990 Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

, and ending For the 2021 calendar year, or tax year beginning C Name of organization D Employer Identification number Northern Chautauqua Community Check If applicable: Address change Foundation 16-1271663 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 212 Lake Shore Drive West 716-366-4892 Initial return Final return! City or town, state or province, country, and ZIP or foreign postal code Dunkirk 7,069,001 NY 14048 G Gross receipts \$ Amended relurn Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending Nancy Adams Fry H(b) Are all subordinates included? 212 Lake Shore Drive If "No," attach a list, See instructions Dunkirk 14048 NY X 501(c)(3) Tax-exempl status: 501(c) () (insert no.) 4947(a)(1) or nccfoundation.org Wobsite: H(c) Group exemption number L Year of formation: 1987 X Corporation Trust Association M State of legal dornloite: Form of organization: Part I Summary 1 Briefly describe the organization's mission or most significant activities: To enrich the area in which we live and work. (See Schedule O) Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 16 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 8 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 Current Year 1,407,339 831,838 8 Contributions and grants (Part VIII, line 1h) Revenue 23,562 29,077 9 Program service revenue (Part VIII, Ilne 2g) 956,861 478,267 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,387,762 3,339,182 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,006,791 1,086,043 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 297,891 285,820 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e)
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 63, 456 120,195 120,089 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,412,806 1,504,023 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 974,956 1,835,159 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 33,658,286 38,543,075 21 Total liabilities (Part X, line 26) 3,540,345 3,919,801 30,117,941 34,623,274 22 Net assets or fund balances, Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. un the Signature of officer Sign Diane Hannum Here Executive Director Type or print name and title Print/Type preparer's name X if PTIN Preparer's signaluro Check Paid ROBERT KOCUR, CPA Robert M. Komen CAR self-employed P00170600 Preparer Saxton, Kocur and Associates, Firm's name Firm's EIN 🗲 26-4006060 Use Only 301 E 2nd St Suite 303 Jamestown, NY 14701-5409 716-483-6109 Firm's address May the IRS discuss this return with the preparer shown above? See instructions X Yes No For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)

orm	1990 (2021) Northern Chautauqua Community 16-12,1663	Page Z
Pa	art III Statement of Program Service Accomplishments	v
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
S	See Schedule O	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	Yes X No
	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 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
	com o per com o com pro grande a c	
	(Code:) (Expenses \$ 1,299,868 including grants of \$ 1,086,043) (Revenue \$	29,077)
G	Grants awarded to numerous non-profit organizations, governmental	L entities,
a	and to local scholarship recipients. Operating expenses of \$213	,825
	named for the administration of the funds	
	,	
	- <u> </u>	
	······································	
	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
IA	N/A	
		,
	·	
		.,
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
N	N/A	
	•	
		.,.,,,,,,
		***!
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 1,299,868	

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for 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) 4 Х 4 election in effect 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, Х assessments, or similar amounts as defined in Rev. Proc. 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 provide advice on the distribution or investment of amounts in such funds or accounts? If Х "Yes," complete Schedule D, Part I 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or X debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 or in 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, VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X complete Schedule D, Part VI 11a Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more 11b X of its total 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 X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X Х Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization'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, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If X 12b "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 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? 14a 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 X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14h Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X 19 If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II...

P	art IV Checklist of Required Schedules (continued)		ſ	I
00	Did the annual standard the set than \$7,000 of exerts as other against not to or for demostic individuals on	[Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	x	
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a				
4 -70	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	ĺ		
	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 the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	ļ		
	"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		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? 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 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	1	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	į		
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	İ		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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 make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
2000200	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	<u> </u>
P	art 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		,	
		recons	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 12			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			1
	reportable gaming (gambling) winnings to prize winners?	1c	ļ	1

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continu	ed)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	is?຺຺		2b	X	************
	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?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		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,			İ
	a financial account in a foreign country (such as a bank account, securities account, or other financial	acco	unt)?	4a		X
b	If "Yes," enter the name of the foreign country ▶		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccou	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ion?		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		<u></u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit 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 contribution	ns or				
	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				
	and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	S				
	required to file Form 8282?		. ,	7с		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 co	ntrac	ot?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	,	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 88	399 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion fi	ile a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by t	the			
	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		ļ
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	<u>10a</u>				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		1			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	1?	12a		1 20 20 20 20 20 20 20 20 20 20 20 20 20
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		<i>.</i>		13a		
	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			
	the organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c	<u> </u>			
14a						X
b b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation	or			4,
	excess parachute payment(s) during the year?			15		X
4.0	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 investment	incor	ne?	16		X
17	If "Yes," complete Form 4720, Schedule O.					l de la constant de l
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in					1
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.			188803873		(1888)

Form 990 (2021) Northern Chautaqua Community 16-12.1663 Page 6 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. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management

