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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)

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning		, 2011, 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.		D Employer Identification Number 16-1116837
	Doing Business As		E Telephone number (716) 661-3390
	Number and street (or P O box if mail is not delivered to street add)		Room/suite
	418 SPRING STREET		
	City, town or country State ZIP code + 4 JAMESTOWN NY 14701		
F Name and address of principal officer RANDALL J. SWEENE 418 SPRING STEET JAMESTOWN NY 14701		G Gross receipts \$ 22,867,596.	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527		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)	
J Website: ▶ www.crcfonline.org			
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of Formation 1978	M State of legal domicile NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O.</u>		

	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3		11
	4		11
	5		8
Revenue	6 Total number of volunteers (estimate if necessary)		169
	7a Total unrelated business revenue from Part VIII, column (C), line 12		0.
	b Net unrelated business taxable income from Form 990-T, line 34		
Expenses	8 Contributions and grants (Part VIII, line 1h)		3,247,451.
	9 Program service revenue (Part VIII, line 2g)		2,598,752.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-757,736.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,219,387.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		77,961.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		36,999.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		2,567,676.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,855,138.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		2,004,707.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 268,123.		2,130,156.
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		471,953.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		488,049.
	19 Revenue less expenses. Subtract line 18 from line 12		292,623.
			320,196.
			2,769,283.
			2,938,401.
			-201,607.
		1,916,737.	
		62,933,264.	
		61,632,828.	
		5,224,006.	
		4,974,527.	
		57,709,258.	
		56,658,301.	

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		Date <u>7/5/2012</u>	
	RANDALL J. SWEENEY Type or print name and title		EXECUTIVE DIRECTOR	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed
	HAROLD L. BRUNACINI, CPA	HAROLD L. BRUNACINI, CPA	06/28/12	PTIN
	Firm's name ▶ JAMES W. VANSTROM & COMPANY			
	Firm's address ▶ PO BOX 532			
FALCONER		NY 14733-0532	Firm's EIN ▶ 16-1451395	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 07/05/11

Form 990 (2011)

SCANNED JUL 25 2012

917

Part III Statement of Program Service AccomplishmentsCheck 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 2,130,156. including grants of \$ 2,130,156.) (Revenue \$ 0.)GRANTS AWARDED TO LOCAL CULTURAL, EDUCATIONAL, CHARITABLE, AND
CIVIC ORGANIZATIONS AND TO LOCAL SCHOLARSHIP RECIPIENTS.**4b** (Code:) (Expenses \$ 207,286. 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 ▶ 2,337,442.

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		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		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		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		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		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	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	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		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		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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	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	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	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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV		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		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		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)		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	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		X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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	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	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		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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
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		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		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		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III		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		X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I		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		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		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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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		X
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		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		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	X	

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Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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.	7	
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.	8	
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		
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)?		X
4b 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?		X
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
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?	X	
6b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	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?	X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		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?		X
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?		X
b Did the organization make a distribution to a donor, donor advisor, or related person?		X
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? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
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

**Section A. Governing Body and Management**

	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	11	
1 b Enter the number of voting members included in line 1a, above, who are independent.	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?		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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?	X	
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
7 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	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		X

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

	Yes	No
10 a Did the organization have local chapters, branches, or affiliates?		X
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	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	X	
b Other officers of key employees of the organization	X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

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.

☒ Own website ☐ Another's website ☒ 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 during the tax year.

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 ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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) <u>STEPHEN J. WRIGHT, ESQ.</u> PRESIDENT	3.00	X		X				0.	0.	0.
(2) <u>JENNIFER L. SATALINO</u> VICE-PRESIDENT	3.00	X		X				0.	0.	0.
(3) <u>PAMELA D. NOLL</u> SECRETARY	3.00	X		X				0.	0.	0.
(4) <u>DENISE R. JONES</u> TREASURER	3.00	X		X				0.	0.	0.
(5) <u>LYMAN A. BUCK, III</u> DIRECTOR	3.00	X						0.	0.	0.
(6) <u>KRISTY B. ZABRODSKY, CPA</u> DIRECTOR	3.00	X						0.	0.	0.
(7) <u>MICHAEL D. METZGER</u> DIRECTOR	3.00	X						0.	0.	0.
(8) <u>MICHAEL C. BIRD</u> DIRECTOR	3.00	X						0.	0.	0.
(9) <u>P. RICHARD FLEURANT</u> DIRECTOR	3.00	X						0.	0.	0.
(10) <u>CAROL S. HAY</u> DIRECTOR	3.00	X						0.	0.	0.
(11) <u>DONALD L. BUTLER</u> DIRECTOR	3.00	X						0.	0.	0.
(12) <u>DR. RONALD W. KOHL</u> DIRECTOR	3.00	X						0.	0.	0.
(13) <u>RANDALL J. SWEENEY</u> EXECUTIVE DIRECTOR	45.00			X				110,692.	0.	20,630.
(14) _____										

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(15) _____										
(16) _____										
(17) _____										
(18) _____										
(19) _____										
(20) _____										
(21) _____										
(22) _____										
(23) _____										
(24) _____										
(25) _____										
1 b Sub-total								110,692.	0.	20,630.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								110,692.	0.	20,630.

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

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*

	Yes	No
3		X
4		X
5		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*

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*

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(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 **1**

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	1 a Federated campaigns	1 a					
	b Membership dues	1 b					
	c Fundraising events	1 c 24,361.					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e					
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 2,574,391.					
	g Noncash contributions included in lns 1a-1f. \$	66,623.					
	h Total. Add lines 1a-1f	2,598,752.					
PROGRAM SERVICE REVENUE	Business Code						
	2 a -----						
	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)		1,160,218.	0.	0.	1,160,218.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		19,045,475.					
		b Less: cost or other basis and sales expenses					
		17,986,306.					
	c Gain or (loss)	1,059,169.					
	d Net gain or (loss)		1,059,169.	0.	0.	1,059,169.	
	8 a Gross income from fundraising events (not including \$ 24,361. of contributions reported on line 1c) See Part IV, line 18	a					
		16,565.					
		b Less: direct expenses	b				
		26,152.					
	c Net income or (loss) from fundraising events		-9,587.		0.	-9,587.	
	9 a Gross income from gaming activities See Part IV, line 19	a					
		b Less: direct expenses	b				
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11 a UNCLAIMED SCHOLARSHIP GRANTS	900099	44,919.	0.	0.	44,919.		
b OTHER INCOME	900099	1,667.	0.	0.	1,667.		
c -----							
d All other revenue							
e Total. Add lines 11a-11d		46,586.					
12 Total revenue. See instructions		4,855,138.	0.	0.	2,256,386.		

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)

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

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 United States. See Part IV, line 21	1,361,310.	1,361,310.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	768,846.	768,846.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	131,322.	32,831.	26,264.	72,227.
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	262,551.	91,020.	121,607.	49,924.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	23,630.	8,192.	10,945.	4,493.
9 Other employee benefits	42,873.	11,268.	18,716.	12,889.
10 Payroll taxes	27,673.	8,801.	10,659.	8,213.
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	91,601.	28,378.	35,165.	28,058.
g Other				
12 Advertising and promotion				
13 Office expenses	23,613.	8,698.	8,295.	6,620.
14 Information technology				
15 Royalties				
16 Occupancy	26,963.	1,287.	24,403.	1,273.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	6,698.	0.	6,698.	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 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PROMOTION & DEVELOPMENT	61,369.	0.	0.	61,369.
b PROFESSIONAL FEES	43,019.	12,063.	19,029.	11,927.
c MISCELLANEOUS	23,437.	3,772.	9,500.	10,165.
d REPAIRS & MAINTENANCE	29,453.	976.	27,512.	965.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,938,401.	2,337,442.	332,836.	268,123.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

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	2,621,005.	2	2,271,733.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	111.	4	0.
	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	51,904.	7	49,698.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	20,529.	9	23,384.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 622,550.		
	b Less: accumulated depreciation	10b 229,919.	10c 406,674.	392,631.
	11 Investments — publicly traded securities	59,832,941.	11	58,895,282.
	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)	62,933,264.	16	61,632,828.	
LIABILITIES	17 Accounts payable and accrued expenses	5,687.	17	3,959.
	18 Grants payable	962,089.	18	884,432.
	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	138,570.	23	99,620.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,117,660.	25	3,986,516.
	26 Total liabilities. Add lines 17 through 25	5,224,006.	26	4,974,527.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	57,709,258.	27	56,658,301.
	28 Temporarily restricted net assets		28	
	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	57,709,258.	33	56,658,301.
	34 Total liabilities and net assets/fund balances	62,933,264.	34	61,632,828.

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Form 990 (2011)

Part XI Reconciliation of Net AssetsCheck 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	4,855,138.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,938,401.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,916,737.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	57,709,258.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,967,694.
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	56,658,301.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

- 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?
- 2b Were the organization's financial statements audited by an independent accountant?
- 2c 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?
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?
- 3b 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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Form 990 (2011)

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

2011

Open to Public
Inspection

Name of the organization

CHAUTAUQUA REGION COMMUNITY FOUNDATION, INC.

