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Form **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 black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545 0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning , 2010, and ending ,

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization CHAUTAUQUA REGION COMMUNITY FOUNDATION, INC.

Doing Business As

Number and street (or P O box if mail is not delivered to street addr) 418 SPRING STREET

Room/suite

City, town or country JAMESTOWN

State NY ZIP code + 4 14701

D Employer Identification Number 16-1116837

E Telephone number (716) 661-3390

G Gross receipts $ 33,133,166.

F Name and address of principal officer RANDALL J SWEENEY 418 SPRING STEET JAMESTOWN NY 14701

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If 'No,' attach a list (see instructions)

I Tax exempt status ☒ 501(c)(3) ☐ 501(c) ( )◄ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ► www.crcfonline.org

H(c) Group exemption number ►

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ►

L Year of Formation 1978

M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O.

2 Check this box ► ☐ 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)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	8
6	Total number of volunteers (estimate if necessary)	6	169
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	977,427.	3,247,451.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	852,998.	-757,736.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	57,233.	77,961.
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,887,658.	2,567,676.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,219,047.	2,004,707.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	472,359.	471,953.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ► 246,730.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	266,109.	292,623.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,957,515.	2,769,283.
19	Revenue less expenses Subtract line 18 from line 12	-1,069,857.	-201,607.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	55,348,915.	62,933,264.
21	Total liabilities (Part X, line 26)	1,520,337.	5,224,006.
22	Net assets or fund balances Subtract line 21 from line 20	53,828,578.	57,709,258.

RECEIVED
JUL 05 2011
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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 Here

Signature of officer Randall J Sweeney Date 6/30/2011

RANDALL J. SWEENEY EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name HAROLD L. BRUNACINI, CPA	Preparer's signature	Date 06/23/11	Check ☒ if self employed
PTIN			
Firm's name ► JAMES W. VANSTROM & COMPANY			Firm's EIN ►
Firm's address ► PO BOX 532 FALCONER NY 14733-0532			Phone no (716) 661-3960

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0101 03/25/11 Form **990** (2010)

SCANNED JUL 12 2011

9-17

14

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐

1 Briefly describe the organization's mission.

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 ☒ 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 ☒ No

If 'Yes,' describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 2,004,707. including grants of $ 2,004,707.) (Revenue $ 0.)

GRANTS AWARDED TO LOCAL CULTURAL, EDUCATIONAL, CHARITABLE, AND CIVIC ORGANIZATIONS AND TO LOCAL SCHOLARSHIP RECIPIENTS.

4b (Code _____) (Expenses $ 198,234. including grants of $ 0.) (Revenue $ 0.)

EXPENSES INCURRED TO FUND COMMUNITY ECONOMIC DEVELOPMENT PROJECTS AND ADMINISTER THE FOUNDATION'S FUNDS.

4c (Code. _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O)

(Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4e Total program service expenses ► 2,202,941.

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)? *If 'Yes,' complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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, 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 term, permanent, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, 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,' 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 of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments– program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VIII*	11c		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 reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If 'Yes,' complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If 'Yes,' complete Schedule D, Parts XI, XII, and XIII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *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 assistance to any organization or entity located outside the United States? *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 assistance to individuals located outside the United States? *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 (see instructions)*	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		X
20 a	Did the organization operate one or more hospitals? *If 'Yes,' complete Schedule H*	20		X
b	If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States 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 and other assistance to individuals in the United States on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*	22	X	
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, and that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25*	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) and 501(c)(4) 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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *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 a grant selection committee member, or to a person related to such an individual? *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)			
a	A current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If 'Yes,' complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If 'Yes,' complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
a	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* ☐ Yes ☒ No			
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	7		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		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,' provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If 'Yes,' enter the name of the foreign country ►				
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
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 transaction?		5b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a	X	
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	X	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and 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	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		X
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	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?		12a		
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.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		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 the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*		14b		

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 to any question in this Part VI [X]

Section 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 11		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 11		
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		X
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	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses in Schedule O*	9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If 'No,' go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does 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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers of key employees of the organization	15b	X	
	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		X
b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► New York

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

[X] Own website [ ] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

► JACOB SCHRANTZ 418 SPRING STREET JAMESTOWN NY 14701 (716) 661-3390

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII ☐

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

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

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

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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 related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEPHEN J. WRIGHT, ESQ. PRESIDENT	3.00	X		X				0.	0.	0.
(2) JENNIFER L. HARKNESS VICE-PRESIDENT	3.00	X		X				0.	0.	0.
(3) PAMELA D. STELMACH SECRETARY	3.00	X		X				0.	0.	0.
(4) DENISE R. JONES TREASURER	3.00	X		X				0.	0.	0.
(5) LYMAN A. BUCK, III DIRECTOR	3.00	X						0.	0.	0.
(6) KRISTY B. ZABRODSKY, CPA DIRECTOR	3.00	X						0.	0.	0.
(7) BRIDGET B. JOHNSON DIRECTOR	3.00	X						0.	0.	0.
(8) MICHAEL D. METZGER DIRECTOR	3.00	X						0.	0.	0.
(9) JONATHON P. TABER DIRECTOR	3.00	X						0.	0.	0.
(10) MICHAEL C. BIRD DIRECTOR	3.00	X						0.	0.	0.
(11) P. RICHARD FLEURANT DIRECTOR	3.00	X						0.	0.	0.
(12) CAROL S. HAY DIRECTOR	3.00	X						0.	0.	0.
(13) RANDALL J. SWEENEY EXECUTIVE DIRECTOR	45.00			X				108,142.	0.	21,798.
(14)										
(15)										
(16)										
(17)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(cont)*

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (check all that apply)						(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 related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
(29)										
1b Sub-total								108,142.	0.	21,798.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								108,142.	0.	21,798.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ► 1

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual*	3		X
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*	4		X
5 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		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.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	25,126.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,222,325.			
	g Noncash contributions included in lns 1a-1f $		90,877.			
	h **Total.** Add lines 1a-1f		3,247,451.			
PROGRAM SERVICE REVENUE		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		1,014,644.	0.	0.	1,014,644.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	28,772,189.				
	b Less cost or other basis and sales expenses	30,544,569.				
	c Gain or (loss)	-1,772,380.				
	d Net gain or (loss)		-1,772,380.	0.	0.	-1,772,380.
	8a Gross income from fundraising events (not including $ 25,126. of contributions reported on line 1c) See Part IV, line 18	a	12,170.			
	b Less. direct expenses	b	20,921.			
	c Net income or (loss) from fundraising events		-8,751.		0.	-8,751.
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a UNCLAIMED SCHOLARSHIP GRANTS	900099	24,639.	0.	0.	24,639.
	b OTHER INCOME	900099	62,073.	0.	0.	62,073.
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		86,712.			
	12 **Total revenue.** See instructions		2,567,676.	0.	0.	-679,775.

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) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,228,176.	1,228,176.		
2 Grants and other assistance to individuals in the U S. See Part IV, line 22	776,531.	776,531.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	129,940.	32,485.	25,988.	71,467.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	249,682.	89,631.	117,574.	42,477.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	22,472.	8,067.	10,582.	3,823.
9 Other employee benefits	43,355.	11,987.	25,306.	6,062.
10 Payroll taxes	26,504.	8,713.	10,195.	7,596.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	77,905.	24,918.	31,165.	21,822.
g Other				
12 Advertising and promotion				
13 Office expenses	18,402.	7,249.	6,560.	4,593.
14 Information technology				
15 Royalties				
16 Occupancy	26,844.	1,142.	24,702.	1,000.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	8,811.	0.	8,811.	0.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,043.	0.	14,043.	0.
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a PROMOTION & DEVELOPMENT	73,010.	0.	0.	73,010.
b PROFESSIONAL FEES	37,347.	8,735.	20,962.	7,650.
c MISCELLANEOUS	23,799.	4,050.	13,619.	6,130.
d REPAIRS & MAINTENANCE	12,462.	1,257.	10,105.	1,100.
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	2,769,283.	2,202,941.	319,612.	246,730.
26 **Joint costs.** Check here ► ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
ASSETS	1	Cash – non-interest-bearing		100.	1	100.
	2	Savings and temporary cash investments		1,352,768.	2	2,621,005.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		120.	4	111.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	51,904.
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		19,364.	9	20,529.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 622,550.			
	b	Less accumulated depreciation	10b 215,876.	420,717.	10c	406,674.
	11	Investments – publicly traded securities		53,555,846.	11	59,832,941.
	12	Investments – other securities See Part IV, line 11			12	
	13	Investments – program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets** Add lines 1 through 15 (must equal line 34)		55,348,915.	16	62,933,264.
LIABILITIES	17	Accounts payable and accrued expenses		2,180.	17	5,687.
	18	Grants payable		968,476.	18	962,089.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		175,384.	23	138,570.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		374,297.	25	4,117,660.
	26	**Total liabilities.** Add lines 17 through 25		1,520,337.	26	5,224,006.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ► [X] and complete lines 27 through 29 and lines 33 and 34.**				
	27	Unrestricted net assets		50,433,936.	27	57,709,258.
	28	Temporarily restricted net assets		3,394,642.	28	0.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ► [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		53,828,578.	33	57,709,258.
	34	Total liabilities and net assets/fund balances		55,348,915.	34	62,933,264.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,567,676.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,769,283.
3	Revenue less expenses Subtract line 2 from line 1	3	-201,607.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	53,828,578.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	4,082,287.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	57,709,258.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ 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
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	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 in Schedule O			
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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 required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
CHAUTAUQUA REGION COMMUNITY FOUNDATION, INC.	16-1116837

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state.

