## EXTENDED TO NOVEMBER 15, 2016

Eorm **990** 

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.

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

2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning D Employer identification number Check if applicable: C Name of organization Address change NORTHERN CHAUTAUOUA COMMUNITY FOUNDATION Name change 16-1271663 Doing business as Initial return E Telephone nur@ber Room/suite Number and street (or P.O. box if mail is not delivered to street address) (716)366-4892Final return/ 212 LAKE SHORE DRIVE WEST termin-ated G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return DUNKIRK, NY 14048 H(a) Is this a group return \_\_Yes X No Applica-F Name and address of principal officer: KATHERIN KAUS for subordinates? ..... pending 14136 H(b) Are all subordinates included? Yes No 1236 BLANDING ROAD, SILVER CREEK, I Tax-exempt status: X 501(c)(3) 501(c) ( If "No," attach a list. (see instructions) ) ◀ (insert no.) 4947(a)(1) or H(c) Group exemption number ▶ J Website: ► WWW.NCCFOUNDATION.ORG Other > L Year of formation: 1987 M State of legal domicile: NY K Form of organization: X Corporation Trust Association Part I | Summary Briefly describe the organization's mission or most significant activities: THE FOUNDATION IS A 1 Activities & Governance NOT-FOR-PROFIT 501(C)(3) ORGANIZATION THAT BUILDS PERMANENT FUNDS TO Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets. 16 Number of voting members of the governing body (Part VI, line 1a) 16 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 70 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 ..... **Prior Year Current Year** 309,620. 702,522. Contributions and grants (Part VIII, line 1h) Revenue 0. О. Program service revenue (Part VIII, line 2g) 1,434,741. 421,481. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 20,317. 71,846. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,816,207. 144,320. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ....... 533,487. 556,164. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 180,989. 192,809. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ........ 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 77,775. 71,054 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 804,071. 808,207. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 340,249. 1,008,000. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 22,498,359. 23,175,917. 20 Total assets (Part X, line 16) 2,333,979 2,111,127. 21 Total liabilities (Part X, line 26) 20,841,938. 20,387,232. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign KATHERIN KAUS, PRESIDENT Here Type or print name and title Check Preparer's signature) Print/Type preparer's name Cabrochly, CPA 111116 P01455079 self-employed KRISTY B. ZABRODSKY, CPA KustuB. Paid Firm's name BUFFAMANTE WHIPPLE BUTYTAFARO, Firm's EIN 16-1117932 Preparer Firm's address 201 WEST THIRD STREET Use Only Phone no. 716-664-5104 JAMESTOWN, NY 14701 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) No

orm	990 (2015) NORTHERN CHAUTAUQUA COMMUNITY FOUNDATION 16-12/1665 Page 2 t III   Statement of Program Service Accomplishments
rai	Check if Schedule O contains a response or note to any line in this Part III
_	Briefly describe the organization's mission:
1	THE FOUNDATION IS A NOT-FOR-PROFIT 501(C)(3) ORGANIZATION THAT BUILDS
	PERMANENT FUNDS TO BENEFIT THE CHARITABLE NEEDS OF OUR COMMUNITY. IT
	IS THE MISSION OF THE NORTHERN CHAUTAUQUA COMMUNITY FOUNDATION TO
	ENRICH THE AREA IN WHICH WE LIVE AND WORK.
2	Did the organization undertake any significant program services during the year which were not listed on
-	the prior Form 990 or 990-EZ?
	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
4a	(Code:) (Expenses \$ 698,848. including grants of \$ 533,487.) (Revenue \$)
	SCHOLARSHIPS AND GRANT AWARDS AS SPECIFIED BY DONORS
4b	(Code:         ) (Expenses \$
-1.2	(Couc
4-	(Code:         ) (Expenses \$ including grants of \$)         ) (Revenue \$)
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4e</u>	Total program service expenses ► 698,848.
	Form <b>990</b> (2015)

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		res	INO
•	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	ļ
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," complete Schedule D,		77	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44-		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11d		х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	Х	- 25
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116	- 21	
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
40-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
iza		12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	_	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	000	X
		Form	990	(2015)

Form 990 (2015) NORTHERN CHAUTAUQÜ

Part IV Checklist of Required Schedules (continued)