Employer identification number

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?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		

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?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,662,726.	6,577,512.	977,427.	3,247,451.	2,598,752.	16,063,868.
2 Tax revenues levied for the organization's benefit and either paid to 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	2,662,726.	6,577,512.	977,427.	3,247,451.	2,598,752.	16,063,868.
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)						1,017,010.
6 Public support. Subtract line 5 from line 4						15,046,858.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	2,662,726.	6,577,512.	977,427.	3,247,451.	2,598,752.	16,063,868.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,460,979.	1,352,349.	1,282,558.	1,014,644.	1,160,218.	6,270,748.
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)	38,220.	100,039.	80,478.	98,882.	63,151.	380,770.
11 Total support. Add lines 7 through 10						22,715,386.
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 2011 (line 6, column (f) divided by line 11, column (f))	14	66.24 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	64.55 %
16a 33-1/3% support test – 2011. 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 – 2010. 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 – 2011. 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 – 2010. 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 ▶ ☐		

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Schedule A (Form 990 or 990-EZ) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 lines 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 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests – 2011.** 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 – 2010.** 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 10Description: RETURNED GRANTS2007: 33217.2008: 56991.2009: 52313.2010: 24639.2011: 44919.Description: OTHER INCOME2007: 5003.2008: 3613.2009: 677.2010: 62073.2011: 1217.Description: NON-CONTRIB FR RECEIPTS2007: 0.2008: 39435.2009: 27488.2010: 12170.2011: 17015.

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

OMB No 1545-0047

2011**Open to Public
Inspection**

Employer identification number

CHAUTAUQUA REGION COMMUNITY FOUNDATION, INC.

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	21.	545.
2 Aggregate contributions to (during year)	97,567.	2,517,737.
3 Aggregate grants from (during year)	111,016.	2,019,140.
4 Aggregate value at end of year	1,290,833.	60,341,995.

- 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? ☒ 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? ☒ 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) | ☐ Preservation of an historically important land area |
| ☐ Protection of natural habitat | ☐ Preservation of a certified historic structure |
| ☐ Preservation of open space | |
- 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

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

	Held at the End of the Tax Year
2a	
2b	
2c	
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.

- 1 a 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

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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 the 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
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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	60,700,464.	52,841,158.	44,376,605.	59,653,658.	
b Contributions	2,389,466.	3,425,325.	768,367.	6,345,669.	
c Net investment earnings, gains, and losses	-1,001,971.	6,915,490.	10,408,700.	-18,855,383.	
d Grants or scholarships	1,927,723.	1,835,170.	2,090,415.	1,964,496.	
e Other expenditures for facilities and programs	681,510.	608,941.	519,229.	660,570.	
f Administrative expenses	28,591.	37,398.	102,870.	142,273.	
g End of year balance	59,450,135.	60,700,464.	52,841,158.	44,376,605.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ 100.00 %

b Permanent endowment ▶ %

c Temporarily restricted endowment ▶ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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 property	(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.	147,769.	374,131.
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))				392,631.

BAA

Schedule D (Form 990) 2011

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) Book value
(1) Federal income taxes	
(2) GIFT ANNUITIES PAYABLE	194,147.
(3) FUNDS HELD FOR AGENCIES	3,792,369.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	3,986,516.

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)	4,855,138.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2,938,401.
3	Excess or (deficit) for the year Subtract line 2 from line 1	1,916,737.
4	Net unrealized gains (losses) on investments	-3,111,537.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	138,382.
9	Total adjustments (net) Add lines 4 through 8	-2,973,155.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	-1,056,418.

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	1,626,311.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-3,111,537.
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	-3,111,537.
3	Subtract line 2e from line 1	3	4,737,848.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	117,290.
c	Add lines 4a and 4b	4c	117,290.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,855,138.

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

1	Total expenses and losses per audited financial statements	1	2,682,729.
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	2,682,729.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	255,672.
c	Add lines 4a and 4b	4c	255,672.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,938,401.

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 2011, 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 2008 ARE CLOSED.

Pt XI Line 8 RECONCILIATION OF CHANGES - OTHER:
AGENCY FUND TRANSACTIONS - \$128,156
NET REVALUATION OF CHARITABLE GIFT ANNUITIES - (\$15,926)
SPECIAL EVENTS EXPENSES - \$26,152
TOTAL LINE 8 - \$138,382

Pt XII Line 4b RECONCILIATION OF REVENUE - OTHER:
AGENCY FUNDS - \$127,516
NET REVALUATION OF CHARITABLE GIFT ANNUITIES - \$15,926
SPECIAL EVENTS EXPENSES - (\$26,152)
TOTAL LINE 4b - \$117,290

Pt XIII Line 4b RECONCILIATION OF EXPENSES - OTHER:

BAA

Part XIV Supplemental Information (continued)

AGENCY FUND EXPENSES - \$255,672

Department of the Treasury
Internal Revenue Service

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.

2011

Open to Public Inspection

Name of the organization

Employer identification number

CHAUTAUQUA REGION COMMUNITY FOUNDATION, INC.

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?		(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
		Yes	No			
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 6b. List events with gross receipts greater than \$5,000.

REVENUE		(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))
	1 Gross receipts	32,696.	8,230.		40,926.
	2 Less Charitable contributions	21,645.	2,716.		24,361.
	3 Gross income (line 1 minus line 2)	11,051.	5,514.		16,565.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes	8,775.			8,775.
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	10,285.	7,092.		17,377.
	10 Direct expense summary Add lines 4 through 9 in column (d)				26,152.
	11 Net income summary Combine line 3, column (d), and line 10				-9,587.

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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	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

	Yes	No
--	-----	----

☐ Yes ☐ No

13a	g
13b	g

13a 9

13b		9/8
-----	--	-----

Name ▶ _____

Address ▶

☐ Yes ☐ No

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

Name ▶

Address ▶

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer

Employee

☐ Independent contractor

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.
▶ Attach to Form 990.

OMB No 1545-0047

2011



Name of the organization

CHAUTAUQUA REGION COMMUNITY FOUNDATION, INC.

Employer identification number

16-1116837

Part II 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?

☒ **Yes** ☐ **No**

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

Part III 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 III 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) <u>SEE ATTACH LIST</u> <u>NON-DONOR ADVISED</u>			999,430.				SEE ATTACH
(2) <u>SEE ATTACHED LIST</u> <u>DONOR ADVISED</u>			111,016.				SEE ATTACH
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

360

3 Enter total number of other organizations listed in the line 1 table

0

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

TEEA3901 06/01/11

Schedule I (Form 990) (2011)

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	791	768,846.			
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 WITH 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

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

2011

**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	6	60,187.	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	8	6,436.	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

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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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

	Yes	No
30a		X
31	X	
32a		X
33		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2011

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. 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

2011

Open to Public
Inspection

Name of the organization

CHAUTAUQUA REGION COMMUNITY FOUNDATION, INC.

Employer identification number

16-1116837

Pt VI, 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, 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

Employer identification number

CHAUTAUQUA REGION COMMUNITY FOUNDATION, INC.

16-1116837

Pt VI, 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, 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, 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, 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

Employer identification number

CHAUTAUQUA REGION COMMUNITY FOUNDATION, INC.

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.

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

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

REPORTS ARE 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.

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: 5.51%	
BALANCE DUE	99,620.
Total	<u>99,620.</u>

Supporting Statement of:

Form 990 p 12/Part XI, Line 5

Description	Amount
AGENCY FUND ADDITIONS	-127,516.
AGENCY FUND EXPENSES	255,672.
AGENCY FUND TRANSFERS	5,461.
UNREALIZED GAINS ON INVESTMENTS	-3,111,537.
NET REVALUATION OF CHARITABLE GIFT ANNUITIES	-15,926.
SPECIAL EVENT EXPENSES - PART VIII, LINE 8b	26,152.
Total	<u>-2,967,694.</u>

Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more
Tax Year 2011
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	8,000				For Disaster Relief
American Red Cross, Southwestern NY Chapter 325 East Fourth Street P.O. Box 99 Jamestown, NY 14702-0099	16-0904250	501(C)3	725				Scanner/Fax Machines
American Red Cross, Southwestern NY Chapter 325 East Fourth Street P.O. Box 99 Jamestown, NY 14702-0099	16-0904250	501(C)3	4,000				2011 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	700				American Red Cross of Southwestern NY
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 of Southwestern NY Chapter
Arts Council for Chautauqua County, Inc 116 East Third Street Jamestown, NY 14701	23-7220205	501(C)3	1,000				Chautauqua County Concert Band 2012
Arts Council for Chautauqua County, Inc. 116 East Third Street Jamestown, NY 14701	23-7220205	501(C)3	2,000				Third Street Canvas A Public Art Installation
Arts Council for Chautauqua County, Inc 116 East Third Street Jamestown, NY 14701	23-7220205	501(C)3	3,000				10,000 Maniacs Retrospective Exhibition
Arts Council for Chautauqua County, Inc 116 East Third Street Jamestown, NY 14701	23-7220205	501(C)3	1,000				Arts Council/Reg Lenna Civic Center Website Overhaul
Arts Council for Chautauqua County, Inc. 116 East Third Street Jamestown, NY 14701	23-7220205	501(C)3	500				Arts Council for Chautauqua County
Catholic Academy of the Holy Family 1135 North Main Street Jamestown, NY 14701	16-0743298	501(C)3	1,500				Teacher, Student, Parent Networking