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III – Functionally integrated **d** ☐ Type III – Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g (i)**	
(ii)	A family member of a person described in (i) above?	**11g (ii)**	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	**11g (iii)**	

h Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in column (i) of your support? Yes	(v) No	(vi) Is the organization in column (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants ')	3,266,011.	2,662,726.	6,577,512.	977,427.	3,247,451.	16,731,127.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	3,266,011.	2,662,726.	6,577,512.	977,427.	3,247,451.	16,731,127.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,629,276.
6 **Public support.** Subtract line 5 from line 4						15,101,851.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	3,266,011.	2,662,726.	6,577,512.	977,427.	3,247,451.	16,731,127.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,206,750.	1,460,979.	1,352,349.	1,282,558.	1,014,644.	6,317,280.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	29,512.	38,220.	100,039.	80,478.	98,882.	347,131.
11 **Total support.** Add lines 7 through 10						23,395,538.

12 Gross receipts from related activities, etc (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	64.55 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	60.16 %

16a **33-1/3% support test – 2010.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **33-1/3% support test – 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test – 2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test – 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants ')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lns 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests – 2010.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3% support tests – 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Other Income Part II, Line 10

Description: RETURNED GRANTS

2006: 29512.

2007: 33217.

2008: 56991.

2009: 52313.

2010: 24639.

Description: OTHER INCOME

2006: 0.

2007: 5003.

2008: 3613.

2009: 677.

2010: 62073.

Description: NON-CONTRIB FR RECEIPTS

2006: 0.

2007: 0.

2008: 39435.

2009: 27488.

2010: 12170.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

CHAUTAUQUA REGION COMMUNITY FOUNDATION, INC.

Employer identification number

16-1116837

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	25.	511.
2	Aggregate contributions to (during year)	25,314.	3,234,321.
3	Aggregate grants from (during year)	59,956.	1,944,751.
4	Aggregate value at end of year	2,062,953.	60,870,311.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [X] Yes [ ] No

Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

[ ] Preservation of land for public use (e g , recreation or education)
[ ] Protection of natural habitat
[ ] Preservation of open space
[ ] Preservation of an historically important land area
[ ] Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? [ ] Yes [ ] No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? [ ] Yes [ ] No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► $ _____

(ii) Assets included in Form 990, Part X ► $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► $ _____

b Assets included in Form 990, Part X ► $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	52,841,158.	44,376,605.	59,653,658.		
b Contributions	3,425,325.	768,367.	6,345,669.		
c Net investment earnings, gains, and losses	6,915,490.	10,408,700.	-18,855,383.		
d Grants or scholarships	1,835,170.	2,090,415.	1,964,496.		
e Other expenditures for facilities and programs	608,941.	519,229.	660,570.		
f Administrative expenses	37,398.	102,870.	142,273.		
g End of year balance	60,700,464.	52,841,158.	44,376,605.		

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ► 100.00 %
- b Permanent endowment ► _____ %
- c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	X
(ii) related organizations	3a(ii)	X

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? 3b

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		18,500.		18,500.
b Buildings		521,900.	133,726.	388,174.
c Leasehold improvements				
d Equipment		82,150.	82,150.	0.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))*			►	406,674.

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total *(Column (b) must equal Form 990 Part X, column (B) line 12.)* ►		

Part VIII Investments—Program Related. (See Form 990, Part X, line 13)

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total *(Column (b) must equal Form 990, Part X, column (B) line 13.)* ►		

Part IX Other Assets. (See Form 990, Part X, line 15)

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, column(B), line 15)* ►	

Part X Other Liabilities. (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) GIFT ANNUITIES PAYABLE	198,012.
(3) FUNDS HELD FOR AGENCIES	3,919,648.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, column (B) line 25)* ►	4,117,660.

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII,column (A), line 12)	2,567,676.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2,769,283.
3	Excess or (deficit) for the year Subtract line 2 from line 1	-201,607.
4	Net unrealized gains (losses) on investments	7,818,260.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	-336,877.
9	Total adjustments (net) Add lines 4 through 8	7,481,383.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	7,279,776.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	9,807,313.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	7,818,260.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	7,818,260.
3	Subtract line **2e** from line **1**			3	1,989,053.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	578,623.		
c	Add lines **4a** and **4b**			4c	578,623.
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	2,567,676.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	2,527,537.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	2,527,537.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	241,746.		
c	Add lines **4a** and **4b**			4c	241,746.
5	Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	2,769,283.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Pt V Line 4 INTENDED USES FOR ENDOWMENT FUNDS:

THE FOUNDATION'S ENDOWMENT FUNDS ARE TO BE USED TO ENRICH THE QUALITY OF LIFE IN THE CHAUTAUQUA REGION. INCOME DERIVED FROM THESE CHARITABLE FUNDS IS TO BE USED TO SUPPORT WORTHWHILE EDUCATIONAL, SOCIAL, CULTURAL, AND CIVIC PROJECTS WHICH MEET THE CRITERIA ESTABLISHED BY ITS DONORS AND THE BOARD OF DIRECTORS.

Part XIV Supplemental Information *(continued)*

Pt X	LIABILITY UNDER FIN 48 FOOTNOTE:
	IN ACCORDANCE WITH U.S. GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, THE FOUNDATION ADOPTED PROVISIONS RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, EFFECTIVE JANUARY 1, 2009. ADOPTION OF THESE PROVISIONS DID NOT RESULT IN A CHANGE IN THE FOUNDATION'S PRIOR REPORTED NET ASSETS.
	ANY PENALTIES AND INTEREST ASSOCIATED WITH UNCERTAIN TAX POSITIONS WOULD BE INCLUDED AS PART OF ANY INCOME TAX PROVISION. FOR 2010, THERE WERE NO PENALTIES AND INTEREST RECOGNIZED RELATED TO UNCERTAIN TAX POSITIONS.
	THE FOUNDATION FILES EXEMPT ORGANIZATION RETURNS WITH THE U.S. FEDERAL AND NEW YORK JURISDICTIONS. THE FOUNDATION'S RETURNS PRIOR TO 2007 ARE CLOSED.
Pt XI Line 8	RECONCILIATION OF CHANGES - OTHER:
	AGENCY FUND TRANSACTIONS - ($520,552)
	NET REVALUATION OF CHARITABLE GIFT ANNUITIES - $162,754
	SPECIAL EVENTS EXPENSES - $20,921
	TOTAL LINE 8 - ($336,877)
Pt XIII Line 4b	RECONCILIATION OF REVENUE - OTHER:
	AGENCY FUNDS - $762,298
	NET REVALUATION OF CHARITABLE GIFT ANNUITIES - ($162,754)
	SPECIAL EVENTS EXPENSES - ($20,921)
	TOTAL LINE 4b - $578,623
Pt XII Line 4b	RECONCILIATION OF EXPENSES - OTHER:

Part XIV | Supplemental Information *(continued)*

AGENCY FUND EXPENSES - $241,746

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545 0047

2010

Open to Public Inspection

Name of the organization
CHAUTAUQUA REGION COMMUNITY FOUNDATION, INC.

Employer identification number
16-1116837

Part I **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total	►						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 JDH BANQUET (event type)	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1 Gross receipts	29,856.	7,440.		37,296.
	2 Less. Charitable contributions	22,684.	2,442.		25,126.
	3 Gross income (line 1 minus line 2)	7,172.	4,998.		12,170.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes	4,412.			4,412.
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	9,287.	7,222.		16,509.
	10 Direct expense summary Add lines 4- through 9 in column (d)			►	20,921.
	11 Net income summary Combine line 3, column (d), and line 10			►	-8,751.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			►	
	8 Net gaming income summary Combine lines 1, column (d) and line 7			►	

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If 'No,' explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If 'Yes,' explain _____

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If 'Yes,' enter the amount of gaming revenue received by the organization ► $ _____ and the amount of gaming revenue retained by the third party ► $ _____

c If 'Yes,' enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► $ _____

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► $

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.
► Attatch to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

CHAUTAUQUA REGION COMMUNITY FOUNDATION, INC.

