x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Fan A	111	-	+~
12a	and the state of the second of		x	1
	Schedule D. Parts XI and XII	128	1 2	+
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	121		x
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		_	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	. 10		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	. 140	1	+
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	14		$ \mathbf{x} $
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	. 141	-	+
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15		x
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	·	<u>'</u>	+
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		x
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	·	<u>' </u>	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17	,	x
	Part IX column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	· - <u>''</u>	+-	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18	,	x
	Part VIII. lines 1c and 8a? If "Yes," complete Schedule G, Part II	· -	-	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19	,	x
	If "Yes " complete Schedule G. Part III			X
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20	-	-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	2	ı X	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	·		90 (2020

	990 (2020) Northern Chautauqua Community 16-1271663		Pa	ige 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	22	X	110
	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	23		x
	employees? If "Yes," complete Schedule J			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		1	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24a	Ì	X
	through 24d and complete Schedule K. If "No," go to line 25a	24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	• • • • • • • • • • • • • • • • • • • •		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		İ
	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
d	- which was made was a read-weak arrestings. Did the organization engage in an excess benefit			ĺ
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			İ
		25b		X
	If "Yes," complete Schedule L, Part I 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%	ļ		
	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		İ	
27	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			1
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	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			
20	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes " complete Schedule L. Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	ļ	X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			1
-	"Ves." 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			7.
	conservation contributions? If "Yes." complete Schedule M	30	ļ	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,"			v
	complete Schedule N. Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	╁─╌	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	34		x
	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):	334	+	+==
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		-	+
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	36		x
	related organization? If "Yes," complete Schedule R, Part V, line 2		1	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38	x	
300 <u>2</u> 2	19? Note: All Form 990 filers are required to complete Schedule O.			
	Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		<u> </u>	<u></u> [
	Check it ochequie O contains a response of note to any line in this rare v		Yes	s No
,	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
1a	Enter the number reported in box 3 of form 1996. Enter the applicable			
b c	Eiter (the number of 1 offis vi-28 included in title 14. Effect of a not applicable navments to vendors and			
U	A response and an analysis and a contraction of the	1 4	1	- 1

reportable gaming (gambling) winnings to prize winners?

Form **990** (2020)

1c

Form 990 (2020) Northern Chautauqua Community 16-1271663

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

35.05th				C	Yes	N	0
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 L	2 a	6		•		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	is?		2b	X	1000	2222
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	•					*****
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		.,		ļ	 	<u>K</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο		3b		┼	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	rity over,	ļ		,	. •
,	a financial account in a foreign country (such as a bank account, securities account, or other financial	acco	unt)?	4a		1 2	X
b	If "Yes " enter the name of the foreign country ▶						
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccou	nts (FBAR).				 (7
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>	-	_	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ion?				+-	<u>X</u> _
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<i>.</i>		<u>5c</u>	-	+	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	Э				,	•
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a	├	+-	<u>X</u> _
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns of	•				
	gifts were not tax deductible?			6b			****
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods	3				**** ***
	and services provided to the payor?			7a	┼─	┿	<u>x</u> _
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		+	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	S		1			v
	required to file Form 8282?			7c			X
d	If "Yes " indicate the number of Forms 8282 filed during the year	7d					~~~
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontra	ct? ,	7e	╁		$\frac{x}{x}$
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?				+	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8	899 as required?	7g	-	+	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza-	ition	file a Form 1098-0	C? 7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by	the	300000			
	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				
а	Initiation fees and capital contributions included on Part VIII, line 12	10:					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10	<u>b </u>				
11	Section 501(c)(12) organizations. Enter:	1	1				
а	Gross income from members or shareholders	11:	a				
b	Gross income from other sources (Do not net amounts due or paid to other sources						
	against amounts due or received from them.)	11		40			4000000
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 104	¥1? . · · · · · · · · · · · · · · · · · ·	12	1		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12	b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			42	**************************************	888 2	<u> </u>
а				13	d		
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which	1.	. 1				
	the organization is licensed to issue qualified health plans	13					
С	Enter the amount of reserves on hand	13					v
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14		+	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	ıle O		14	<u>- L</u>	+	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eratio	on or		.		v
	excess parachute payment(s) during the year?			1!)		X
	If "Yes," see instructions and file Form 4720, Schedule N.						······································
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t inc	ome?	10) 		X
	If "Yes," complete Form 4720, Schedule O.				<u> </u>		4005
					Form S	JU	(2020