Grantees 990 - Part 2 Organizations
Grantees receiving \$5000 or more.
Tax Year 2011
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	200				Art Exhibits
Catholic Academy of the Holy Family 1135 North Main Street Jamestown, NY 14701	16-0743298	501(C)3	7,500				Science Across the Curriculum
Catholic Academy of the Holy Family 1135 North Main Street Jamestown, NY 14701	16-0743298	501(C)3	1,000				Contemporary New Main Street Sign
Catholic Academy of the Holy Family 1135 North Main Street Jamestown, NY 14701	16-0743298	501(C)3	10,104				Catholic Academy of the Holy Family
Catholic Academy of the Holy Family 1135 North Main Street Jamestown, NY 14701	16-0743298	501(C)3	467				Tuition Assistance for Catholic Academy of the Holy Family
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	7,500				Matching grant for Science Across the Curriculum
Chautauqua Blind Association 510 W. Fifth St. Jamestown, NY 14701	16-0772744	501(C)3	1,284				Chautauqua Blind Association
Chautauqua Blind Association 510 W. Fifth St. Jamestown, NY 14701	16-0772744	501(C)3	6,705				Chautauqua County Blind Association, Inc.
Chautauqua County Historical Society Village Park P. O. Box 7 Westfield, NY 14787	16-6029595	501(C)3	5,000				Chautauqua County Bicentennial Celebration
Chautauqua County Historical Society Village Park P. O. Box 7 Westfield, NY 14787	16-6029595	501(C)3	5,000				2011 McClurg Museum Renovations
Chautauqua County Humane Society, Inc. SPCA 2825 Strunk Road Jamestown, NY 14701	16-6000221	501(C)3	714				Chautauqua County Humane Society
Chautauqua County Humane Society, Inc. SPCA 2825 Strunk Road	16-6000221	501(C)3	714				Chautauqua County Humane Society

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Grantee 990 - Part 2 Organizations
 Grantees receiving \$5000 or more.
 Tax Year 2011

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 2825 Strunk Road Jamestown, NY 14701	16-6000221	501(C)3	600				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, Inc SPCA
Chautauqua County Humane Society, Inc. SPCA 2825 Strunk Road Jamestown, NY 14701	16-6000221	501(C)3	6,400				2011 Reduced Adoption Fee Program
Chautauqua County Humane Society, Inc SPCA 2825 Strunk Road Jamestown, NY 14701	16-6000221	501(C)3	1,650				Designated for Trap Neuter, Return Program
Chautauqua County Humane Society, Inc SPCA 2825 Strunk Road Jamestown, NY 14701	16-6000221	501(C)3	1,000				Heaven Can Wait
Chautauqua County Humane Society, Inc. SPCA 2825 Strunk Road Jamestown, NY 14701	16-6000221	501(C)3	253				Chautauqua County Humane Society Operations
Chautauqua County Humane Society, Inc. SPCA 2825 Strunk Road Jamestown, NY 14701	16-6000221	501(C)3	1,000				Chautauqua County Humane Society, Inc
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	133				Chautauqua County Humane Society
Chautauqua County Humane Society, Inc. SPCA 2825 Strunk Road Jamestown, NY 14701	16-6000221	501(C)3	714				Chautauqua County Humane Society

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Chautauqua Region Community Foundation, Inc

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Grantee 990 - Part 2 Organizations
 Grantees receiving \$5000 or more
 Tax Year 2011
 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	10,929				Chautauqua County Humane Society
Chautauqua County Humane Society, Inc. SPCA 2825 Strunk Road Jamestown, NY 14701	16-6000221	501(C)3	1,242				Chautauqua County Humane Society
Chautauqua County Humane Society, Inc. SPCA 2825 Strunk Road Jamestown, NY 14701	16-6000221	501(C)3	130				Chautauqua County Humane Society
Chautauqua County Humane Society, Inc. SPCA 2825 Strunk Road Jamestown, NY 14701	16-6000221	501(C)3	714				Chautauqua County Humane Society
Chautauqua County Humane Society, Inc. SPCA 2825 Strunk Road Jamestown, NY 14701	16-6000221	501(C)3	620				Chautauqua County Humane Society
Chautauqua Lake Association 429 E. Terrace Avenue Lakewood, NY 14750	16-0772742	501(C)3	1,506				Chautauqua Lake Association
Chautauqua Lake Association 429 E. Terrace Avenue Lakewood, NY 14750	16-0772742	501(C)3	1,000				Chautauqua Lake Association
Chautauqua Lake Association 429 E. Terrace Avenue Lakewood, NY 14750	16-0772742	501(C)3	10,000				Matching Funds with Governmental Entities 2011
Chautauqua Lake Association 429 E. Terrace Avenue Lakewood, NY 14750	16-0772742	501(C)3	2,000				Research Study & Public Education
Chautauqua Lake Association 429 E. Terrace Avenue Lakewood, NY 14750	16-0772742	501(C)3	20,000				Chautauqua Lake Maintenance Services 2011
Chautauqua Region Community Foundation 418 Spring Street Jamestown, NY 14701	16-1116837	501(C)3	14,644				Chautauqua Region Community Foundation - Operating
Chautauqua Region Community Foundation 418 Spring Street Jamestown, NY 14701	16-1116837	501(C)3	5,000				Stateline Speedway Endowment Fund

Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more
Tax Year 2011
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	787				Chautauqua Region Community Foundation - Scholarship expenses
Chautauqua Region Community Foundation 418 Spring Street Jamestown, NY 14701	16-1116837	501(C)3	22,977				Chautauqua Region Community Foundation - Operating
Chautauqua Region Community Foundation 418 Spring Street Jamestown, NY 14701	16-1116837	501(C)3	100				Babe Ruth World Series Committee Fund - Axel Carlson Recipient's Charity
Chautauqua Region Community Foundation 418 Spring Street Jamestown, NY 14701	16-1116837	501(C)3	693				Hanna-Carola Scholarship Fund
Chautauqua Region Community Foundation 418 Spring Street Jamestown, NY 14701	16-1116837	501(C)3	787				Chautauqua Region Community Foundation - Scholarship expenses
Chautauqua Region Community Foundation 418 Spring Street Jamestown, NY 14701	16-1116837	501(C)3	787				Offset Foundation scholarship expenses
Chautauqua Region Community Foundation 418 Spring Street Jamestown, NY 14701	16-1116837	501(C)3	14,644				Chautauqua Region Community Foundation - Operating
Chautauqua Region Community Foundation 418 Spring Street Jamestown, NY 14701	16-1116837	501(C)3	365				Triple E Manufacturing T Shirts
Chautauqua Region Community Foundation 418 Spring Street Jamestown, NY 14701	16-1116837	501(C)3	5,000				Varsity Baseball Field Renovations (Packard Field)
Chautauqua Region Community Foundation 418 Spring Street Jamestown, NY 14701	16-1116837	501(C)3	100				CRCF - Board, Member, Staff Fund
Chautauqua Region Community Foundation 418 Spring Street Jamestown, NY 14701	16-1116837	501(C)3	14,644				Offset Foundation administrative expenses
Chautauqua Region Community Foundation 418 Spring Street Jamestown, NY 14701	16-1116837	501(C)3	1,000				2011 Golf
Chautauqua Region Community Foundation 418 Spring Street Jamestown, NY 14701	16-1116837	501(C)3	1,000				Veteran's Park Relocation Fund

Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more
Tax Year 2011
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		50			In Memoriam of Judith Jesco
Chautauqua Region Community Foundation 418 Spring Street Jamestown, NY 14701	16-1116837	501(C)3	500				Spay/Neuter /Release Program
Chautauqua Region Community Foundation 418 Spring Street Jamestown, NY 14701	16-1116837	501(C)3	787				Chautauqua Region Community Foundation - Scholarship
Chautauqua Region Community Foundation 418 Spring Street Jamestown, NY 14701	16-1116837	501(C)3	506				Offset Foundation scholarship expenses
Chautauqua Regional Youth Ballet 9-1/2 Falconer Street Jamestown, NY 14701	16-1302001	501(C)3	500				Refurbish the Sleigh for the Nutcracker
Chautauqua Regional Youth Ballet 9-1/2 Falconer Street Jamestown, NY 14701	16-1302001	501(C)3	600				Nutcracker School Show Transportation Supplement
Chautauqua Regional Youth Ballet 9-1/2 Falconer Street Jamestown, NY 14701	16-1302001	501(C)3	410				Dance Film Series
Chautauqua Regional Youth Ballet 9-1/2 Falconer Street Jamestown, NY 14701	16-1302001	501(C)3	500				Set & Costume subsidy for Spring Performance
Chautauqua Regional Youth Ballet 9-1/2 Falconer Street Jamestown, NY 14701	16-1302001	501(C)3	4,900				Sept 2011-June 2012 Tuition & Work-Study Scholarships
Chautauqua Striders, Inc 101 East Fourth Street Jamestown, NY 14701	16-1156685	501(C)3	158				Scott Sled Kites
Chautauqua Striders, Inc 101 East Fourth Street Jamestown, NY 14701	16-1156685	501(C)3	5,000				Making Strides
Chautauqua Striders, Inc 101 East Fourth Street Jamestown, NY 14701	16-1156685	501(C)3	419				Chautauqua Striders Tutoring
Chautauqua Striders, Inc 101 East Fourth Street Jamestown, NY 14701	16-1156685	501(C)3	333				Regents Exam Prep