Employer identification number

16-1116837

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed ► [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
(1) SEE ATTACH LIST NON-DONOR-ADVISED			944,680.				SEE ATTACH
(2) SEE ATTACHED LIST DONOR ADVISED			5,500.				SEE ATTACH
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							

2 Enter total number of section 501(c)(3) and government organizations ►

3 Enter total number of other organizations ►

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	SCHOLARSHIPS FOR COLLEGE	716	776,531.			
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Pt I Line 2 PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS:

THE FOUNDATION REQUIRES ALL RECIPIENTS OF COMPETITIVE GRANTS TO SUBMIT FINAL WRITTEN REPORTS ON THE GRANT-SUPPORTED PROJECT OR PROGRAM. THE FINAL REPORT SHOULD INCLUDE A FINANCIAL REPORT, COPIES OF DOCUMENTS PUBLICIZING THE GRANT, WHETHER OR NOT THE OBJECTIVE WAS ACCOMPLISHED, COLLABORATIVE EFFORTS WTIH ANY OTHER ORGANIZATIONS AND, IF APPLICABLE, SPECIFIC PLANS TO CONTINUE THE PROJECT OR PROGRAM. GRANTS EXCEEDING $2,000 IN THIS COMPETITIVE PROCESS ARE MONITORED FOR COMPLETENESS FOR THE ABOVE DOCUMENTATION. GRANTEES ARE NOTIFIED IF THEIR FINAL REPORT IS NOT COMPLETE, AND ARE EXCLUDED FROM FUTURE COMPETITIVE GRANTS UNTIL ALL

See Schedule I (Form 990) - Part IV - Supplemental Information (Continuation Sheet)

Schedule I (Form 990) - Part IV - Supplemental Information (continued)

Schedule I (Form 990) - Part IV - Supplemental Information (Continuation Sheet)

	DOCUMENTATION IS PROVIDED.
	SCHOLARSHIP AWARD MONITORING - STUDENTS SELECTED TO RECEIVE SCHOLARSHIP
	AWARDS WILL ONLY BE PROVIDED THE AWARD UPON SUBMITTING AN OFFICIAL VERIFICATION
	OF COLLEGE ENROLLMENT FOR THE SECOND SEMESTER OF THE SCHOOL YEAR FROM THE
	COLLEGE'S REGISTRAR'S OFFICE. A STUDENT WHO HAS SUCCESSFULLY COLLECTED
	THEIR SCHOLARSHIP AWARD IS REQUIRED TO VERIFY TO THE FOUNDATION THAT THE
	AWARD WAS USED FOR COLLEGE EXPENSES ONLY.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization

CHAUTAUQUA REGION COMMUNITY FOUNDATION, INC.

Employer identification number

16-1116837

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	7	88,294.	AVG FMV WHEN DONATED
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► (IN-KIND GIFTS)	X	10	2,583.	EST RETAIL COST
26	Other ► ( )				
27	Other ► ( )				
28	Other ► ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? — 30a		X
b	If 'Yes,' describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? — 31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? — 32a		X
b	If 'Yes,' describe in Part II.		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M - SUPPLEMENTAL INFORMATION:

NUMBER OF CONTRIBUTIONS REPORTED REPRESENTS THE NUMBER OF SEPARATE, INDIVIDUAL CONTRIBUTIONS.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No 1545 0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
CHAUTAUQUA REGION COMMUNITY FOUNDATION, INC.	16-1116837

Pt VI-A, Line 6 CLASSES OF MEMBERS OR STOCKHOLDERS:

THE FOUNDATION HAS MEMBERS. MEMBERS SHALL CONSIST OF NOT LESS THAN THIRTY, NOR MORE THAN FIFTY PERSONS. ANY PERSON WHO HAS AN INTEREST IN THE PURPOSES OF THE FOUNDATION AND HAS DEMONSTRATED A KNOWLEDGE OR UNDERSTANDING OF THE EDUCATIONAL, CULTURAL, CIVIC, OR CHARITABLE NEEDS OF THE COMMUNITY OF THE CHAUTAUQUA COUNTY, NY REGION, MAY BECOME A MEMBER. POTENTIAL MEMBERS ARE NOMINATED BY THE BOARD OF DIRECTORS AND ELECTED BY A MAJORITY OF VOTES CAST AT THE ANNUAL MEETING OF THE ENTIRE MEMBERSHIP. ADDITIONALLY, ANY PERSON MAY BECOME A MEMBER OF THE FOUNDATION UPON ELECTION BY A MAJORITY VOTE OF THE ENTIRE BOARD OF DIRECTORS AT ANY MEETING. IN SELECTING MEMBERS, IT SHALL BE THE PURPOSE OF THE FOUNDATION TO ENSURE THE MEMBERSHIP IS GENERALLY REPRESENTATIVE OF THE VARIOUS INTERESTS OF THE AREA IT SERVES. EVERY EFFORT IS MADE TO HAVE THE ELECTED MEMBERSHIP REPRESENT THE COMMUNITY IT SERVES. THE TERMS OF AN ELECTED MEMBER WILL BE THREE YEARS IN LENGTH. NO MEMBER SHALL BE ELECTED FOR MORE THAN THREE CONSECUTIVE FULL TERMS OR NINE YEARS. IF A MEMBER RESIGNS AT ANY TIME DURING HIS/HER TERM, THEIR SUCCESSOR CAN FINISH THE REMAINING TERM AND IN ADDITION SERVE UP TO THE THREE CONSECUTIVE FULL TERMS.

Pt VI-A, Line 7a ELECTION OF MEMBERS AND THEIR RIGHTS:

MEMBERS OF THE FOUNDATION MAY ELECT ONE OR MORE MEMBERS OF THE GOVERNING BOARD OF DIRECTORS AT THE ANNUAL MEETING OF THE FOUNDATION.

Name of the organization: CHAUTAUQUA REGION COMMUNITY FOUNDATION, INC.

Employer identification number: 16-1116837

Pt VI-B, Line 11a ORGANIZATION'S PROCESS TO REVIEW FORM 990:

CURRENT BOARD MEMBERS WERE PROVIDED A COPY OF THE TAX RETURN PRIOR TO ITS FILING AND DURING A REGULAR MEETING OF THE BOARD OF DIRECTORS, IN WHICH A QUORUM WAS PRESENT, THE FISCAL OFFICER OF THE FOUNDATION ADDRESSED ANY QUESTIONS.

Pt VI-B, Line 12c ENFORCEMENT OF CONFLICTS POLICY:

THE FOUNDATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE WRITTEN CONFLICT OF INTEREST POLICY. THE PROCESS REQUIRES ANNUAL UPDATES OF THE CONFLICT OF INTEREST STATEMENT BY THE BOARD, MEMBERS AND STAFF.

Pt VI-B, Line 15 LINE 15a: COMPENSATION PROCESS FOR TOP OFFICIAL:

THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND ALL STAFF IS REVIEWED BY THE PERSONNEL COMMITTEE AND BOARD OF DIRECTORS. THE COUNCIL ON FOUNDATIONS PUBLISHES A SURVEY OF COMPENSATION LEVELS FOR COMMUNITY FOUNDATIONS, WHICH DETAILS THE COMPENSATION FOR EXECUTIVE DIRECTORS AND STAFF POSITIONS. THIS SURVEY AND OTHER LOCAL COMPENSATION SURVEYS ARE USED BY THE COMMITTEE AND BOARD WHEN DETERMINING COMPENSATION.

Pt VI-C, Line 19 GOVERNING DOCUMENTS DISCLOSURE EXPLANATION:

THE FOUNDATION'S FORM 990 AND FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION ON THE FOUNDATION'S WEBSITE, www.crcfonline.org, OR UPON REQUEST AT THE FOUNDATION'S OFFICE. THE FOUNDATION'S FORM 1023, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICY ARE ALSO AVAILABLE UPON REQUEST AT THE FOUNDATION'S OFFICE.

PART VI, LINE 15b COMPENSATION PROCESS FOR OFFICERS:

SEE RESPONSE TO LINE 15a.

Name of the organization: CHAUTAUQUA REGION COMMUNITY FOUNDATION, INC.

Employer identification number: 16-1116837

PART III, LINE 1 ORGANIZATION'S MISSION:

CHAUTAUQUA REGION COMMUNITY FOUNDATION IS A NONPROFIT, COMMUNITY CORPORATION CREATED BY AND FOR THE PEOPLE OF CHAUTAUQUA COUNTY. WE ARE HERE TO HELP OUR DONORS MAKE A POSITIVE IMPACT ON THEIR COMMUNITY BY ESTABLISHING A "BRIDGE" BETWEEN THE DONOR AND CHARITABLE ACTIVITIES.

PART XI, LINE 5 SEE SUPPORTING SCHEDULE.

Supporting Statement of:

Form 990 p 11/Line 23, column (B)

Description	Amount
NAME OF LENDER: NORTHWEST SAVINGS BANK	
MATURITY DATE: 4/27/2014	
INTEREST RATE: 5.510%	
BALANCE DUE	138,570.
Total	138,570.

Supporting Statement of:

Form 990 p 12/Part XI, Line 5

Description	Amount
RECLASSIFICATION OF FUNDS HELD FOR AGENCIES	-3,394,642.
AGENCY FUND ADDITIONS	-762,298.
AGENCY FUND EXPENSES	241,746.
AGENCY FUND TRANSFERS	-4,454.
UNREALIZED GAINS ON INVESTMENTS	7,818,260.
NET REVALUATION OF CHARITABLE GIFT ANNUITIES	162,754.
SPECIAL EVENT EXPENSES-PART VIII, LINE 8b	20,921.
Total	4,082,287.