1	6	_ :	12	7	1	6	6	વ
	ิก	_		- 1	.1.	O	O	J

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 on Schedule O. See instructions. **X** Check if Schedule O contains a response or note to any line in this Part VI

	Check if Schedule O contains a response of note to any line in this reactive		<u> </u>			
Sec1	ion A. Governing Body and Management			T	Yes	No
	the and of the toy year	1a	17			
1a	Enter the number of voting members of the governing body at the end of the tax year			1		
	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.	1b	17			
b	Enter the number of voting members included on line 1a, above, who are independent	112	1	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			2	400000000	X
	any other officer, director, trustee, or key employee?					
3	Did the organization delegate control over management duties customarily performed by or under the direct			3		Х
				4		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	X	
6	Did the organization have members or stockholders?			1		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			7a	х	
	one or more members of the governing body?			1		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			7b		x
	stockholders, or persons other than the governing body?	ar by	the following:			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ai by	the following.	8a	X	10000000000
а	The governing body?			8b	X	
b	Each committee with authority to act on behalf of the governing body?			100		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			9		x
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	rnal	Pavanue C		L	
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	mai i	10VOITAG O	000.7	Yes	No
				10a	100	X
10a	Did the organization have local chapters, branches, or affiliates?			100		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	a tha		11a	x	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filin	y uic		110		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			12a	X	*P********
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		onflicte?			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give riversely the country of the	se to t	,OI (III) CLS :	120	+==	1
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			12c	x	
	describe in Schedule O how this was done			13	X	1
13	Did the organization have a written whistleblower policy?			14	X	
14	Did the organization have a written document retention and destruction policy?					
15	Did the process for determining compensation of the following persons include a review and approval by	ı				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			15a	X	*
а	The organization's CEO, Executive Director, or top management official			15b		+x
b	Other officers or key employees of the organization			100		<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a				16a		X
	with a taxable entity during the year?			' 100		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			16t		33,133,033,033
	organization's exempt status with respect to such arrangements?			. 101	<u>'</u>	
Sec	ction C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NY					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (sectio	11 301(6)			
	(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)	n-n-1	aoliou and			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy, and			
	financial statements available to the public during the tax year.	1				
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	oras I	•			
D	iane Hannum 212 Lake Shore Drive West					

NY 14048

Form 000 /20	on Northern	Chautauqua	Community	16-1271663	Page 7
Part VII	Compensation of	of Officers. Direct	ors. Trustees, Ke	y Employees, Highest Compensated	Employees, and
	Independent Co	ntractors			
	Check if Schedul	e O contains a res	ponse or note to a	ny line in this Part VII	
Section A.	Officers, Directors,	Trustees, Key Emplo	yees, and Highest Co	mpensated Employees	

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

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

(A) Name and title	(B) Average	Ide		Posi) ition	than or	ne.	(D) Reportable compensation	r, director, or trustee. (E) Reportable compensation	(F) Eslimated amount of other	
	hours per week	box	, unle	ss pe	rson i	s both	an	from the organization	from related organizations	compensation from the	
	(list any hours for	L				r/truste 역 표		(W-2/1099-MISC)	(W-2/1099-MISC)	organizalion and related organizations	
	related organizations	Individual trustee or director	stituti	Officer	Key employee	ghest	Former				
	below dotted line)	ridual tru	onal t		ploye	e comp					
	,	istee	Institutional trustee		ń	Highest compensated employee					
(1)Diane Hannum											
	40.00		ľ							2 265	
Executive Director	0.00	X		X				75,500	0	2,265	
(2) Richard Ketcham									'n		
	2.00								0	0	
President	0.00	X		X	ļ	-		0			
(3) Nancy Adams Fry	0 00										
	2.00	x		x				0	0	0	
Vice-President	0.00	A		A	-	-					
(4) Peter Ryan	2.00										
Treasurer	0.00	x		x				0	0	0	
(5) David Travis	0.00	+	<u> </u>	==	 						
(0)20120 22012	2.00								_		
Secretary	0.00	X		X				0	0	0	
(6) Gina Paradis											
	1.00								_	o	
Director	0.00	X		X		<u> </u>		0	0	V	
(7) Helen Baran											
	1.00							0	O	O	
Director (thru 2/20)	0.00	X		-	<u> </u>		<u> </u>	1			
(8) Kathy Brinkman	1 00	1									
	1.00							0	0	l c	
Director Cloamy	0.00	X	 	\vdash	-	 		Y			
(9) Sylvester Cleary	1.00										
Director	0.00	x		-	-			0	0	C	
(10) Rachel Foley	0.00	+	T	1	1						
(10) Racifer 1010y	1.00										
Director	0.00	X						0	C	C	
(11) John Hamels			T	1		T					
` '	1.00						Ì				
	0.00	X	1	1	1	ì	1	1 0) C	ol C	