Grantee 990 - Part 2 Organizations
 Grantees receiving \$5000 or more.
 Tax Year 2011
 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	7,944				Chautauqua Striders Track maintenance
Chautauqua Watershed Conservancy 413 North Main Street Jamestown, NY 14701	16-1389010	501(C)3	1,072				To assist the Chautauqua Watershed Conservancy
Chautauqua Watershed Conservancy 413 North Main Street Jamestown, NY 14701	16-1389010	501(C)3	86				Chautauqua Watershed Conservancy
Chautauqua Watershed Conservancy 413 North Main Street Jamestown, NY 14701	16-1389010	501(C)3	67				Chautauqua Watershed Conservancy
Chautauqua Watershed Conservancy 413 North Main Street Jamestown, NY 14701	16-1389010	501(C)3	183				Chautauqua Watershed Conservancy.
Chautauqua Watershed Conservancy 413 North Main Street Jamestown, NY 14701	16-1389010	501(C)3	700				Chautauqua Watershed Conservancy
Chautauqua Watershed Conservancy 413 North Main Street Jamestown, NY 14701	16-1389010	501(C)3	100				Chautauqua Watershed Conservancy
Chautauqua Watershed Conservancy 413 North Main Street Jamestown, NY 14701	16-1389010	501(C)3	500				Purchase of Used Monochromatic Photocopier
Chautauqua Watershed Conservancy 413 North Main Street Jamestown, NY 14701	16-1389010	501(C)3	5,000				2011 Chautauqua Watersheds Conservation Stewardship Program
City of Jamestown Mayor's Office Municipal Building Jamestown, NY 14701	16-6002545	Government	6,206				Air Conditioning Improvement
City of Jamestown Parks, Recreation and Conservation Dept. 145 Steele Street Jamestown, NY 14701	16-6002545	Government	500				2011 Halloween Fun Fest
City of Jamestown Parks, Recreation and Conservation Dept. 145 Steele Street Jamestown, NY 14701	16-6002545	Government	7,000				2011 Tree Planting Program
City of Jamestown Parks, Recreation and Conservation Dept. 145 Steele Street	16-6002545	Government	760				Pennies for Trees

Jamestown, NY 14701

Chautauqua Region Community Foundation, Inc

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Grantee 990 - Part 2 Organizations
 Grantees receiving \$5000 or more.
 Tax Year 2011
 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
City of Jamestown Parks, Recreation and Conservation Dept. 145 Steele Street Jamestown, NY 14701	16-6002545	Government	5,000				2011 Summer Playground Program
City of Jamestown Parks, Recreation and Conservation Dept. 145 Steele Street Jamestown, NY 14701	16-6002545	Government	750				2011 Bandshell Concert Series
City of Jamestown Strategic Planning & Partnership Commission Municipal Building 200 E Third Street Jamestown, NY 14701	16-6002545	Government	15,000				Physician Recruitment project
Court Appointed Special Advocates of Chautauqua County, Inc. Community Municipal Building 2 Academy St. Suite 5 Mayville, NY 14757	270063621	501(C)3	4,983				2011 Recruitment/Operating Expenses
Court Appointed Special Advocates of Chautauqua County, Inc. Community Municipal Building 2 Academy St. Suite 5 Mayville, NY 14757	270063621	501(C)3	1,000				Court Appointed Special Advocacy Program - Chautauqua County
DAR Jamestown Chapter NSDAR Inc. c/o Dawn Durow 11350 Archer Hill Road Randolph, NY 14772	16-6033154	501(C)3	408				To support the chapter house of the Jamestown Chapter NSDAR, Inc. located at 70 Prospect Street in Jamestown, New York
DAR Jamestown Chapter NSDAR Inc. c/o Dawn Durow 11350 Archer Hill Road Randolph, NY 14772	16-6033154	501(C)3	1,219				DAR House at 70 Prospect Street, Jamestown, NY
DAR Jamestown Chapter NSDAR Inc. c/o Dawn Durow 11350 Archer Hill Road Randolph, NY 14772	16-6033154	501(C)3	400				D.A.R. Good Citizens Awards
DAR Jamestown Chapter NSDAR Inc. c/o Dawn Durow 11350 Archer Hill Road Randolph, NY 14772	16-6033154	501(C)3	5,000				North Porch Renovation
Downtown Jamestown Development Corp 119-121 West Third Street Jamestown, NY 14701	16-1001517	501(C)3	6,500				2011 Jamestown Special Events

Grantee 990 - Part 2 Organizations
 Grantees receiving \$5000 or more.
 Tax Year 2011
 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
Downtown Jamestown Development Corp 119-121 West Third Street Jamestown, NY 14701	16-1001517	501(C)3	1,000				2011 Hands on Jamestown
Downtown Jamestown Development Corp 119-121 West Third Street Jamestown, NY 14701	16-1001517	501(C)3	1,500				2011 Thunder in the Streets Stunt Team
Falconer Public Library 101 W. Main St. Falconer, NY 14733	16-6002464	501(C)3	4,051				Falconer Public Library
Falconer Public Library 101 W. Main St. Falconer, NY 14733	16-6002464	501(C)3	500				Falconer Public Library
Falconer Public Library 101 W. Main St. Falconer, NY 14733	16-6002464	501(C)3	19,000				Anderson-Rosch Trust
Fenton History Center 67 Washington St Jamestown, NY 14701	16-6093016	501(C)3	225				Staff Development at Genesee Country Village
Fenton History Center 67 Washington St Jamestown, NY 14701	16-6093016	501(C)3	4,500				Fenton Mansion Exterior Restoration Project
Fenton History Center 67 Washington St. Jamestown, NY 14701	16-6093016	501(C)3	2,000				Fenton History Center
Fenton History Center 67 Washington St. Jamestown, NY 14701	16-6093016	501(C)3	510				Fenton Historical Society
Fenton History Center 67 Washington St. Jamestown, NY 14701	16-6093016	501(C)3	870				2011 AAM Travel Support
Fenton History Center 67 Washington St. Jamestown, NY 14701	16-6093016	501(C)3	300				Grave Matters Cemetery Workshop
Fenton History Center 67 Washington St. Jamestown, NY 14701	16-6093016	501(C)3	510				Fenton Historical Society
Fenton History Center 67 Washington St. Jamestown, NY 14701	16-6093016	501(C)3	1,089				Fenton Historical Society for the purchase of new/used books, publications and artifacts or historical items for its collection

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
Fenton History Center 67 Washington St. Jamestown, NY 14701	16-6093016	501(C)3		510			Fenton Historical Society
Fenton History Center 67 Washington St. Jamestown, NY 14701	16-6093016	501(C)3	4,935				Fenton History Center
Fenton History Center 67 Washington St. Jamestown, NY 14701	16-6093016	501(C)3	2,984				Fenton History Center
Fenton History Center 67 Washington St. Jamestown, NY 14701	16-6093016	501(C)3	510				Fenton Historical Society
First Lutheran Church 120 Chandler Street P.O. Box 969 Jamestown, NY 14702-0969	16-0775577	501(C)3	4,000				First Lutheran Church Service Awards
First Lutheran Church 120 Chandler Street P.O. Box 969 Jamestown, NY 14702-0969	16-0775577	501(C)3	4,254				First Lutheran Church
First Lutheran Church 120 Chandler Street P.O. Box 969 Jamestown, NY 14702-0969	16-0775577	501(C)3	2,076				2011 Media Upgrade
First Presbyterian Church 509 Prendergast Ave. Jamestown, NY 14701	16-0754662	501(C)3	2,474				Burchard, Barry, Wilcox Fund
First Presbyterian Church 509 Prendergast Ave. Jamestown, NY 14701	16-0754662	501(C)3	5,000				First Presbyterian Church, Jamestown
First Presbyterian Church 509 Prendergast Ave. Jamestown, NY 14701	16-0754662	501(C)3	9,574				A Children's Place
First Presbyterian Church 509 Prendergast Ave. Jamestown, NY 14701	16-0754662	501(C)3	9,574				Samaritan Fund
First Presbyterian Church 509 Prendergast Ave. Jamestown, NY 14701	16-0754662	501(C)3	3,337				First Presbyterian Church, Jamestown