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
Tax Year 2010
Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
American Red Cross, Southwestern NY Chapter 325 East Fourth Street P.O. Box 99 Jamestown, NY 14702-0099	16-0904250	501(C)3	1,000				Haiti Relief
American Red Cross, Southwestern NY Chapter 325 East Fourth Street P.O. Box 99 Jamestown, NY 14702-0099	16-0904250	501(C)3	1,000				CPR/First Aid
American Red Cross, Southwestern NY Chapter 325 East Fourth Street P.O. Box 99 Jamestown, NY 14702-0099	16-0904250	501(C)3	1,388				Network Server Installation
American Red Cross, Southwestern NY Chapter 325 East Fourth Street P.O. Box 99 Jamestown, NY 14702-0099	16-0904250	501(C)3	1,000				American Red Cross, Chautauqua County Chapter
American Red Cross, Southwestern NY Chapter 325 East Fourth Street P.O. Box 99 Jamestown, NY 14702-0099	16-0904250	501(C)3	3,000				Child Care Provider Supplemental CPR & First Aid Training
American Red Cross, Southwestern NY Chapter 325 East Fourth Street P O. Box 99 Jamestown, NY 14702-0099	16-0904250	501(C)3	1,000				American Red Cross, Southwestern NY Chapter
American Red Cross, Southwestern NY Chapter 325 East Fourth Street P.O. Box 99 Jamestown, NY 14702-0099	16-0904250	501(C)3	250				American Red Cross, Southwestern NY Chapter
Catholic Academy of the Holy Family 1135 North Main Street Jamestown, NY 14701	16-0743298	501(C)3	500				Kindergarten Tuition Assistance
Catholic Academy of the Holy Family 1135 North Main Street Jamestown, NY 14701	16-0743298	501(C)3	10,209				Holy Family Catholic School
Catholic Academy of the Holy Family 1135 North Main Street Jamestown, NY 14701	16-0743298	501(C)3	1,000				Replace Heaters in School Cafeteria

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
Tax Year 2010
Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Catholic Academy of the Holy Family 1135 North Main Street Jamestown, NY 14701	16-0743298	501(C)3	472				Tuition Assistance for Holy Family Catholic School
Catholic Academy of the Holy Family 1135 North Main Street Jamestown, NY 14701	16-0743298	501(C)3	481				Tuition Assistance
Chautauqua Blind Association 510 W. Fifth St. Jamestown, NY 14701	16-6029585	501(C)3	6,776				Chautauqua County Blind Association, Inc.
Chautauqua Blind Association 510 W. Fifth St. Jamestown, NY 14701	16-6029585	501(C)3	888				Chautauqua Blind Association
Chautauqua Blind Association 510 W. Fifth St. Jamestown, NY 14701	16-6029585	501(C)3	513				Chautauqua Blind Association
Chautauqua County Historical Society Village Park P. O. Box 7 Westfield, NY 14787	16-6029585	501(C)3	5,600				Chimney Repair and Masonry Project
Chautauqua County Humane Society, Inc. SPCA 2825 Strunk Road Jamestown, NY 14701	16-6000221	501(C)3	626				Chautauqua County Humane Society
Chautauqua County Humane Society, Inc. SPCA 2825 Strunk Road Jamestown, NY 14701	16-6000221	501(C)3	5,000				Reduced Adoption Fees
Chautauqua County Humane Society, Inc. SPCA 2825 Strunk Road Jamestown, NY 14701	16-6000221	501(C)3	11,072				Chautauqua County Humane Society
Chautauqua County Humane Society, Inc. SPCA 2825 Strunk Road Jamestown, NY 14701	16-6000221	501(C)3	250				Chautauqua County Humane Society
Chautauqua County Humane Society, Inc. SPCA 2825 Strunk Road Jamestown, NY 14701	16-6000221	501(C)3	200				Chautauqua County Humane Society
Chautauqua County Humane Society, Inc. SPCA 2825 Strunk Road Jamestown, NY 14701	16-6000221	501(C)3	1,000				Chautauqua County Humane Society

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
Tax Year 2010
Region. All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Chautauqua County Humane Society, Inc. SPCA 2825 Strunk Road Jamestown, NY 14701	16-6000221	501(C)3	722				Chautauqua County Humane Society
Chautauqua County Humane Society, Inc. SPCA 2825 Strunk Road Jamestown, NY 14701	16-6000221	501(C)3	722				Chautauqua County Humane Society
Chautauqua County Humane Society, Inc SPCA 2825 Strunk Road Jamestown, NY 14701	16-6000221	501(C)3	722				Chautauqua County Humane Society
Chautauqua County Humane Society, Inc. SPCA 2825 Strunk Road Jamestown, NY 14701	16-6000221	501(C)3	1,255				Chautauqua County Humane Society
Chautauqua County Humane Society, Inc. SPCA 2825 Strunk Road Jamestown, NY 14701	16-6000221	501(C)3	175				Chautauqua County Humane Society Operations
Chautauqua County Humane Society, Inc. SPCA 2825 Strunk Road Jamestown, NY 14701	16-6000221	501(C)3	800				Humane Education Program
Chautauqua County Humane Society, Inc. SPCA 2825 Strunk Road Jamestown, NY 14701	16-6000221	501(C)3	1,000				Chautauqua County Humane Society
Chautauqua County Humane Society, Inc. SPCA 2825 Strunk Road Jamestown, NY 14701	16-6000221	501(C)3	722				Chautauqua County Humane Society
Chautauqua County Humane Society, Inc. SPCA 2825 Strunk Road Jamestown, NY 14701	16-6000221	501(C)3	186				Chautauqua County Humane Society
Chautauqua Home Rehabilitation & Improve. Cor 2 Academy Street Mayville, NY 14757	13-2922191	501(C)3	5,364				Jamestown Youthbuild
Chautauqua Home Rehabilitation & Improve. Cor 2 Academy Street Mayville, NY 14757	13-2922191	501(C)3	958				Post-Secondary Education Transition

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
Tax Year 2010
Region All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Chautauqua Lake Association 429 E. Terrace Avenue Lakewood, NY 14750	16-0772742	501(C)3	300				Chautauqua Lake Association
Chautauqua Lake Association 429 E. Terrace Avenue Lakewood, NY 14750	16-0772742	501(C)3	6,500				Upgrade DOS System
Chautauqua Lake Association 429 E. Terrace Avenue Lakewood, NY 14750	16-0772742	501(C)3	1,522				Chautauqua Lake Association
Chautauqua Lake Association 429 E. Terrace Avenue Lakewood, NY 14750	16-0772742	501(C)3	1,850				Upgrade DOS System
Chautauqua Region Community Foundation 418 Spring Street Jamestown, NY 14701	16-1116837	501(C)3	50				Memorial
Chautauqua Region Community Foundation 418 Spring Street Jamestown, NY 14701	16-1116837	501(C)3	250				CRCF - Board, Member, Staff Fund
Chautauqua Region Community Foundation 418 Spring Street Jamestown, NY 14701	16-1116837	501(C)3	796				Offset Foundation scholarship expenses
Chautauqua Region Community Foundation 418 Spring Street Jamestown, NY 14701	16-1116837	501(C)3	17,308				Offset Foundation administrative expenses
Chautauqua Region Community Foundation 418 Spring Street Jamestown, NY 14701	16-1116837	501(C)3	25				Honorarium - Roach Family/Falconer Printing & Design Scholarship Fund
Chautauqua Region Community Foundation 418 Spring Street Jamestown, NY 14701	16-1116837	501(C)3	510				Offset Foundation scholarship expenses
Chautauqua Region Community Foundation 418 Spring Street Jamestown, NY 14701	16-1116837	501(C)3	500				CEO Program
Chautauqua Region Community Foundation 418 Spring Street Jamestown, NY 14701	16-1116837	501(C)3	17,308				Chautauqua Region Community Foundation - Operating
Chautauqua Region Community Foundation 418 Spring Street Jamestown, NY 14701	16-1116837	501(C)3	100				Honorarium - Barbara Josephson
Chautauqua Region Community Foundation 418 Spring Street Jamestown, NY 14701	16-1116837	501(C)3	796				Chautauqua Region Community Foundation - Scholarship expenses

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
Tax Year 2010
Region. All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Chautauqua Region Community Foundation 418 Spring Street Jamestown, NY 14701	16-1116837	501(C)3	17,308				Chautauqua Region Community Foundation - Operating
Chautauqua Region Community Foundation 418 Spring Street Jamestown, NY 14701	16-1116837	501(C)3	796				Chautauqua Region Community Foundation - Scholarship expenses
Chautauqua Region Community Foundation 418 Spring Street Jamestown, NY 14701	16-1116837	501(C)3	25				General Fund in memory of H. James Abdella
Chautauqua Region Community Foundation 418 Spring Street Jamestown, NY 14701	16-1116837	501(C)3	25				St. Susan Fund in of Memory Sarah R. Pollaro
Chautauqua Region Community Foundation 418 Spring Street Jamestown, NY 14701	16-1116837	501(C)3	796				Chautauqua Region Community Foundation - Scholarship expenses
Chautauqua Region Community Foundation 418 Spring Street Jamestown, NY 14701	16-1116837	501(C)3	17,308				Chautauqua Region Community Foundation - Operating
Chautauqua Region Community Foundation 418 Spring Street Jamestown, NY 14701	16-1116837	501(C)3	50				Dr. John "Doc" & Sue Nelson Memorial Fund - Axel W. Carlson Award - Recipient's Charity
Chautauqua Regional Youth Ballet 9-1/2 Falconer Street Jamestown, NY 14701	16-1302001	501(C)3	6,994				Scholarships and Financial Aid
Chautauqua Regional Youth Ballet 9-1/2 Falconer Street Jamestown, NY 14701	16-1302001	501(C)3	1,250				Financial Assistance
Chautauqua Sports Museum & Hall of Fame, Inc. PO Box 1192 Jamestown, NY 14702-1192	191919	501(C)3	1,445				Invoice # 6625
Chautauqua Sports Museum & Hall of Fame, Inc. PO Box 1192 Jamestown, NY 14702-1192	191919	501(C)3	1,889				Stateline Speedway Movie - Invoice# 6639
Chautauqua Sports Museum & Hall of Fame, Inc. PO Box 1192 Jamestown, NY 14702-1192	191919	501(C)3	1,006				Stateline Speedway Video Expense #6547