Form 990 (2020) North	ern Chautaud	тuа	L C	om	nu	nit	<u>-y</u>	16-127		Page o
Part VII Section A. O	fficers, Directors, Tru	stee	s, Ke	y En	nplo	yees	s, a	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week (list any	box	k, unle	Posit heck n ss per nd a dir	ion nore son i	s both r/truste	an e)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensaled employee	Former	(VV-2/1099-MIGG)	(1)	related organizations
(12) Richard J	• • • • • • • • • • • • • • • • • • •									
	1.00	x						0	0	0
Director (13) Priscilla		^								
	1.00	х						0	0	0
Director (thru 6/ (14) Danielle		1						<u> </u>		
Director	1.00	x						0	0	0
(15) Alexandri	,									
Director	1.00	X						0	0	0
(16) James Raw	cliffe									
,	1.00	x						0	0	0
Director (17) Richard R		1	 	 		1	-			
	1.00							0	0	o
Director (18) Katherine	0.00	X	 	-	-	 	-			
(18) Natherine	1.00	}								
Director	0.00	X	-	ļ		ļ	-	0	0	0
(19) Susan Wel	1.00									
Director	0.00	X		<u> </u>	<u> </u>	<u></u>		75,500	I	2,265
1b Subtotal										
d Total (add lines 1b a)	nd 1c)						>	75,500		2,265
2 Total number of individ	duals (including but not ion from the organizatio	limite n ▶	ed to O	thos	e lis	sted a	abo	ve) who received more that	1 \$100,000 of	
				ıstee	. ke	v em	ola	vee, or highest compensate	ed	Yes No
employee on line 1a?	If "Yes." complete Sche	dule	J fo	r suc	h in	divid	ual			3 X
4 For any individual liste organization and relate	ed on line 1a, is the sun ed organizations greate	r tha	ерог n \$1	table 50,00	007	npen If "Ye	.sau es,"	on and other compensation complete Schedule J for s	uch	4 X
individual								ny unrelated organization o		
5 Did any person listed for services rendered	to the organization? If '	Yes,	" con	nplet	e So	chedi	ule .	I for such person		5 X
Section B. Independent Co	ontractors	2000	atad	inda	non	dont	con	tractors that received more	than \$100,000 of	
Complete this table fo compensation from th	e organization. Report	comp	ens	ation	for	the c	aler	idar year ending with or wil	nin the organizations tax	/ear.
	(A) Name and business address						-	Descr	(B) iplion of services	(C) Compensation
		,					-			
	The second secon						T			
							+			

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

161271663 06/25/2021 12:40 PM 16-1271663 Page 8 Form 990 (2020) Northern Chautauqua Community Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (F) (E) (D) (B) (A) Estimated amount Position Reportable Reportable Name and title Average (do not check more than one of other compensation compensation hours compensation box, unless person is both an from related from the per week officer and a director/trustee) from the organizations organization (list any (W-2/1099-MISC) organization and (W-2/1099-MISC) hours for Key employee related organizations nstitutional trustee related ghest compensatec idual trustee organizations below dotted line) (20)Stephanie Stevens 1.00 0 0 0.00 X Director (beg 7/20) Subtotal Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 individual ______ Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) Compensation (A) Name and business address