000	tion A. Governing body and Management	1	.,	T										
4	Enter the number of voting members of the governing body at the end of the tax year 1a 16		Yes	No										
1a		-												
	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													
h	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 1b 16													
b		-												
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?													
•	Did the organization delegate control over management duties customarily performed by or under the direct	2		X										
3		3		x										
4	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		X										
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?													
5	Did the organization have members or stockholders?													
6 70	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	6	<u> </u>	 										
7a	and or more mambars of the governing body?	7a	Х											
b	one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members,	10												
D	ata alchalders are navanna athar than the recogning had 2	7b		х										
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75												
8 .	The managing back O	8a	X	10,000,000										
a b	Each committee with authority to get an habelf of the governing hady?	8b	X											
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	00	- 42	 										
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X										
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co													
	tion bit onote (Time coolien bit oquecte information about pendice not required by the informative and	743.7	Yes	No										
10a	Did the organization have local chapters, branches, or affiliates?	10a		X										
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,													
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b												
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X											
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.													
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	12000000000										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X											
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"													
	describe on Schedule O how this was done	12c	X											
13	Did the organization have a written whistleblower policy?	13	X											
14	Did the organization have a written document retention and destruction policy?	14	X											
15	Did the process for determining compensation of the following persons include a review and approval by													
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?													
а	The organization's CEO, Executive Director, or top management official	15a	X											
b	Other officers or key employees of the organization	15b		X										
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.													
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement													
	with a taxable entity during the year?	16a		Х										
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													
	organization's exempt status with respect to such arrangements?	16b												
Sec	tion C. Disclosure													
17	List the states with which a copy of this Form 990 is required to be filed ▶ NY													
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			,										
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.													
	X Own website Another's website X Upon request Other (explain on Schedule O)													
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and													
	financial statements available to the public during the tax year.													
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶													
	ane Hannum 212 Lake Shore Drive West													
Du	nkirk NY 14048 716	5-36	6-4	892										

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the orga	anization nor an	y rela	ted	orga	niza	tion com	pensated any current office	r, director, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	k, unle	Pos check ess pe	rson i	than one s both an r/trustee) Former Highest compensated employee	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(ADi ano Transce						<u>E.</u>			
(1)Diane Hannum Executive Director	40.00			x		,	83,404	0	2,322
(2) Nancy Adams Fry									
Vice-Pres/President	2.00	X		х]	0	o	0
(3) Richard Ketcham								1010111100	
President/Director	2.00	x		x			0	o	0
(4) Peter Ryan	0.00	-		12					
Treasurer	2.00	x		x			0	0	0
(5) David Travis	2.00								
Secretary/Vice-Pres	0.00	x		х		***************************************	0	0	0
(6) Rachel Foley	2 00								
Director/Secretary	2.00	x		Х			0	0	0
(7) Gina Paradis	1 00								
Director	1.00	X		x			0	0	0
(8) Katherine Brink	nan								
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(9) Sylvester Cleary		122			\vdash			<u> </u>	
7	1.00						0	0	_
Director (10) John Hamels	0.00	X	-,				0	0	0
Director	1.00	x					0	0	0
(11)Richard Johnson		1							
Director	1.00	x					o	0	0

Part	161271663 07/11/20 Form 990 (202	22 4:32 PM (1) Northern	Chaut no	quа	. C	om	mu	ni	ty	16-127	1663	Page 8
Name and the Pipe Program Prog	Part VII										Employees (continued)	
1.00	N.	• •	Average hours per week (list any hours for related organizations below	box offi	k, unle	Pos check ess pe	ition more rson lirecto	s both r/truste	an e)	Reportable compensation from the organization (W-2/ 1099-MISC/	Reportable compensation from related organizations (W-2/ 1099-MISC/	Estimated amount of other compensation from the organization and
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1b Subtotal	(15)	Stair Lamp	1.00									
Total from continuation sheets to Part VII, Section A	Director	(beg 7/21)	0.00	X							0	(
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, firector, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 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 individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 6 or services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 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) Name and business address 2 Total number of independent contractors (including but not limited to those listed above) who										83,404		2,322
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2 Total number of independent contractors (including but not limited to those listed above) who												
1	2 Total nu	mber of independent of	contractors (inclu	uding	but	not	limit	ed to	thos	se listed above) who		