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
Tax Year 2010
Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Chautauqua Sports Museum & Hall of Fame, Inc. PO Box 1192 Jamestown, NY 14702-1192	191919	501(C)3	806				Media Expenses Inv 0001 Balance
Chautauqua Sports Museum & Hall of Fame, Inc. PO Box 1192 Jamestown, NY 14702-1192	191919	501(C)3	2,500				Video Expense Invoice 6648
Chautauqua Sports Museum & Hall of Fame, Inc. PO Box 1192 Jamestown, NY 14702-1192	191919	501(C)3	1,200				Media Activities - Invoice # 6532
Chautauqua Sports Museum & Hall of Fame, Inc. PO Box 1192 Jamestown, NY 14702-1192	191919	501(C)3	56				Printing Postage/Invoice #95875
Chautauqua Sports Museum & Hall of Fame, Inc. PO Box 1192 Jamestown, NY 14702-1192	191919	501(C)3	670				Media Activiites (Inv 6508 bal)
Chautauqua Sports Museum & Hall of Fame, Inc. PO Box 1192 Jamestown, NY 14702-1192	191919	501(C)3	85				Stateline Speedway Legacy Fund Media Expenses - Inv 638
Chautauqua Sports Museum & Hall of Fame, Inc. PO Box 1192 Jamestown, NY 14702-1192	191919	501(C)3	899				Media Activities (Inv 6508 on acct)
Chautauqua Sports Museum & Hall of Fame, Inc. PO Box 1192 Jamestown, NY 14702-1192	191919	501(C)3	255				Media Activiites Inv 645, Inv 646
Chautauqua Sports Museum & Hall of Fame, Inc. PO Box 1192 Jamestown, NY 14702-1192	191919	501(C)3	1,250				Invoice #6591
Chautauqua Sports Museum & Hall of Fame, Inc. PO Box 1192 Jamestown, NY 14702-1192	191919	501(C)3	494				DVD Duplication Expenses/ Invoice # 6733
Chautauqua Striders, Inc. 101 East Fourth Street Jamestown, NY 14701	16-1156685	501(C)3	5,000				Latino Family and Youth Outreach

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
Tax Year 2010
Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Chautauqua Striders, Inc. 101 East Fourth Street Jamestown, NY 14701	16-1156685	501(C)3	400				Balance for "40 Assets" expenses
Chautauqua Striders, Inc. 101 East Fourth Street Jamestown, NY 14701	16-1156685	501(C)3	2,900				Smart Moves
Chautauqua Striders, Inc 101 East Fourth Street Jamestown, NY 14701	16-1156685	501(C)3	8,027				Chautauqua Striders Track maintenance
City of Jamestown Parks, Recreation and Conservation Dept. 145 Steele Street Jamestown, NY 14701	16-6002545	Government	500				Halloween Fun Fest
City of Jamestown Parks, Recreation and Conservation Dept. 145 Steele Street Jamestown, NY 14701	16-6002545	Government	750				Summer Bandshell Concert Series
City of Jamestown Parks, Recreation and Conservation Dept. 145 Steele Street Jamestown, NY 14701	16-6002545	Government	7,000				2010 Tree Planting Program
City of Jamestown Parks, Recreation and Conservation Dept. 145 Steele Street Jamestown, NY 14701	16-6002545	Government	5,000				2010 Summer Playground Program
Downtown Jamestown Development Corp. 119-121 West Third Street Jamestown, NY 14701	16-1001517	501(C)3	2,500				Media & Advertising for 2010 Celtic Festival
Downtown Jamestown Development Corp. 119-121 West Third Street Jamestown, NY 14701	16-1001517	501(C)3	50				In Memory of Walter Dunning - Axel W. Carlson Award - Recipient's Charity
Downtown Jamestown Development Corp. 119-121 West Third Street Jamestown, NY 14701	16-1001517	501(C)3	750				2010 Riverwalk Concert Series
Downtown Jamestown Development Corp. 119-121 West Third Street Jamestown, NY 14701	16-1001517	501(C)3	4,130				Jamestown Special Events 2010
Downtown Jamestown Development Corp. 119-121 West Third Street Jamestown, NY 14701	16-1001517	501(C)3	6,000				Downtown Events
Downtown Jamestown Development Corp. 119-121 West Third Street Jamestown, NY 14701	16-1001517	501(C)3	1,000				Hands on Jamestown Community Clean-up

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
Tax Year 2010
Region. All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Falconer Public Library 101 W. Main St. Falconer, NY 14733	16-6002464	501(C)3	15,450				Falconer Public Library
Falconer Public Library 101 W. Main St. Falconer, NY 14733	16-6002464	501(C)3	4,096				Falconer Public Library
Farman Free Library Association of Ellington, NY P. O. Box 26 Ellington, NY 14732	108304	501(C)3	72				Farman Free Library of Ellington
Farman Free Library Association of Ellington, NY P. O. Box 26 Ellington, NY 14732	108304	501(C)3	6,000				New Addition to existing library facility
Farman Free Library Association of Ellington, NY P. O. Box 26 Ellington, NY 14732	108304	501(C)3	72				Farman Free Library
Fenton History Center 67 Washington St Jamestown, NY 14701	16-6093016	501(C)3	515				Fenton Historical Society
Fenton History Center 67 Washington St. Jamestown, NY 14701	16-6093016	501(C)3	515				Fenton Historical Society
Fenton History Center 67 Washington St. Jamestown, NY 14701	16-6093016	501(C)3	500				Fenton History Center
Fenton History Center 67 Washington St. Jamestown, NY 14701	16-6093016	501(C)3	515				Fenton Historical Society
Fenton History Center 67 Washington St. Jamestown, NY 14701	16-6093016	501(C)3	750				The Spoon River Anthology Project 2010
Fenton History Center 67 Washington St. Jamestown, NY 14701	16-6093016	501(C)3	3,331				Archive Storage Materials II
Fenton History Center 67 Washington St. Jamestown, NY 14701	16-6093016	501(C)3	500				Fenton Institute 2011 Adult Education Support
Fenton History Center 67 Washington St. Jamestown, NY 14701	16-6093016	501(C)3	2,120				Fenton History Center

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more
Tax Year 2010
Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Fenton History Center 67 Washington St. Jamestown, NY 14701	16-6093016	501(C)3	1,099				Fenton Historial Society for the purchase of new/used books, publications and artifacts or historical items for its collection.
Fenton History Center 67 Washington St. Jamestown, NY 14701	16-6093016	501(C)3	515				Fenton Historical Society
First Lutheran Church 120 Chandler Street P.O. Box 969 Jamestown, NY 14702-0969	church	501(C)3	4,299				First Lutheran Church
First Lutheran Church 120 Chandler Street P.O. Box 969 Jamestown, NY 14702-0969	church	501(C)3	4,000				First Lutheran Church Service Awards
First Presbyterian Church 509 Prendergast Ave. Jamestown, NY 14701	16-0754662	501(C)3	250				First Presbyterian Church
First Presbyterian Church 509 Prendergast Ave. Jamestown, NY 14701	16-0754662	501(C)3	5,000				First Presbyterian Church
First Presbyterian Church 509 Prendergast Ave. Jamestown, NY 14701	16-0754662	501(C)3	250				First Presbyterian Church
Food Bank of WNY 91 Holt Street Buffalo, NY 14206	222470820	501(C)3	15,000				FoodBank of WNY Chaut Co. Agency Delivery Project
Hospice Chautauqua County, Inc. 20 W. Fairmount Avenue Lakewood, NY 14750	22-2432409	501(C)3	1,000				Hospice
Hospice Chautauqua County, Inc. 20 W. Fairmount Avenue Lakewood, NY 14750	22-2432409	501(C)3	6,120				Hospice Chautauqua County
Hugo Lindgren Apartments 737 Falconer Street Jamestown, NY 14701	16-1548940	501(C)3	11,953				Lutheran Social Services for the repair, maintenance and upkeep of the Hugo Lindgren Apartments
Infinity Visual & Performing Arts Program 115 East Third Street Jamestown, NY 14701	30-0268598	501(C)3	1,420				Purchase of Musical Instruments

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
Tax Year 2010
Region. All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Infinity Visual & Performing Arts Program 115 East Third Street Jamestown, NY 14701	30-0268598	501(C)3	5,500				Scholarship for Students In Need
Infinity Visual & Performing Arts Program 115 East Third Street Jamestown, NY 14701	30-0268598	501(C)3	980				Drum Purchase Assistance
Infinity Visual & Performing Arts Program 115 East Third Street Jamestown, NY 14701	30-0268598	501(C)3	50				In honor of Elizabeth Gabalski & Ron Gabalski - Axel W. Carlson Award - Recipient's Charity
James Prendergast Library Association 509 Cherry Street Jamestown, NY 14701	16-0840340	501(C)3	2,051				James Prendergast Library
James Prendergast Library Association 509 Cherry Street Jamestown, NY 14701	16-0840340	501(C)3	1,507				James Prendergast Library
James Prendergast Library Association 509 Cherry Street Jamestown, NY 14701	16-0840340	501(C)3	2,000				James Prendergast Library
James Prendergast Library Association 509 Cherry Street Jamestown, NY 14701	16-0840340	501(C)3	1,000				James Prendergast Library Association
James Prendergast Library Association 509 Cherry Street Jamestown, NY 14701	16-0840340	501(C)3	2,051				James Prendergast Library
James Prendergast Library Association 509 Cherry Street Jamestown, NY 14701	16-0840340	501(C)3	1,050				Snow Blower
James Prendergast Library Association 509 Cherry Street Jamestown, NY 14701	16-0840340	501(C)3	2,051				James Prendergast Library
James Prendergast Library Association 509 Cherry Street Jamestown, NY 14701	16-0840340	501(C)3	408				James Prendergast Library
James Prendergast Library Association 509 Cherry Street Jamestown, NY 14701	16-0840340	501(C)3	380				James Prendergast Library Association
James Prendergast Library Association 509 Cherry Street Jamestown, NY 14701	16-0840340	501(C)3	250				James Prendergast Library Association