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
First Presbyterian Church 509 Prndergast Ave. Jamestown, NY 14701	16-0754662	501(C)3	909				To provide financial assistance through the mission of the First Presbyterian Church to assist women who have experienced financial hardships including but not limited to the lack of basic needs, such as food, clothing or other hardships.
Fluvanna Free Library 3532 Fluvanna Avenue Extension Jamestown, NY 14701	16-6036282	501(C)3	1,153				Fluvanna Free Library
Fluvanna Free Library 3532 Fluvanna Avenue Extension Jamestown, NY 14701	16-6036282	501(C)3	1,107				Fluvanna Free Library
Fluvanna Free Library 3532 Fluvanna Avenue Extension Jamestown, NY 14701	16-6036282	501(C)3	1,153				Fluvanna Free Library
Fluvanna Free Library 3532 Fluvanna Avenue Extension Jamestown, NY 14701	16-6036282	501(C)3	1,153				Fluvanna Free Library
Fluvanna Free Library 3532 Fluvanna Avenue Extension Jamestown, NY 14701	16-6036282	501(C)3	1,153				Fluvanna Free Library
Fluvanna Free Library 3532 Fluvanna Avenue Extension Jamestown, NY 14701	16-6036282	501(C)3	1,000				Renew Lights
Food Bank of WNY 91 Holt Street Buffalo, NY 14206	222470820	501(C)3	1,000				Food Bank of WNY
Food Bank of WNY 91 Holt Street Buffalo, NY 14206	222470820	501(C)3	1,000				Food Bank of WNY - South Chautauqua County Food Pantry Distribution
Food Bank of WNY 91 Holt Street Buffalo, NY 14206	222470820	501(C)3	9,574				Partners Fighting Hunger Southern Chautauqua County
Friends of the Chautauqua Child Advocacy Program 405 West Third Street Jamestown, NY 14701	27-3006132	501(C)3	1,000				Quilts for Kids 2012
Friends of the Chautauqua Child Advocacy Program 405 West Third Street	27-3006132	501(C)3	7,000				CAP Expansion

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
Hospice Chautauqua County, Inc. 20 W Fairmount Avenue Lakewood, NY 14750	22-2432409	501(C)3	1,500				Hospice of Chautauqua County
Hospice Chautauqua County, Inc. 20 W Fairmount Avenue Lakewood, NY 14750	22-2432409	501(C)3	693				Hospice of Chautauqua County
Hospice Chautauqua County, Inc. 20 W Fairmount Avenue Lakewood, NY 14750	22-2432409	501(C)3	6,018				Hospice Chautauqua County
Hospice Chautauqua County, Inc. 20 W Fairmount Avenue Lakewood, NY 14750	22-2432409	501(C)3	992				Hospice of Chautauqua County
Hugo Lindgren Apartments 737 Falconer Street Jamestown, NY 14701	16-1548940	501(C)3	11,830				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	6,650				Scholarships for Students in Need
Infinity Visual & Performing Arts Program 115 East Third Street Jamestown, NY 14701	30-0268598	501(C)3	2,000				Infinity Improvements!
James Prendergast Library Association 509 Cherry Street Jamestown, NY 14701	16-0840340	501(C)3	2,969				James Prendergast Library
James Prendergast Library Association 509 Cherry Street Jamestown, NY 14701	16-0840340	501(C)3	5,000				James Prendergast Library Association
James Prendergast Library Association 509 Cherry Street Jamestown, NY 14701	16-0840340	501(C)3	850				Early Literacy Station
James Prendergast Library Association 509 Cherry Street Jamestown, NY 14701	16-0840340	501(C)3	2,969				James Prendergast Library
James Prendergast Library Association 509 Cherry Street Jamestown, NY 14701	16-0840340	501(C)3	1,000				James Prendergast Library Association

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
James Prendergast Library Association 509 Cherry Street Jamestown, NY 14701	16-0840340	501(C)3	404				James Prendergast Library
James Prendergast Library Association 509 Cherry Street Jamestown, NY 14701	16-0840340	501(C)3	1,247				James Prendergast Library
James Prendergast Library Association 509 Cherry Street Jamestown, NY 14701	16-0840340	501(C)3	2,969				James Prendergast Library Association of Jamestown, NY
James Prendergast Library Association 509 Cherry Street Jamestown, NY 14701	16-0840340	501(C)3	1,492				James Prendergast Library
James Prendergast Library Association 509 Cherry Street Jamestown, NY 14701	16-0840340	501(C)3	2,969				James Prendergast Library
James Prendergast Library Association 509 Cherry Street Jamestown, NY 14701	16-0840340	501(C)3	100				Tall Tales With a Chautauqua County Flavor
James Prendergast Library Association 509 Cherry Street Jamestown, NY 14701	16-0840340	501(C)3	420				James Prendergast Library Association
Jamestown Audubon Society, Inc. 1600 Riverside Road Jamestown, NY 14701	16-6031149	501(C)3	2,401				Jamestown Audubon Society
Jamestown Audubon Society, Inc. 1600 Riverside Road Jamestown, NY 14701	16-6031149	501(C)3	183				Jamestown Audubon Society
Jamestown Audubon Society, Inc. 1600 Riverside Road Jamestown, NY 14701	16-6031149	501(C)3	700				Jamestown Audubon Society, Inc.
Jamestown Audubon Society, Inc. 1600 Riverside Road Jamestown, NY 14701	16-6031149	501(C)3	1,921				Audubon Society
Jamestown Audubon Society, Inc. 1600 Riverside Road Jamestown, NY 14701	16-6031149	501(C)3	1,760				Photo Contest 2012
Jamestown Audubon Society, Inc. 1600 Riverside Road Jamestown, NY 14701	16-6031149	501(C)3	1,875				To assist the Jamestown Audubon Society.

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 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
Jamestown Audubon Society, Inc. 1600 Riverside Road Jamestown, NY 14701	16-6031149	501(C)3	5,000				High Impact Initiative - Keeping It Fresh
Jamestown Audubon Society, Inc. 1600 Riverside Road Jamestown, NY 14701	16-6031149	501(C)3	50				Jamestown Audubon Society
Jamestown Audubon Society, Inc. 1600 Riverside Road Jamestown, NY 14701	16-6031149	501(C)3	1,000				Summer 2011 Education Series for Adults and Families
Jamestown Audubon Society, Inc. 1600 Riverside Road Jamestown, NY 14701	16-6031149	501(C)3	1,000				Jamestown Audubon Society
Jamestown Community College 525 Falconer Street P.O. Box 20 Jamestown, NY 14702-0020	16-6002650	Public Sch	6,000				Spring 2011 CEO Scholarships
Jamestown Community College 525 Falconer Street P.O. Box 20 Jamestown, NY 14702-0020	16-6002650	Public Sch	500				Spring 2011 IAABO - B Gribble, T North, D LeBlanc
Jamestown Community College 525 Falconer Street P.O. Box 20 Jamestown, NY 14702-0020	16-6002650	Public Sch	167				Jamestown Community College
Jamestown Community College 525 Falconer Street P.O. Box 20 Jamestown, NY 14702-0020	16-6002650	Public Sch	1,441				Jamestown Community College
Jamestown Community College 525 Falconer Street P.O. Box 20 Jamestown, NY 14702-0020	16-6002650	Public Sch	2,000				Scythian - Celtic Music Performance
Jamestown Community College 525 Falconer Street P.O. Box 20 Jamestown, NY 14702-0020	16-6002650	Public Sch	250				Fall 2011 IAABO Scholarship - Mallory Deunk
Jamestown Community College 525 Falconer Street P.O. Box 20 Jamestown, NY 14702-0020	16-6002650	Public Sch	8,500				Fall 2011 CEO Scholarships
Jamestown Community Learning Council c/o Lincoln School 301 Front Street	16-1454342	501(C)3	6,500				Parents As Teachers 2010-2011

Jamestown, NY 14701

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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
Jamestown Concert Association 315 N. Main Street, Suite 200 Jamestown, NY 14701	16-6032699	501(C)3	3,500				2011-12 Classical Concert Series. and the beat goes on..
Jamestown Concert Association 315 N Main Street, Suite 200 Jamestown, NY 14701	16-6032699	501(C)3	3,000				2010-2011 Concert Series: A Musical Spectrum
Jamestown Public Schools 197 Martin Road Jamestown, NY 14701	16-6001842	Public Sch	7,000				CC Ring Primary Playground Project 2011
Jamestown Public Schools 197 Martin Road Jamestown, NY 14701	16-6001842	Public Sch	500				Jamestown Suzuki Strings - An Evening with Barrage
Jamestown Renaissance Corporation 119-121 W. Third Street Jamestown, NY 14701	30-0413862	501(C)3	7,500				2011 Neighborhood Revitalization Incentive Program
Jamestown Urban Renewal Agency 200 East Third St 4th Floor Jamestown, NY 14701	16-6002545	Government	37,000				Roseland Park Playground
Lakewood Memorial Library 12 West Summit Avenue Lakewood, NY 14750	16-6066036	501(C)3	900				Summer Reading 2011
Lakewood Memorial Library 12 West Summit Avenue Lakewood, NY 14750	16-6066036	501(C)3	350				Lakewood Memorial Library
Lakewood Memorial Library 12 West Summit Avenue Lakewood, NY 14750	16-6066036	501(C)3	1,400				Storytime Outreach
Lakewood Memorial Library 12 West Summit Avenue Lakewood, NY 14750	16-6066036	501(C)3	1,000				Online Library Catalog & Circulation
Lakewood Memorial Library 12 West Summit Avenue Lakewood, NY 14750	16-6066036	501(C)3	1,600				Electronic Readers
Lakewood Memorial Library 12 West Summit Avenue Lakewood, NY 14750	16-6066036	501(C)3	552				Lakewood Memorial Library
Lucile M Wright Air Museum Fessenden, Laumer & DeAngelo PO Box 590	16-1292300	501(C)3	7,199				Lucile M. Wright Air Museum