			I	Γ
			Yes	
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		
	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	25a		Х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
a	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Only duly ( Doub)	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
~'	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٠,,
	sections 301.7701-2 and 301.7701-37 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	١		177
	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	057		
00	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?	36		Х
07	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		41
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	3,		
38	Note. All Form 990 filers are required to complete Schedule O	38	Х	
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Form 990 (2015) NORTHERN CHAUTAUQUA COMMUNITY FOUNDATION 16-1271663 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16			
	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 in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u> X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	_	_X_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		_X_
6	Did the organization have members or stockholders?	6	_X_	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	<u>X</u>	
b	Each committee with authority to act on behalf of the governing body?	8b	_X_	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			77
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_X_
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		.,	
		40.	Yes	No.
	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,	10b		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	Ha	21	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	IZD	72	
С	in Schedule O how this was done	12c	Х	
10	Did the organization have a written whistleblower policy?	13	X	
13	Did the organization have a written document retention and destruction policy?	14	X	
14 15	Did the process for determining compensation of the following persons include a review and approval by independent	'		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
9	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		х
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
-	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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	DIANE HANNUM - (716)366-4892			
	212 LAKE SHORE DRIVE DUNKTRK NY 14048			

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## NORTHERN CHAUTAUQÜA COMMUNITY FOUNDATION

16-1271663

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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		l

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization (A) (B) (C)								(D)	(E)	(F)
Name and Title	Average			Posi	ition			Reportable	Reportable	Estimated
Traine and This	hours per			- I tuo not check more than one I		(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of
	week	offi						from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or gir	8			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		83	suadı		(W-2/1099-MISC)		organization
	organizations below	ual tr	tional		uploy	st con	_			and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationio
(1) RICHARD RYAN	5.00					Ī				
BOARD MEMBER		X						0.	0.	0.
(2) JAMES HOLTON	5.00								,	
BOARD MEMBER		X						0.	0.	0.
(3) GERALD HALL	5.00									
BOARD MEMBER		X						0.	0.	0.
(4) PRISCILLA KOCH	5.00	ļ						_	_	_
BOARD MEMBER		X				-		0.	0.	0.
(5) MONICA WHITE	5.00								_	
BOARD MEMBER		X						0.	0.	0.
(6) DAVID TRAVIS	5.00								_	
BOARD MEMBER		X						0.	0.	0.
(7) RYAN MOURER	5.00								•	•
BOARD MEMBER		X				ļ		0.	0.	0.
(8) SUSAN WELLS	5.00								_	•
BOARD MEMBER		X				-		0.	0.	0.
(9) HELEN BARAN	5.00								_	
BOARD MEMBER	- F 00	X				-		0.	0.	0.
(10) NANCY ADAMS FRY	5.00	7,7						0	_	^
BOARD MEMBER	F 00	X		_		-		0.	0.	0.
(11) PETER CLARK	5.00	X						0.	0.	0.
BOARD MEMBER	5.00	Δ						0.	0.	
(12) RICHARD KETCHAM	3.00	X						0.	0.	0.
BOARD MEMBER	5.00	22				<del> </del>			0.	0 •
(13) KATHERIN KAUS PRESIDENT	3.00	X		х				0.	0.	0.
(14) GINA PARADIS	5.00									
VICE PRESIDENT	3.00	x		х				0.	0.	0.
(15) JOHN D'AGOSTINO	5.00	T		_ <b>_</b>						
SECRETARY		X		X				0.	0.	0.
(16) PETER RYAN	5.00									
TREASURER		X		Х				0.	0.	0.
(17) DIANE HANNUM	40.00									
EXECUTIVE DIRECTOR			١.	X				65,890.	0.	0.

NORTHERN CHAUTAUQUA COMMUNITY FOUNDATION

16-1271663

Form 990 (2015)

Pa	rt VIII	Check if Schedule O contains a response or note to an	v line in this Part VIII			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b d e f	Federated campaigns  Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f: \$  Total. Add lines 1a-1f	2. 702,522.			
<u> </u>		Business Co				
Program Service Revenue		All other program service revenue  Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and other similar amounts)	<b>421,481.</b>	421,481.		
	4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>&gt;</b>			
	5	Royalties				
	b c	Gross rents Less: rental expenses Rental income or (loss)	al			
	7 a	Net rental income or (loss)  Gross amount from sales of assets other than inventory Less: cost or other basis				
	С	and sales expenses  Gain or (loss)  Net gain or (loss)	<b>&gt;</b>			
Other Revenue		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See				
Other		Part IV, line 18 a  Less: direct expenses b  Net income or (loss) from fundraising events	<b>•</b>			
	b	Part IV, line 19 a Less: direct expenses b				
	10 a	Net income or (loss) from gaming activities  Gross sales of inventory, less returns and allowances a  Less: cost of goods sold b				
		Net income or (loss) from sales of inventory	<b>D</b>			
	b			20,317.		
	c c	All other revenue				
		Total. Add lines 11a-11d	≥ 20,317.			
	12			441,798.	0.	0.