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
Tax Year 2010
Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
James Prendergast Library Association 509 Cherry Street Jamestown, NY 14701	16-0840340	501(C)3	2,051				James Prendergast Library Association of Jamestown, NY
James Prendergast Library Association 509 Cherry Street Jamestown, NY 14701	16-0840340	501(C)3	1,260				James Prendergast Library
Jamestown Audubon Society, Inc. 1600 Riverside Road Jamestown, NY 14701	16-6031149	501(C)3	2,426				Jamestown Audubon Society
Jamestown Audubon Society, Inc. 1600 Riverside Road Jamestown, NY 14701	16-6031149	501(C)3	1,941				Audubon Society
Jamestown Audubon Society, Inc. 1600 Riverside Road Jamestown, NY 14701	16-6031149	501(C)3	1,268				To assist the Jamestown Audubon Society.
Jamestown Audubon Society, Inc. 1600 Riverside Road Jamestown, NY 14701	16-6031149	501(C)3	1,218				High Impact K+1
Jamestown Audubon Society, Inc. 1600 Riverside Road Jamestown, NY 14701	16-6031149	501(C)3	259				Jamestown Audubon Society
Jamestown Audubon Society, Inc. 1600 Riverside Road Jamestown, NY 14701	16-6031149	501(C)3	1,000				Jamestown Audubon Society
Jamestown Audubon Society, Inc. 1600 Riverside Road Jamestown, NY 14701	16-6031149	501(C)3	300				Jamestown Audubon Society, Inc.
Jamestown Babe Ruth World Series Committee P.O. Box 1103 Jamestown, NY 14702-1103	16-1132634	501(C)3	5,000				2011 13 - 15 year old Babe Ruth World Series
Jamestown Babe Ruth World Series Committee P.O. Box 1103 Jamestown, NY 14702-1103	16-1132634	501(C)3	521				Thirteen-Year-Old World Series
Jamestown Community College 525 Falconer Street P.O. Box 20 Jamestown, NY 14702-0020	16-6002650	Public Sch	235				Jamestown Community College
Jamestown Community College 525 Falconer Street P.O. Box 20 Jamestown, NY 14702-0020	16-6002650	Public Sch	1,456				Jamestown Community College

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
Tax Year 2010
Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Jamestown Community College 525 Falconer Street P.O. Box 20 Jamestown, NY 14702-0020	16-6002650	Public Sch	10,000				Fall 2010 CEO Scholarships
Jamestown Community College 525 Falconer Street P.O. Box 20 Jamestown, NY 14702-0020	16-6002650	Public Sch	2,000				Jazz Mandolin Project
Jamestown Community College 525 Falconer Street P.O. Box 20 Jamestown, NY 14702-0020	16-6002650	Public Sch	6,500				Spring CEO Scholarships
Jamestown Community College 525 Falconer Street P.O. Box 20 Jamestown, NY 14702-0020	16-6002650	Public Sch	250				Fall 2010 IAABO Scholarship
Jamestown Community College 525 Falconer Street P.O. Box 20 Jamestown, NY 14702-0020	16-6002650	Public Sch	500				Spring IAABO Scholarships
Jamestown Community Learning Council c/o Lincoln School 301 Front Street Jamestown, NY 14701	16-1454342	501(C)3	7,500				Parents as Teachers
Jamestown Renaissance Corporation 119-121 W. Third Street Jamestown, NY 14701	30-0413862	501(C)3	7,500				Neighborhood Revitalization Plan Early Implementation Project
Jamestown Renaissance Corporation 119-121 W. Third Street Jamestown, NY 14701	30-0413862	501(C)3	10,000				Neighborhood Coordinator
Jamestown Renaissance Corporation 119-121 W. Third Street Jamestown, NY 14701	30-0413862	501(C)3	10,000				Neighborhood Coordinator
Joint Neighborhood Project, Inc. 532 East Second Street Jamestown, NY 14701	22-2396831	501(C)3	200				Joint Neighborhood Project
Joint Neighborhood Project, Inc. 532 East Second Street Jamestown, NY 14701	22-2396831	501(C)3	615				Purchase of New Signs
Joint Neighborhood Project, Inc. 532 East Second Street Jamestown, NY 14701	22-2396831	501(C)3	7,500				Hispanic Service Navigator Program

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
Tax Year 2010
Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Lucile M. Wright Air Museum Fessenden, Laumer & DeAngelo PO Box 590 Jamestown, NY 14702	16-1292300	501(C)3	4,000				Aircraft Mechanics For High School Students
Lucile M. Wright Air Museum Fessenden, Laumer & DeAngelo PO Box 590 Jamestown, NY 14702	16-1292300	501(C)3	2,000				Aero-Space Careers Math/Science & Meteorology Project
Lucile M. Wright Air Museum Fessenden, Laumer & DeAngelo PO Box 590 Jamestown, NY 14702	16-1292300	501(C)3	5,204				Lucile M. Wright Air Museum
Lucile M. Wright Air Museum Fessenden, Laumer & DeAngelo PO Box 590 Jamestown, NY 14702	16-1292300	501(C)3	5,204				Lucile M. Wright Air Museum
Lucile M. Wright Air Museum Fessenden, Laumer & DeAngelo PO Box 590 Jamestown, NY 14702	16-1292300	501(C)3	5,204				Lucile M. Wright Air Museum
Lucile M. Wright Air Museum Fessenden, Laumer & DeAngelo PO Box 590 Jamestown, NY 14702	16-1292300	501(C)3	5,204				Lucile M. Wright Air Museum
Lutheran Social Services 715 Falconer St. Jamestown, NY 14701	16-1548940	501(C)3	5,322				Lutheran Social Services
Manufacturing Technology Institute 512 Falconer Street Jamestown, NY 14701	16-6002650	Public Sch	7,500				Dream It Do It
Marvin Community House 2 West Fifth St. Jamestown, NY 14701	16-0783521	501(C)3	1,283				Marvin Community House
Marvin Community House 2 West Fifth St. Jamestown, NY 14701	16-0783521	501(C)3	1,283				Marvin Community House
Marvin Community House 2 West Fifth St. Jamestown, NY 14701	16-0783521	501(C)3	1,283				Marvin Community House
Marvin Community House 2 West Fifth St. Jamestown, NY 14701	16-0783521	501(C)3	1,283				Marvin Community House

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
Tax Year 2010
Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Reg Lenna Civic Center, Inc. 116 East Third St. Jamestown, NY 14701	22-2552876	501(C)3	394				Reg Lenna Civic Center
Reg Lenna Civic Center, Inc. 116 East Third St. Jamestown, NY 14701	22-2552876	501(C)3	14,431				Reg Lenna Civic Center
Reg Lenna Civic Center, Inc. 116 East Third St. Jamestown, NY 14701	22-2552876	501(C)3	14,431				Reg Lenna Civic Center
Reg Lenna Civic Center, Inc 116 East Third St. Jamestown, NY 14701	22-2552876	501(C)3	14,431				Reg Lenna Civic Center
Reg Lenna Civic Center, Inc. 116 East Third St. Jamestown, NY 14701	22-2552876	501(C)3	500				Reg Lenna Civic Center-Patron Drive
Reg Lenna Civic Center, Inc. 116 East Third St. Jamestown, NY 14701	22-2552876	501(C)3	14,431				Reg Lenna Civic Center
Reg Lenna Civic Center, Inc. 116 East Third St. Jamestown, NY 14701	22-2552876	501(C)3	4,451				Various Invoices
Roger Tory Peterson Institute 311 Curtis Street Jamestown, NY 14701	16-1574467	501(C)3	1,000				Projection Screen
Roger Tory Peterson Institute 311 Curtis Street Jamestown, NY 14701	16-1574467	501(C)3	428				RTPI Building Appraisal Project
Roger Tory Peterson Institute 311 Curtis Street Jamestown, NY 14701	16-1574467	501(C)3	500				Roger Tory Peterson Institute
Roger Tory Peterson Institute 311 Curtis Street Jamestown, NY 14701	16-1574467	501(C)3	4,500				Ongoing Program Support
Roger Tory Peterson Institute 311 Curtis Street Jamestown, NY 14701	16-1574467	501(C)3	7,266				Roger Tory Peterson Institute
Roger Tory Peterson Institute 311 Curtis Street Jamestown, NY 14701	16-1574467	501(C)3	322				To support the education programs at the Roger Tory Peterson Institute, with a priority to any collaborative educational programs with SUNY at Fredonia