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Grantees receiving \$5000 or more.
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Name, address, and zip	ETN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Lucille M. Wright Air Museum Fessenden, Laumer & DeAngelo PO Box 590 Jamestown, NY 14702	16-1292300	501(C)3	7,199				Lucile M Wright Air Museum
Lucille M. Wright Air Museum Fessenden, Laumer & DeAngelo PO Box 590 Jamestown, NY 14702	16-1292300	501(C)3	4,000				Student Exploratory Basic Electrical Aircraft Mechanics
Lucille M. Wright Air Museum Fessenden, Laumer & DeAngelo PO Box 590 Jamestown, NY 14702	16-1292300	501(C)3	7,199				Lucile M. Wright Air Museum
Lucille M. Wright Air Museum Fessenden, Laumer & DeAngelo PO Box 590 Jamestown, NY 14702	16-1292300	501(C)3	7,199				Lucile M Wright Air Museum
Lucille Ball-Desi Arnaz Center, Inc 300 N. Main Street Jamestown, NY 14701	41-2030241	501(C)3	5,000				Economic Impact Study
Lutheran Social Services 715 Falconer St. Jamestown, NY 14701	16-1548940	501(C)3	5,268				Lutheran Social Services
Marvin Community House 2 West Fifth St. Jamestown, NY 14701	16-0783521	501(C)3	1,270				Marvin Community House
Marvin Community House 2 West Fifth St. Jamestown, NY 14701	16-0783521	501(C)3	1,270				Marvin Community House
Marvin Community House 2 West Fifth St. Jamestown, NY 14701	16-0783521	501(C)3	1,270				Marvin Community House
Marvin Community House 2 West Fifth St. Jamestown, NY 14701	16-0783521	501(C)3	1,270				Marvin Community House
Reg Lenna Civic Center, Inc 116 East Third St Jamestown, NY 14701	22-2552876	501(C)3	50				Axel W Carlson Recipient's Charity
Reg Lenna Civic Center, Inc 116 East Third St. Jamestown, NY 14701	22-2552876	501(C)3	4,528				Reg Lenna Civic Center - Various Invoices

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Reg Lenna Civic Center, Inc. 116 East Third St. Jamestown, NY 14701	22-2552876	501(C)3	14,282				Reg Lenna Civic Center
Reg Lenna Civic Center, Inc. 116 East Third St. Jamestown, NY 14701	22-2552876	501(C)3	14,282				Reg Lenna Civic Center
Reg Lenna Civic Center, Inc. 116 East Third St. Jamestown, NY 14701	22-2552876	501(C)3	1,500				Reg Lenna Civic Center-Patron Drive
Reg Lenna Civic Center, Inc. 116 East Third St. Jamestown, NY 14701	22-2552876	501(C)3	390				Reg Lenna Civic Center
Reg Lenna Civic Center, Inc. 116 East Third St. Jamestown, NY 14701	22-2552876	501(C)3	9,160				Reg Lenna Civic Center - Various Invoices
Reg Lenna Civic Center, Inc. 116 East Third St. Jamestown, NY 14701	22-2552876	501(C)3	14,282				Reg Lenna Civic Center
Reg Lenna Civic Center, Inc. 116 East Third St. Jamestown, NY 14701	22-2552876	501(C)3	14,726				Theater Roof Repair
Reg Lenna Civic Center, Inc. 116 East Third St. Jamestown, NY 14701	22-2552876	501(C)3	14,282				Reg Lenna Civic Center
Roger Tory Peterson Institute 311 Curtis Street Jamestown, NY 14701	16-1574467	501(C)3	699				Roger Tory Peterson Institute
Roger Tory Peterson Institute 311 Curtis Street Jamestown, NY 14701	16-1574467	501(C)3	430				To support the education programs at the Roger Tory Peterson Institute, with a priority to any collaborative educational programs with SUNY at Fredonia
Roger Tory Peterson Institute 311 Curtis Street Jamestown, NY 14701	16-1574467	501(C)3	4,935				The Roger Tory Peterson Institute
Roger Tory Peterson Institute 311 Curtis Street Jamestown, NY 14701	16-1574467	501(C)3	7,191				Roger Tory Peterson Institute
Roger Tory Peterson Institute 311 Curtis Street Jamestown, NY 14701	16-1574467	501(C)3	1,875				To assist the Roger Tory Peterson Institute

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Roger Tory Peterson Institute 311 Curtis Street Jamestown, NY 14701	16-1574467	501(C)3	15,062				Roger Tory Peterson Institute
Roger Tory Peterson Institute 311 Curtis Street Jamestown, NY 14701	16-1574467	501(C)3	1,500				Roger Tory Peterson Institute
Roger Tory Peterson Institute 311 Curtis Street Jamestown, NY 14701	16-1574467	501(C)3	183				Roger Tory Peterson Institute
Roger Tory Peterson Institute 311 Curtis Street Jamestown, NY 14701	16-1574467	501(C)3	6,500				Fossils' A Natural History Exhibition
Rotary Club of Jamestown P.O. Box 454 Jamestown, NY 14702-0454	11-3658198	501(C)3	5,274				Charitable purposes of the Rotary Club
Rotary Club of Jamestown P O Box 454 Jamestown, NY 14702-0454	11-3658198	501(C)3	4,532				Jamestown Rotary Handicapped Camp
RSVP, Chautauqua County 316 East Fourth Street Jamestown, NY 14701	16-0765309	501(C)3	3,000				2011 RSVP Volunteer Recognition
RSVP, Chautauqua County 316 East Fourth Street Jamestown, NY 14701	16-0765309	501(C)3	770				Volunteer Public Transportation Scholarships
RSVP, Chautauqua County 316 East Fourth Street Jamestown, NY 14701	16-0765309	501(C)3	4,077				Volunteer Supplemental Insurance
Southwestern Central High School 600 Hunt Rd., W.E. Jamestown, NY 14701	16-6001856	Public Sch	2,400				Southwestern Dugout Invoice #404395
Southwestern Central High School 600 Hunt Rd., W.E. Jamestown, NY 14701	16-6001856	Public Sch	4,200				Southwestern Dugout Invoice # 211115
Southwestern Schools Education Foundation 27 Marvin Ave. Lakewood, NY 14750	32-1022508	Public Sch	5,823				Technology Rocks
St. Luke's Episcopal Church 410 North Main Street Jamestown, NY 14701	16-0786233	501(C)3	100				Altar Flowers in Memory of James L. and Louise A. Weeks

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St. Luke's Episcopal Church 410 North Main Street Jamestown, NY 14701	16-0786233	501(C)3	100				Altar Flowers in memory of James L. and Louise A. Weeks,
St. Luke's Episcopal Church 410 North Main Street Jamestown, NY 14701	16-0786233	501(C)3	4,935				St. Luke's Episcopal Church as a Memorial to Donor's parents, James and Louise Weeks, and to Donor's uncle and aunt, Emmet and Anna Ross
St. Susan Center, Inc. P.O. Box 1276 Jamestown, NY 14702-1276	22-2635294	501(C)3	211				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	212				St. Susan Center
St. Susan Center, Inc. P.O. Box 1276 Jamestown, NY 14702-1276	22-2635294	501(C)3	6,371				St. Susan's Center
Sts. Peter & Paul Roman Catholic Church 508 Cherry Street Jamestown, NY 14701	16-1563594	501(C)3	6,306				Sts. Peter and Paul Roman and Catholic Church
Sts. Peter & Paul Roman Catholic Church 508 Cherry Street Jamestown, NY 14701	16-1563594	501(C)3	6,306				St. Peter & Paul Roman Catholic Church
Sts. Peter & Paul Roman Catholic Church 508 Cherry Street Jamestown, NY 14701	16-1563594	501(C)3	6,306				Sts. Peter & Paul Roman Catholic Church
Sts. Peter & Paul Roman Catholic Church 508 Cherry Street Jamestown, NY 14701	16-1563594	501(C)3	6,306				Sts. Peter & Paul Roman Catholic Church
The Foster Grandparent Program of LSS 316 East Fourth Street Jamestown, NY 14701	16-076-5309	501(C)3	1,000				Unfunded Mandates/Necessities
The Foster Grandparent Program of LSS 316 East Fourth Street Jamestown, NY 14701	16-076-5309	501(C)3	4,500				2011 Volunteer Travel Assistance
The Foster Grandparent Program of LSS 316 East Fourth Street Jamestown, NY 14701	16-076-5309	501(C)3	300				Uniforms for FGP Volunteers
The Lawson Center 73 Lakeside Drive Benus Point, NY 14712	24-3570914	501(C)3	314				National Grid Acct # 79599-47102

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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	611				National Fuel Acct #685579409
The Lawson Center 73 Lakeside Drive Bemus Point, NY 14712	24-3570914	501(C)3	204				National Fuel Acct# 6855794-09
The Lawson Center 73 Lakeside Drive Bemus Point, NY 14712	24-3570914	501(C)3	213				Director of Finance - Sewer #C00609
The Lawson Center 73 Lakeside Drive Bemus Point, NY 14712	24-3570914	501(C)3	557				Invoice # 5396
The Lawson Center 73 Lakeside Drive Bemus Point, NY 14712	24-3570914	501(C)3	415				National Fuel Acct# 685579409
The Lawson Center 73 Lakeside Drive Bemus Point, NY 14712	24-3570914	501(C)3	178				National Grid Acct# 79599-47111
The Lawson Center 73 Lakeside Drive Bemus Point, NY 14712	24-3570914	501(C)3	306				NYS Insurance Policy # B 2112 384-9
The Lawson Center 73 Lakeside Drive Bemus Point, NY 14712	24-3570914	501(C)3	280				National Grid Acct# 79599-47102
The Lawson Center 73 Lakeside Drive Bemus Point, NY 14712	24-3570914	501(C)3	630				Peerless Ins. Account # 501009400
The Lawson Center 73 Lakeside Drive Bemus Point, NY 14712	24-3570914	501(C)3	935				National Fuel # 6855794 09
The Lawson Center 73 Lakeside Drive Bemus Point, NY 14712	24-3570914	501(C)3	44				Windstream # 021470017
The Lawson Center 73 Lakeside Drive Bemus Point, NY 14712	24-3570914	501(C)3	160				Copy Quik - Invoice #5551
The Lawson Center 73 Lakeside Drive Bemus Point, NY 14712	24-3570914	501(C)3	215				National Grid Acct# 79599-47111