Pa	irt V			f Revenue edule O conta	ains a	a respon	se or note	to any line	in th	is Part VIII		
***************************************								(A) Total revenu		(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
its t	1a	Federated camp	aigns		1a	1						
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership due			1b		17,550					
	c	Fundraising eve			1c							
Gift lar	d	Related organiz			1d							
in,	е	Government grants (co			1e		84,000					
ition er S	f	All other contributions, and similar amounts no		•	1f		730,288					
ğ.	g	Noncash contributions						1				
onti od (lines 1a-1f			1g		241,206	*********				
<u>0</u> <u>8</u>	h	Total. Add lines	1a-1f	: 				831,	838			
	2-	* *		5			Business Code		077	29,077		
Program Service Revenue	2a b			fees - Agend			301000	23,	0//	29,011		
Sen	b											
am	d						***************************************					
Sg	e											
<u>α</u>	f	All other program										
	g	Total. Add lines	2a-2f					29,	077		·	,
	3	Investment inco	me (in	cluding dividend	s, inte	rest, and						
		other similar am						704,	936	, .		704,936
	4	Income from inv	estme	nt of tax-exemp	bond	proceeds						
	5	Royalties	سننن					333334333333333333333333333333333333333	*******			
				(i) Real		(ii) F	Personal					
	1	Gross rents	<u>6a</u>	****				_				
	ı	Less: rental expenses	6b			····]				
	i	Rental inc. or (loss)	6c									
		Net rental incom Gross amount from	ne or (I			T						
		sales of assets		(i) Securities			Other					
a	h	other than inventory	7a	5,195	0/0		307,472	-				
ž	"	Less: cost or other basis and sales exps.	7b	3,729	ภ 1 9							
Revenue	_ ا	Gain or (loss)	7c	1,465			307,472	-				
er R	ı		$\stackrel{\cdot}{-}$			1		1,773,	331			1,773,331
Othe	5 8a	Net gain or (loss Gross income from	n fundra	isina events	<u> </u>	T						
U	"-	(not including \$		menig everne								
		of contributions rep		on line								
		1c). See Part IV, lii			8a							
	b	Less: direct exp	enses		8b							
	С	Net income or (I	oss) fr	om fundraising	events	3						
	. 9a	Gross income fr	om ga	ming								
		activities. See P	art IV,	line 19	9a							
		Less: direct expe			9b	<u> </u>						
		Net income or (I			ities .	;			******			
	10a	Gross sales of in		•								
		returns and allow		10a								
		Less: cost of go			10b	<u> </u>						
		Net income or (I	oss) fr	om sales of inve	ntory				(38838888			
snc	11-						Business Code					
neu	11a b	•										
Miscellaneous Revenue	0											
fisc Re	Ч	All other revenue										
2		Total. Add lines					>					
		Total revenue.						3,339,	182	29,077	0	2,478,267

Northern Chaulauqua Community Form 990 (2021)

Statement of Functional Expenses Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (A) Total expenses (B) Program service Do not include amounts reported on lines 6b, 7b, Fundraising Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 767,426 and domestic governments. See Part IV, line 21 767,426 Grants and other assistance to domestic 318,617 318,617 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, 85,726 51,436 18,002 16,288 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) 104,323 36,513 33,035 Other salaries and wages 173,871 Pension plan accruals and contributions (include 2,150 753 681 section 401(k) and 403(b) employer contributions) 3,584 7,759 2,716 2,457 12,932 Other employee benefits 4,573 4,138 21,778 13,067 Payroll taxes Fees for services (nonemployees): a Management b Legal 7,159 7,159 Accounting Professional fundraising services. See Part IV, line 17 38,051 38,051 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 900 900 (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion 12 6,248 3,874 1,562 812 Office expenses 13 2,362 18,169 11,265 4,542 Information technology 14 15 Royalties 6,199 12,798 1,000 19,997 16 Occupancy 6,823 4,230 1,706 887 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 303 1,447 584 Conferences, conventions, and meetings 2,334 19 20 Payments to affiliates 21 1,728 5,573 3,567 278 Depreciation, depletion, and amortization 1,544 4,980 3,187 249 23 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 2,743 Dues and Subs 4,424 1,106 575 Miscellaneous 1,233 1,272 2,763 258 b 1,708 2,668 827 133 Telephone d e All other expenses 1,504,023 1,299,868 140,699 63,456 25 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 following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1 Cash—non-interest-bearing 204,191 155,988 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 Accounts receivable, net _____ Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 185,310 basis. Complete Part VI of Schedule D 10a 124,870 b Less: accumulated depreciation 10b 60,440 127,505 33,347,777 38,209,860 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 4,154 27,016 15 15 Other assets. See Part IV, line 11 38,543,075 33,658,286 Total assets. Add lines 1 through 15 (must equal line 33) 16 16 32,506 13,374 Accounts payable and accrued expenses _____ 17 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 25 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 3,906,427 of Schedule D 3,540,345 3,919,801 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 34,566,024 30,117,941 Net assets without donor restrictions 27 57,250 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 30,117,941 34,623,274 Total net assets or fund balances 32 33,658,286 38,543,075 Total liabilities and net assets/fund balances

Form 990 (2021)

Schedule O.

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

Single Audit Act and OMB Circular A-133?

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.

Form 990 (2021)