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
Tax Year 2010
Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Roger Tory Peterson Institute 311 Curtis Street Jamestown, NY 14701	16-1574467	501(C)3	15,219				Roger Tory Peterson Institute
Roger Tory Peterson Institute 311 Curtis Street Jamestown, NY 14701	16-1574467	501(C)3	706				Roger Tory Peterson Institute
Roger Tory Peterson Institute 311 Curtis Street Jamestown, NY 14701	16-1574467	501(C)3	1,268				To assist the Roger Tory Peterson Institute.
Roger Tory Peterson Institute 311 Curtis Street Jamestown, NY 14701	16-1574467	501(C)3	259				Roger Tory Peterson Institute
Rotary Club of Jamestown P.O. Box 454 Jamestown, NY 14702-0454	11-3658198	501(C)3	5,331				Charitable purposes of the Rotary Club
Rotary Club of Jamestown P.O. Box 454 Jamestown, NY 14702-0454	11-3658198	501(C)3	3,734				Jamestown Rotary Handicapped Camp
Southern Tier Legal Services 110 W. Third Street, Suite 507 Hotel Jamestown Building Jamestown, NY 14701	16-0955954	501(C)3	5,000				Chautauqua Regional Foreclosure Prevention
Southwestern Central High School 600 Hunt Rd., W.E. Jamestown, NY 14701	16-6001856	Public Sch	5,087				Invoice # 34620
Southwestern Central High School 600 Hunt Rd., W.E. Jamestown, NY 14701	16-6001856	Public Sch	333				Southwester Central School/Packard Fund #41221
St. Susan Center, Inc. P.O. Box 1276 Jamestown, NY 14702-1276	22-2635294	501(C)3	1,000				St. Susans Center
St. Susan Center, Inc. P.O. Box 1276 Jamestown, NY 14702-1276	22-2635294	501(C)3	6,438				St. Susan's Center
St. Susan Center, Inc. P.O. Box 1276 Jamestown, NY 14702-1276	22-2635294	501(C)3	281				To support the ongoing mission of the St. Susan Center.
St. Susan Center, Inc. P.O. Box 1276 Jamestown, NY 14702-1276	22-2635294	501(C)3	1,000				St. Susan Center, Inc.

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
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Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
St. Susan Center, Inc. P.O. Box 1276 Jamestown, NY 14702-1276	22-2635294	501(C)3	347				To support the St Susan Center on those years where Jamestown is not hosting a Babe Ruth World Series program. On the years of a Babe Ruth World Series, the available funding will be directed to that effort to assist in providing food for the players. I
St. Susan Center, Inc. P.O. Box 1276 Jamestown, NY 14702-1276	22-2635294	501(C)3	205				St. Susan Center
St. Susan Center, Inc. P.O. Box 1276 Jamestown, NY 14702-1276	22-2635294	501(C)3	250				St Susan Center, Inc.
Sts. Peter & Paul Roman Catholic Church 508 Cherry Street Jamestown, NY 14701	16-1563594	501(C)3	6,372				SS Peter & Paul Roman Catholic Church
Sts. Peter & Paul Roman Catholic Church 508 Cherry Street Jamestown, NY 14701	16-1563594	501(C)3	6,372				Sts. Peter & Paul Roman Catholic Church
Sts. Peter & Paul Roman Catholic Church 508 Cherry Street Jamestown, NY 14701	16-1563594	501(C)3	50,000				SS Peter and Paul Church Building - Roof and Masonry Repairs
Sts. Peter & Paul Roman Catholic Church 508 Cherry Street Jamestown, NY 14701	16-1563594	501(C)3	6,372				Sts. Peter & Paul Roman Catholic Church
Sts. Peter & Paul Roman Catholic Church 508 Cherry Street Jamestown, NY 14701	16-1563594	501(C)3	6,372				Sts. Peter & Paul Roman Catholic Church
The Lawson Center 73 Lakeside Drive Bemus Point, NY 14712	24-3570914	501(C)3	2,560				Invoice #166047; Water Tank project
The Lawson Center 73 Lakeside Drive Bemus Point, NY 14712	24-3570914	501(C)3	4,468				DJ Harrington - soil remediation expense
The Lawson Center 73 Lakeside Drive Bemus Point, NY 14712	24-3570914	501(C)3	1,215				General Liability/Invoice #04014304205
The Lawson Center 73 Lakeside Drive Bemus Point, NY 14712	24-3570914	501(C)3	1,869				Umbrella and D&O Insurance/Invoice #04014304204

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
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Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
The Lawson Center 73 Lakeside Drive Bemus Point, NY 14712	24-3570914	501(C)3	630				Insurance/Acct # 501009400
The Lawson Center 73 Lakeside Drive Bemus Point, NY 14712	24-3570914	501(C)3	242				Lawson Boating Ctr/Acct # 685579409
The Lawson Center 73 Lakeside Drive Bemus Point, NY 14712	24-3570914	501(C)3	314				National Grid/Acct # 79599-47102
The Lawson Center 73 Lakeside Drive Bemus Point, NY 14712	24-3570914	501(C)3	115				National Grid/Acct # 79599-47111
The Lawson Center 73 Lakeside Drive Bemus Point, NY 14712	24-3570914	501(C)3	99				Lawson Boating Htg Ctr Inc/Acct # 021470017
The Lawson Center 73 Lakeside Drive Bemus Point, NY 14712	24-3570914	501(C)3	3,303				Insurance/Acct # 501009400
The Relief Zone, Inc. 263 Oak Hill Road Frewsburg, NY 14738	71-1005226	501(C)3	750				Saturday Teen Outreach Program
The Relief Zone, Inc. 263 Oak Hill Road Frewsburg, NY 14738	71-1005226	501(C)3	6,000				The Relief Zone, Inc.
The Relief Zone, Inc 263 Oak Hill Road Frewsburg, NY 14738	71-1005226	501(C)3	50				In Memory of Pauline Mahoney - Axel W. Carlson Award - Recipient's Charity
The Robert H. Jackson Center, Inc. 305 East Fourth Street P.O. Box 879 Jamestown, NY 14702-0879	16-1605121	501(C)3	6,000				"Jackson in Jamestown" narrative project, by Helen Ebersole
The Robert H. Jackson Center, Inc. 305 East Fourth Street P.O. Box 879 Jamestown, NY 14702-0879	16-1605121	501(C)3	2,850				WealthEngine Prospect Research Tool Subscription
The Robert H. Jackson Center, Inc. 305 East Fourth Street P.O. Box 879 Jamestown, NY 14702-0879	16-1605121	501(C)3	4,675				Carl Cappa Theater improvements
The Robert H. Jackson Center, Inc. 305 East Fourth Street P.O. Box 879 Jamestown, NY 14702-0879	16-1605121	501(C)3	500				2011 RHJC Young Author Program with Jane Yolen

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more
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Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
The Robert H. Jackson Center, Inc. 305 East Fourth Street P.O. Box 879 Jamestown, NY 14702-0879	16-1605121	501(C)3	1,300				Technology Upgrades for Digital Archive Development
The Robert H. Jackson Center, Inc. 305 East Fourth Street P.O. Box 879 Jamestown, NY 14702-0879	16-1605121	501(C)3	200				Robert H. Jackson Center
The Robert H. Jackson Center, Inc. 305 East Fourth Street P.O. Box 879 Jamestown, NY 14702-0879	16-1605121	501(C)3	1,000				Judge Ra'id Juhi al-Saedi Lecture
The Robert H Jackson Center, Inc. 305 East Fourth Street P.O. Box 879 Jamestown, NY 14702-0879	16-1605121	501(C)3	338				Costs relative to annual Samuel F. Bonavita Lecture Series
The Robert H. Jackson Center, Inc. 305 East Fourth Street P.O. Box 879 Jamestown, NY 14702-0879	16-1605121	501(C)3	148				Robert H. Jackson Center
The Robert H. Jackson Center, Inc. 305 East Fourth Street P.O. Box 879 Jamestown, NY 14702-0879	16-1605121	501(C)3	219				Robert H Jackson Center
The Robert H. Jackson Center, Inc. 305 East Fourth Street P.O. Box 879 Jamestown, NY 14702-0879	16-1605121	501(C)3	380				Robert H. Jackson Center
The Robert H. Jackson Center, Inc. 305 East Fourth Street P.O. Box 879 Jamestown, NY 14702-0879	16-1605121	501(C)3	720				To provide assistance to the Robert H. Jackson Center for cost relative to an ongoing lecture series on international law
The Robert H. Jackson Center, Inc. 305 East Fourth Street P O. Box 879 Jamestown, NY 14702-0879	16-1605121	501(C)3	217				Expenses relative to a Lyle S. Peterson Lectureship Program
The Robert H. Jackson Center, Inc 305 East Fourth Street P.O. Box 879 Jamestown, NY 14702-0879	16-1605121	501(C)3	688				Robert H. Jackson Center / Internship
The Robert H. Jackson Center, Inc. 305 East Fourth Street P.O. Box 879	16-1605121	501(C)3	5,250				For lectureship programs in memory of Lyle S Peterson

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
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Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
The Robert H. Jackson Center, Inc. 305 East Fourth Street P.O. Box 879 Jamestown, NY 14702-0879	16-1605121	501(C)3	318				Free Masonry Speaker expenses
The Robert H. Jackson Center, Inc 305 East Fourth Street P.O. Box 879 Jamestown, NY 14702-0879	16-1605121	501(C)3	1,385				Robert H. Jackson Center
The Robert H. Jackson Center, Inc. 305 East Fourth Street P.O. Box 879 Jamestown, NY 14702-0879	16-1605121	501(C)3	242				Financial support for a speaker at a Robert H. Jackson Center event.
The Robert H. Jackson Center, Inc. 305 East Fourth Street P.O. Box 879 Jamestown, NY 14702-0879	16-1605121	501(C)3	5,000				For lectureship programs in honor of Samuel F Bonavita
The Robert H. Jackson Center, Inc. 305 East Fourth Street P.O. Box 879 Jamestown, NY 14702-0879	16-1605121	501(C)3	230				Programming to advance the positive legacies that came from World War II.
The Robert H. Jackson Center, Inc. 305 East Fourth Street P.O. Box 879 Jamestown, NY 14702-0879	16-1605121	501(C)3	250				Robert H Jackson Center
The Salvation Army 440 West Nyack Road West Nyack Road, NY 10994	13-5562351	501(C)3	6,931				Agnes Home Women's Emergency Shelter
The Salvation Army 440 West Nyack Road West Nyack Road, NY 10994	13-5562351	501(C)3	2,000				Comprehensive Financial Assistance Program
The Salvation Army 440 West Nyack Road West Nyack Road, NY 10994	13-5562351	501(C)3	11,953				Salvation Army
The Salvation Army 440 West Nyack Road West Nyack Road, NY 10994	13-5562351	501(C)3	1,148				Agnes Home--if Agnes Home no longer exists, it is to be given to another home for battered spouses.
The Salvation Army 83 South Main Street Jamestown, NY 14701	16-0743180	501(C)3	1,200				Comprehensive Financial Assistance Program