Sect	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a respons				<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	349,427.	349,427.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	184,060.	184,060.		
3	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				
4 5	Compensation of current officers, directors,				
5	trustees, and key employees	65,890.	36,405.	19,602.	9,883.
6	Compensation not included above, to disqualified	03/0301	507255		
Ü	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	106,756.	58,983.	31,760.	16,013.
8	Pension plan accruals and contributions (include		/		
J	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	6,353.	3,510.	1,890.	953.
10	Payroll taxes	13,810.	9,978.	1,761.	2,071.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	18,497.	13,364.	2,358.	2,775.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,			-	
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	11,010.	7,955.	1,404.	1,651.
14	Information technology	12,910.	9,328.	1,646.	1,936
15	Royalties				
16	Occupancy	7,838.	5,663.	999.	1,176
17	Travel	8,387.	7,129.		1,258
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,372.	4,566.		806.
20	Interest				
21	Payments to affiliates	2 224		1 700	204
22	Depreciation, depletion, and amortization	2,024.	2	1,720.	304.
23	Insurance	4,925.	3,558.	628.	739.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	MISCELLANEOUS	2,666.	1,926.	340,	400.
b	DUES AND SUBSCRIPTION	2,300.	1,662.	293.	345.
c	TELEPHONE	1,846.	1,334.	235.	277
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	804,071.	698,848.	64,636.	40,587
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2015

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
		****			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
-	1	Cash - non-interest-bearing			136,032.	1	212,094.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens		· · ·			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual		i i			
	_	section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec					
v		employees' beneficiary organizations (see instr)				6	
Assets	7	Notes and loans receivable, net				7	
As	8					8	
	9	Inventories for sale or use Prepaid expenses and deferred charges				9	<u> </u>
	_		 I I			9	
	10a		40-	121 570			
		basis. Complete Part VI of Schedule D		121,579. 55,371.	67 015	40	66 200
	b	Less: accumulated depreciation			67,215.	10c	66,208.
	11	Investments - publicly traded securities			22,952,130.	11	22,199,071.
	12	Investments · other securities. See Part IV, line			· · · · · · · · · · · · · · · · · · ·	12	
	13	Investments - program-related. See Part IV, line		1		13	
	14	Intangible assets			00 540	14	00.000
	15	Other assets. See Part IV, line 11			20,540.	15	20,986.
	16	Total assets. Add lines 1 through 15 (must equ			23,175,917.	16	22,498,359.
	17	Accounts payable and accrued expenses		1	1,201.	17	8,430.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete		[-	*	21	
es	22	Loans and other payables to current and former					
#		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	yables <sup>-</sup>	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D			2,332,778.	25	2,102,697.
	26	Total liabilities. Add lines 17 through 25			2,333,979.	26	2,111,127.
		Organizations that follow SFAS 117 (ASC 958	), chec	k here ▶ 🛣 and 📗			
S S		complete lines 27 through 29, and lines 33 ar	d 34.				
<u> </u>	27	Unrestricted net assets			20,841,938.	27	20,387,232.
3al	28	Temporarily restricted net assets				28	
ğ	29	Permanently restricted net assets				29	
Für		Organizations that do not follow SFAS 117 (A	SC 958	s), check here			
P		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
SSI	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Ź	33	Total net assets or fund balances			20,841,938.	33	20,387,232.
	34	Total liabilities and net assets/fund balances			23,175,917.	34	22,498,359.

-orm	1990 (2015) NORTHERN CHAUTAUQUA COMMUNITY FOUNDATION	16-	12710	663	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	,				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,14	1,3	20.
2	Total expenses (must equal Part IX, column (A), line 25)	2		804	1,0	71.
3	Revenue less expenses. Subtract line 2 from line 1	3		34	),2	49.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20	,843	L,9	38.
5	Net unrealized gains (losses) on investments	5	-	-79	1,9	55.
6	Donated services and use of facilities	6				
7 ·	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	20	, 38'	7,2	32.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			İ		
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
	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	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir					
	Act and OMB Circular A-133?	-		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red aud	t			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
		_		Form !	990 (	(2015)