Par	t VII	Statemer	nt o t Sche	Revenue dule O conta	ins a	respons	e or note	to any line in this	s Part VIII		
,	· · · · · · · · · · · · · · · · · · ·	Officer		44,0				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelaled business revenue	(D) Revenue excluded from lax under seclions 512-514
N N	40.	Federated campa	ione		1a						
ng Ta		rederated campa Membership dues			1b		19,250				
O E		Fundraising even			1c						
Contributions, Gifts, Grants and Other Similar Amounts		Related organizat			1d						
S, G		Government grants (con			1e						
P.S.	f.	All other contributions, g	ifts, gran	ls,							
the the		and similar amounts not	included	above	1f		88,089				
d of	-	Noncash contributions in			1g \$		497	1 407 220			
SE	h	Total. Add lines	1a1f.				L.	1,407,339			
						Į.	3usiness Code 561000	23,562	23,562		
<u>8</u>	2a Administrative fees - Agency						301000	23,502			
Program Service Revenue	b					- 1					
am (4					1					
box.	e					i i					
4	f	All other program									
		Total. Add lines						23,562		Τ	Т
		Investment incor									472,335
		other similar amo						472,335			472,333
	4	Income from inve	estmei	nt of tax-exempt	bond p	oroceeds					
	5	Royalties	·····		·····						
				(i) Real		(II) Pe	ersonal				
-		Gross rents	6a								
		Less: rental expenses	6b								
		Rental inc. or (loss) Net rental incom	6c	000)			>				
		Gross amount from	10 01	(i) Securities			Olher				
		sales of assels other than inventory	7a	4,723	,261		45,005				
<u>a</u>	b	Less: cost or other			<u> </u>						
ent		basis and sales exps.	7b	4,283							
Rev	С	Gain or (loss)	7c	439	,521		45,005				484,526
her Revenue		Net gain or (loss			· / · · · · · /		>	484,526	5		404,520
ğ	8a	Gross income from									
		(not including \$									
		of contributions rep									
		See Part IV, line 18			8a 8b			-			
		Less: direct exponent or (I					b		<u> </u>		
	ţ	Gross income from			events						
	9a	See Part IV, line 19			9a						
	h	Less: direct exp			9b						
		Net income or (I			vities .		▶				
		Gross sales of i									
		returns and allow	wance	s	10a						
	b	Less: cost of go			10b						
	С	Net income or (I	loss) fi	rom sales of inv	entory						
S							Business Code	<u> </u>			
je oi	11a										
Miscellaneous Revenue	b										
isce	C										
Σ	l a	d All other revenuee Total. Add lines 11a-11d									
	12			,				2,387,76	2 23,56	2	0 956,861
											F QQD (2020

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Form 990 (2020)

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 (B) Program service (A) Total expenses Do not include amounts reported on lines 6b, Management and general expenses Fundraising expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 727,797 and domestic governments. See Part IV, line 21 727,797 Grants and other assistance to domestic 278,994 278,994 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, 3,888 54,436 19,441 77,765 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) 8,533 131,288 30,847 170,668 Other salaries and wages 7 Pension plan accruals and contributions (include 204 1,388 2,489 4,081 section 401(k) and 403(b) employer contributions) 659 8,857 3,665 13,181 Other employee benefits 9 1,006 6,843 12,276 20,125 Payroli taxes 10 Fees for services (nonemployees): Management Legal 7,089 7,089 Accounting Lobbying Professional fundraising services. See Part IV, line 17 32,303 32,303 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column 22,470 22,470 (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 1,276 2,453 6,083 9,812 Office expenses 13 2,262 4,349 17,397 10,786 Information technology 14 15 Royalties 5,589 437 2,707 8,733 16 Occupancy 573 1,103 2,735 4,411 Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 21 100 41 162 Conferences, conventions, and meetings 19 20 Payments to affiliates 21 144 1,848 895 2,887 Depreciation, depletion, and amortization 22 239 3,056 1,480 4,775 23 Insurance Other expenses. Itemize expenses not covered 24 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.) 682 3,252 1,311 5,245 Dues and Subs 1,720 134 833 2,687 Telephone 289 556 2,224 1,379 Miscellaneous Ч All other expenses 20,347 158,597 1,233,862 1,412,806 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)

Page 11 Form 990 (2020) Northern Chautauqua Community 16-1271663 **Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year Cash—non-interest-bearing 155,988 73,176 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 182,372 127,505 64,143 b Less: accumulated depreciation 10b 54,867 10c 33,347,777 29,733,908 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 13 14 14 Intangible assets 27,016 25,403 Other assets. See Part IV, line 11 15 33,658,286 29,896,630 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 32,506 28,423 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 3,507,839 2,781,774 of Schedule D 3,540,345 2,810,197 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ X or Fund Balances and complete lines 27, 28, 32, and 33. 27,052,743 30,117,941 Net assets without donor restrictions 33,690 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

33,658,286 Form 990 (2020)

30,117,941

27,086,433 32

29,896,630 33

32

orm	990 (2020) Northern Chautauqua Community 16-1271663			Pag	e 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,38		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,41		
3	Revenue less expenses. Subtract line 2 from line 1	3		4,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	27,08		
5	Net unrealized gains (losses) on investments	5	2,19	8,4	117
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 on Schedule O)	9	-14	11,8	365
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	30,11	.7,9	941
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
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 on a 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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the 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 on				
	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				
	Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			l	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	i	

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