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
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Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
The Salvation Army 440 West Nyack Road West Nyack Road, NY 10994	13-5562351	501(C)3	4,620				The Salvation Army
The Salvation Army 440 West Nyack Road West Nyack Road, NY 10994	13-5562351	501(C)3	500				Comprehensive Financial Assistance Program
The Salvation Army 83 South Main Street Jamestown, NY 14701	16-0743180	501(C)3	1,200				Comprehensive Financial Assistance Program TB
The Salvation Army 83 South Main Street Jamestown, NY 14701	16-0743180	501(C)3	1,200				Comprehensive Financial Assistance Program
The Salvation Army 83 South Main Street Jamestown, NY 14701	16-0743180	501(C)3	348				Comprehensive Financial Assistance Program
The Salvation Army 440 West Nyack Road West Nyack Road, NY 10994	13-5562351	501(C)3	1,517				Salvation Army
The Salvation Army 83 South Main Street Jamestown, NY 14701	16-0743180	501(C)3	1,000				Comprehensive Financial Assistance Program
The Salvation Army 83 South Main Street Jamestown, NY 14701	16-0743180	501(C)3	1,200				Comprehensive Financial Assistance Program
The Salvation Army 83 South Main Street Jamestown, NY 14701	16-0743180	501(C)3	200				Comprehensive Financial Assistance Program
Union Gospel Mission, Inc. 7 - 11 West First St. Jamestown, NY 14701	16-6032490	501(C)3	1,463				Union Gospel Mission
Union Gospel Mission, Inc. 7 - 11 West First St. Jamestown, NY 14701	16-6032490	501(C)3	25,000				Union Gospel Mission
Union Gospel Mission, Inc. 7 - 11 West First St. Jamestown, NY 14701	16-6032490	501(C)3	24,118				Rescue Mission for the care and comfort of homeless and indigent persons of Jamestown.
United Way of Southern Chautauqua County 413 N. Main Street Jamestown, NY 14701	16-077274	501(C)3	23,484				United Way of Southern Chautauqua County
United Way of Southern Chautauqua County 413 N. Main Street Jamestown, NY 14701	16-077274	501(C)3	4,761				United Way of Southern Chautauqua County

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
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Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
United Way of Southern Chautauqua County 413 N. Main Street Jamestown, NY 14701	16-077274	501(C)3	2,971				United Way of Southern Chautauqua County
Village of Falconer Cemetery Fund 101 W. Main Street Falconer, NY 14733	16-6002464	501(C)3	5,088				Upkeep of Pine Hill Cemetery
W.C.A. Hospital 207 Foote Avenue Jamestown, NY 14701	16-0743226	501(C)3	1,000				Emergency Department Capital Campaign
W.C.A. Hospital 207 Foote Avenue Jamestown, NY 14701	16-0743226	501(C)3	750				Comfort Room for Adult Mental Health
W.C.A. Hospital 207 Foote Avenue Jamestown, NY 14701	16-0743226	501(C)3	80,000				Emergency Department capital campaign
Winifred Crawford Dibert Boys & Girls Club of Jamestown 62 Allen Street Jamestown, NY 14701	16-0743055	501(C)3	2,774				Jamestown Boys & Girls Club
Winifred Crawford Dibert Boys & Girls Club of Jamestown 62 Allen Street Jamestown, NY 14701	16-0743055	501(C)3	2,774				Jamestown Boys & Girls Club
Winifred Crawford Dibert Boys & Girls Club of Jamestown 62 Allen Street Jamestown, NY 14701	16-0743055	501(C)3	513				Campership For Underprivileged Youth
Winifred Crawford Dibert Boys & Girls Club of Jamestown 62 Allen Street Jamestown, NY 14701	16-0743055	501(C)3	1,000				Non-Violence Symposium
Winifred Crawford Dibert Boys & Girls Club of Jamestown 62 Allen Street Jamestown, NY 14701	16-0743055	501(C)3	2,774				Jamestown Boys & Girls Club
Winifred Crawford Dibert Boys & Girls Club of Jamestown 62 Allen Street Jamestown, NY 14701	16-0743055	501(C)3	2,774				Jamestown Boys & Girls Club
Winifred Crawford Dibert Boys & Girls Club of Jamestown 62 Allen Street Jamestown, NY 14701	16-0743055	501(C)3	2,105				Jamestown Boys & Girls Club

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
Tax Year 2010
Region: All Regions

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
YANAA, Inc P.O. Box 291 Falconer, NY 14733	16-1444067	501(C)3	2,000				The Birdie Turner House/The Less Root House
YANAA, Inc. P.O. Box 291 Falconer, NY 14733	16-1444067	501(C)3	3,200				The Birdie Turner House and the Les Root House
YMCA 101 East Fourth St. Jamestown, NY 14701	16-0743238	501(C)3	1,000				Eastside Summer Science Program
YMCA 101 East Fourth St. Jamestown, NY 14701	16-0743238	501(C)3	250				YMCA of Jamestown
YMCA 101 East Fourth St. Jamestown, NY 14701	16-0743238	501(C)3	7,500				Eastside Family YMCA - Summer Day Camp
YMCA 101 East Fourth St. Jamestown, NY 14701	16-0743238	501(C)3	483				Camp scholarships to needy youth who exhibit leadership potential to attend Camp Onyahsa
YMCA 101 East Fourth St. Jamestown, NY 14701	16-0743238	501(C)3	1,000				YMCA
YMCA 101 East Fourth St. Jamestown, NY 14701	16-0743238	501(C)3	2,108				YMCA
YMCA 101 East Fourth St. Jamestown, NY 14701	16-0743238	501(C)3	914				YMCA youth programs
YWCA of Jamestown 401 North Main Street Jamestown, NY 14701	16-0743244	501(C)3	427				YWCA
YWCA of Jamestown 401 North Main Street Jamestown, NY 14701	16-0743244	501(C)3	1,200				Help for Kids Fund
YWCA of Jamestown 401 North Main Street Jamestown, NY 14701	16-0743244	501(C)3	2,105				YWCA
YWCA of Jamestown 401 North Main Street Jamestown, NY 14701	16-0743244	501(C)3	750				Emergency Diaper Project

Grantee 990 - Part 2 Organizations
Grantees receiving $5000 or more.
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Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
YWCA of Jamestown 401 North Main Street Jamestown, NY 14701	16-0743244	501(C)3	500				Transportation Expenses
YWCA of Jamestown 401 North Main Street Jamestown, NY 14701	16-0743244	501(C)3	176				Help for Kids Fund
YWCA of Jamestown 401 North Main Street Jamestown, NY 14701	16-0743244	501(C)3	332				Financial Assistance
YWCA of Jamestown 401 North Main Street Jamestown, NY 14701	16-0743244	501(C)3	254				Help for Kids Fund
YWCA of Jamestown 401 North Main Street Jamestown, NY 14701	16-0743244	501(C)3	1,000				YW Camp Lakeside - Summer Day Camp 2010
YWCA of Jamestown 401 North Main Street Jamestown, NY 14701	16-0743244	501(C)3	275				Help for Kids Fund
YWCA of Jamestown 401 North Main Street Jamestown, NY 14701	16-0743244	501(C)3	115				Red Cross Babysitting Club - Jefferson Advantage
YWCA of Jamestown 401 North Main Street Jamestown, NY 14701	16-0743244	501(C)3	7,500				Teenage Education and Motherhood (TEAM) Program
YWCA of Jamestown 401 North Main Street Jamestown, NY 14701	16-0743244	501(C)3	500				TEAM - Do Your Best, Be Your Best for Yourself and Your Child
Totals			950,180	000			

Form **8868**
(Rev. January 2011)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ► [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing *(e-file).* You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit *www.irs gov/efile* and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ► [ ]

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print

File by the due date for filing your return See instructions

Name of exempt organization	Employer identification number
CHAUTAUQUA REGION COMMUNITY FOUNDATION, INC.	16-1116837
Number, street, and room or suite number If a P O box, see instructions	
418 SPRING STREET	
City, town or post office, state, and ZIP code For a foreign address, see instructions	
JAMESTOWN NY 14701	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► JACOB SCHRANTZ

Telephone No ► (716) 661-3390 FAX No. ► (716) 488-0387

- If the organization does not have an office or place of business in the United States, check this box ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ► [ ]. If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug 15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► [X] calendar year 2010 or

► [ ] tax year beginning _____, 20 ___, and ending _____, 20 ___.

2 If the tax year entered in line 1 is for less than 12 months, check reason. [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	$ 0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	$ 0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.