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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	246				National Fuel Acct# 685579409
The Lawson Center 73 Lakeside Drive Bemus Point, NY 14712	24-3570914	501(C)3	305				NYSIF Acct# B 2122 384-9
The Lawson Center 73 Lakeside Drive Bemus Point, NY 14712	24-3570914	501(C)3	630				Peerless Ins. Co. #501009400
The Lawson Center 73 Lakeside Drive Bemus Point, NY 14712	24-3570914	501(C)3	306				New York State Insurance Fund #B 2122 384-9
The Lawson Center 73 Lakeside Drive Bemus Point, NY 14712	24-3570914	501(C)3	305				NYS Insurance Fund/B 2112 384-9
The Lawson Center 73 Lakeside Drive Bemus Point, NY 14712	24-3570914	501(C)3	238				National Grid Acct # 79599-47111
The Lawson Center 73 Lakeside Drive Bemus Point, NY 14712	24-3570914	501(C)3	100				Windstream Acct # 021470017
The Lawson Center 73 Lakeside Drive Bemus Point, NY 14712	24-3570914	501(C)3	306				NY State Insurance Fund/#B-2112-384-7
The Lawson Center 73 Lakeside Drive Bemus Point, NY 14712	24-3570914	501(C)3	2,260				Boat Dolly Invoice #3215
The Lawson Center 73 Lakeside Drive Bemus Point, NY 14712	24-3570914	501(C)3	223				Glass Products Invoice # 98413
The Lawson Center 73 Lakeside Drive Bemus Point, NY 14712	24-3570914	501(C)3	647				Electrical materials
The Lawson Center 73 Lakeside Drive Bemus Point, NY 14712	24-3570914	501(C)3	793				Job Number 01 1234/00092
The Lawson Center 73 Lakeside Drive Bemus Point, NY 14712	24-3570914	501(C)3	352				Well services - Invoice # 10304

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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				Peerless Insurance Acct# 501009400
The Lawson Center 73 Lakeside Drive Bemus Point, NY 14712	24-3570914	501(C)3	3,543				Town of Ellery Bill No. 000302
The Lawson Center 73 Lakeside Drive Bemus Point, NY 14712	24-3570914	501(C)3	630				Peerless Insurance Company Acct#501009400
The Lawson Center 73 Lakeside Drive Bemus Point, NY 14712	24-3570914	501(C)3	211				National Fuel Acct #685579409
The Lawson Center 73 Lakeside Drive Bemus Point, NY 14712	24-3570914	501(C)3	899				Invoice - Locke (Stickers & Burgees)
The Lawson Center 73 Lakeside Drive Bemus Point, NY 14712	24-3570914	501(C)3	100				Windstream # 021470017
The Lawson Center 73 Lakeside Drive Bemus Point, NY 14712	24-3570914	501(C)3	213				Director of Finance - Sewer #C00609
The Lawson Center 73 Lakeside Drive Bemus Point, NY 14712	24-3570914	501(C)3	350				BWB Invoice #873610
The Lawson Center 73 Lakeside Drive Bemus Point, NY 14712	24-3570914	501(C)3	630				Peerless Insurance #IM 8807892
The Relief Zone, Inc. PO Box 334 Frewsburg, NY 14738	71-1005226	501(C)3	1,000				TRZ Kidz Program Outdoor Equipment Shed Purchase
The Relief Zone, Inc. PO Box 334 Frewsburg, NY 14738	71-1005226	501(C)3	1,000				Operational Funding for TRZ STOP Program
The Relief Zone, Inc. PO Box 334 Frewsburg, NY 14738	71-1005226	501(C)3	7,500				Program Support 2011
The Relief Zone, Inc. PO Box 334 Frewsburg, NY 14738	71-1005226	501(C)3	118				The Relief Zone

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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 Jamestown, NY 14701	16-1605121	501(C)3	1,361				Robert H. Jackson Center
The Robert H. Jackson Center, Inc. 305 East Fourth Street Jamestown, NY 14701	16-1605121	501(C)3	287				Costs relative to annual Samuel F. Bonavita Lecture Series
The Robert H. Jackson Center, Inc. 305 East Fourth Street Jamestown, NY 14701	16-1605121	501(C)3	444				Lecture series designed for youth
The Robert H. Jackson Center, Inc. 305 East Fourth Street Jamestown, NY 14701	16-1605121	501(C)3	1,000				Community "Educational Toolkit"
The Robert H. Jackson Center, Inc. 305 East Fourth Street Jamestown, NY 14701	16-1605121	501(C)3	235				Robert H. Jackson Center
The Robert H. Jackson Center, Inc. 305 East Fourth Street Jamestown, NY 14701	16-1605121	501(C)3	238				Financial support for a speaker at a Robert H. Jackson Center event.
The Robert H. Jackson Center, Inc. 305 East Fourth Street Jamestown, NY 14701	16-1605121	501(C)3	457				Free Masonry Speaker expenses
The Robert H. Jackson Center, Inc. 305 East Fourth Street Jamestown, NY 14701	16-1605121	501(C)3	133				The Robert H. Jackson Center, Inc.
The Robert H. Jackson Center, Inc. 305 East Fourth Street Jamestown, NY 14701	16-1605121	501(C)3	1,700				Digital Archiving of Jackson Materials
The Robert H. Jackson Center, Inc. 305 East Fourth Street Jamestown, NY 14701	16-1605121	501(C)3	4,935				The Robert H. Jackson Center
The Robert H. Jackson Center, Inc. 305 East Fourth Street Jamestown, NY 14701	16-1605121	501(C)3	963				Robert H. Jackson Center / Internship
The Robert H. Jackson Center, Inc. 305 East Fourth Street Jamestown, NY 14701	16-1605121	501(C)3	537				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 Jamestown, NY 14701	16-1605121	501(C)3	539				The Robert H. Jackson Center

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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 Jamestown, NY 14701	16-1605121	501(C)3	420				Robert H. Jackson Center
The Robert H. Jackson Center, Inc. 305 East Fourth Street Jamestown, NY 14701	16-1605121	501(C)3	5,000				Robert H. Jackson Center
The Robert H. Jackson Center, Inc. 305 East Fourth Street Jamestown, NY 14701	16-1605121	501(C)3	166				Expenses relative to a Lyle S. Peterson Lectureship Program
The Robert H. Jackson Center, Inc. 305 East Fourth Street Jamestown, NY 14701	16-1605121	501(C)3	309				Programming to advance the positive legacies that came from World War II.
The Robert H. Jackson Center, Inc. 305 East Fourth Street Jamestown, NY 14701	16-1605121	501(C)3	104				Robert H. Jackson Center
The Robert H. Jackson Center, Inc. 305 East Fourth Street Jamestown, NY 14701	16-1605121	501(C)3	5,000				Educator Initiatives
The Robert H. Jackson Center, Inc. 305 East Fourth Street Jamestown, NY 14701	16-1605121	501(C)3	4,500				Booklet to Accompany Jackson Exhibit
The Robert H. Jackson Center, Inc. 305 East Fourth Street Jamestown, NY 14701	16-1605121	501(C)3	2,000				Young Reader Program 2012 - Claudette Colvin books
The Robert H. Jackson Center, Inc. 305 East Fourth Street Jamestown, NY 14701	16-1605121	501(C)3	2,500				Wealth Engine 2011
The Robert H. Jackson Center, Inc. 305 East Fourth Street Jamestown, NY 14701	16-1605121	501(C)3	500				Exterior Safety & Seasonal Improvements
The Robert H. Jackson Center, Inc. 305 East Fourth Street Jamestown, NY 14701	16-1605121	501(C)3	5,000				Educational Toolkit
The Robert H. Jackson Center, Inc. 305 East Fourth Street Jamestown, NY 14701	16-1605121	501(C)3	200				Robert H. Jackson Center
The Salvation Army 83 South Main Street P.O. Box 368 Jamestown, NY 14702-0368	16-0743180	501(C)3	1,500				Comprehensive Financial Assistance Program CB

Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more
Tax Year 2011
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 Salvation Army 83 South Main Street P.O. Box 368 Jamestown, NY 14702-0368	16-0743180	501(C)3	150				Comprehensive Financial Assistance Program RH
The Salvation Army 83 South Main Street P.O. Box 368 Jamestown, NY 14702-0368	16-0743180	501(C)3	612				Comprehensive Financial Assistance Program SC
The Salvation Army 83 South Main Street P.O. Box 368 Jamestown, NY 14702-0368	16-0743180	501(C)3	4,550				Safe Havens Supervised Visitation and Safe Exchange Program
The Salvation Army 83 South Main Street P.O. Box 368 Jamestown, NY 14702-0368	16-0743180	501(C)3	8,000				Salvation Army Disaster Services
The Salvation Army 83 South Main Street P.O. Box 368 Jamestown, NY 14702-0368	16-0743180	501(C)3	1,500				Hygiene Assistance
The Salvation Army 83 South Main Street P.O. Box 368 Jamestown, NY 14702-0368	16-0743180	501(C)3	1,000				Comprehensive Financial Assistance Program - EM
The Salvation Army 83 South Main Street P.O. Box 368 Jamestown, NY 14702-0368	16-0743180	501(C)3	334				Comprehensive Financial Assistance Program IT
The Salvation Army 83 South Main Street P.O. Box 368 Jamestown, NY 14702-0368	16-0743180	501(C)3	1,000				Comprehensive Financial Assistance Program RP
The Salvation Army 440 West Nyack Road West Nyack, NY 10994	13-5562351	501(C)3	10,025				Agnes Home Women's Emergency Shelter
The Salvation Army 83 South Main Street P.O. Box 368 Jamestown, NY 14702-0368	16-0743180	501(C)3	2,000				The Salvation Army
The Salvation Army 440 West Nyack Road West Nyack, NY 10994	13-5562351	501(C)3	11,830				Salvation Army

Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more
Tax Year 2011
Region - All Regions

Name, address, and zip	ETN	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, NY 10994	13-5562351	501(C)3	1,501				Salvation Army
The Salvation Army 440 West Nyack Road West Nyack, NY 10994	13-5562351	501(C)3	6,683				The Salvation Army
The Salvation Army 83 South Main Street P.O. Box 368 Jamestown, NY 14702-0368	16-0743180	501(C)3	356				The Salvation Army
The Salvation Army 83 South Main Street P.O. Box 368 Jamestown, NY 14702-0368	16-0743180	501(C)3	1,200				The Salvation Army
The Salvation Army 440 West Nyack Road West Nyack, NY 10994	13-5562351	501(C)3	1,138				Agnes Home--If Agnes Home no longer exists, it is to be given to another home for battered spouses.
Union Gospel Mission, Inc. 7 - 11 West First St Jamestown, NY 14701	16-6032490	501(C)3	23,137				Rescue Mission for the care and comfort of homeless and indigent persons of Jamestown.
Union Gospel Mission, Inc. 7 - 11 West First St Jamestown, NY 14701	16-6032490	501(C)3	1,448				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
United Way of Southern Chautauqua County 413 N. Main Street Jamestown, NY 14701	16-077274	501(C)3	23,242				United Way of Southern Chautauqua County
United Way of Southern Chautauqua County 413 N. Main Street Jamestown, NY 14701	16-077274	501(C)3	7,000				United Way of Southern Chautauqua County
United Way of Southern Chautauqua County 413 N. Main Street Jamestown, NY 14701	16-077274	501(C)3	4,705				United Way of Southern Chautauqua County
Village of Falconer Cemetery Fund 101 W. Main Street Falconer, NY 14733	16-6002464	501(C)3	5,035				Upkeep of Pine Hill Cemetery
Westfield Memorial Hospital Foundation 189 East Main Street Westfield, NY 14787	22-2270533	501(C)3	4,000				Pipette Calibration System Instrument and Software (Artel PCS)

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
Westfield Memorial Hospital Foundation 189 East Main Street Westfield, NY 14787	22-2270533	501(C)3	4,407				Telemedicine System for Parkinson's Disease Center
Winifred Crawford Dibert Boys & Girls Club of Jamestown 62 Allen Street Jamestown, NY 14701	16-0743055	501(C)3	739				Camperships For Underprivileged Youth
Winifred Crawford Dibert Boys & Girls Club of Jamestown 62 Allen Street Jamestown, NY 14701	16-0743055	501(C)3	2,745				Jamestown Boys & Girls Club
Winifred Crawford Dibert Boys & Girls Club of Jamestown 62 Allen Street Jamestown, NY 14701	16-0743055	501(C)3	1,500				Supplemental Training Materials
Winifred Crawford Dibert Boys & Girls Club of Jamestown 62 Allen Street Jamestown, NY 14701	16-0743055	501(C)3	136				Support youth related activities
Winifred Crawford Dibert Boys & Girls Club of Jamestown 62 Allen Street Jamestown, NY 14701	16-0743055	501(C)3	2,745				Jamestown Boys & Girls Club
Winifred Crawford Dibert Boys & Girls Club of Jamestown 62 Allen Street Jamestown, NY 14701	16-0743055	501(C)3	1,200				Family Plus Events
Winifred Crawford Dibert Boys & Girls Club of Jamestown 62 Allen Street Jamestown, NY 14701	16-0743055	501(C)3	1,000				Gym Equipment/Programming
Winifred Crawford Dibert Boys & Girls Club of Jamestown 62 Allen Street Jamestown, NY 14701	16-0743055	501(C)3	2,745				Jamestown Boys & Girls Club
Winifred Crawford Dibert Boys & Girls Club of Jamestown 62 Allen Street Jamestown, NY 14701	16-0743055	501(C)3	2,745				Jamestown Boys & Girl's Club
Winifred Crawford Dibert Boys & Girls Club of Jamestown 62 Allen Street Jamestown, NY 14701	16-0743055	501(C)3	2,083				Jamestown Boys & Girls Club

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Grantee 990 - Part 2 Organizations
 Grantees receiving \$5000 or more.
 Tax Year 2011
 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
Winifred Crawford Dibert Boys & Girls Club of Jamestown 62 Allen Street Jamestown, NY 14701	16-0743055	501(C)3	350				Jamestown Boys and Girls Club
YMCA 101 East Fourth St. Jamestown, NY 14701	16-0743238	501(C)3	2,086				YMCA
YMCA 101 East Fourth St. Jamestown, NY 14701	16-0743238	501(C)3	478				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	9,574				Eastside YMCA
YMCA 101 East Fourth St. Jamestown, NY 14701	16-0743238	501(C)3	915				YMCA youth programs
YMCA 101 East Fourth St. Jamestown, NY 14701	16-0743238	501(C)3	900				Eastside Family Camp at Onyahsa 2011
YMCA 101 East Fourth St. Jamestown, NY 14701	16-0743238	501(C)3	100				Partnership with Your Campaign - Axel Carlson Recipient's Charity
YMCA 101 East Fourth St. Jamestown, NY 14701	16-0743238	501(C)3	1,000				Eastside Y Center Summer Science Projects
YMCA 101 East Fourth St. Jamestown, NY 14701	16-0743238	501(C)3	1,000				Camp Challenge Course
YMCA 101 East Fourth St. Jamestown, NY 14701	16-0743238	501(C)3	7,500				Eastside Family YMCA Youth Center Summer Day Camp
YMCA 101 East Fourth St. Jamestown, NY 14701	16-0743238	501(C)3	7,000				Eastside Family Y Youth Center
YMCA Camp Onyahsa 101 East Fourth Street Jamestown, NY 14701	16-0743238	501(C)3	2,500				Cabin Renovation Project
YMCA Camp Onyahsa 101 East Fourth Street Jamestown, NY 14701	16-0743238	501(C)3	5,760				Handicap Children's Camp

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Grantee 990 - Part 2 Organizations
 Grantees receiving \$5000 or more.
 Tax Year 2011
 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
YWCA of Jamestown 401 North Main Street Jamestown, NY 14701	16-0743244	501(C)3		422			YWCA
YWCA of Jamestown 401 North Main Street Jamestown, NY 14701	16-0743244	501(C)3	718				Rasmussen Omnipod pods
YWCA of Jamestown 401 North Main Street Jamestown, NY 14701	16-0743244	501(C)3	1,250				Williamson Braces
YWCA of Jamestown 401 North Main Street Jamestown, NY 14701	16-0743244	501(C)3	500				TEAM Program 2011-2012 Do Your Best, Be Your Best
YWCA of Jamestown 401 North Main Street Jamestown, NY 14701	16-0743244	501(C)3	2,083				YWCA
YWCA of Jamestown 401 North Main Street Jamestown, NY 14701	16-0743244	501(C)3	1,200				Comprehensive Financial Assistance Program - Braces
YWCA of Jamestown 401 North Main Street Jamestown, NY 14701	16-0743244	501(C)3	1,200				Help for Kids - Messilli Braces
YWCA of Jamestown 401 North Main Street Jamestown, NY 14701	16-0743244	501(C)3	900				One Foot at a Time...For all the Places you Go!
YWCA of Jamestown 401 North Main Street Jamestown, NY 14701	16-0743244	501(C)3	7,500				2011-2012 Teenage Education and Motherhood Program
YWCA of Jamestown 401 North Main Street Jamestown, NY 14701	16-0743244	501(C)3	146				Help for Kids - glasses
YWCA of Jamestown 401 North Main Street Jamestown, NY 14701	16-0743244	501(C)3	1,000				Summer Day Camp 2011 - YW Camp Lakeside
YWCA of Jamestown 401 North Main Street Jamestown, NY 14701	16-0743244	501(C)3	2,000				Omnipod
YWCA of Jamestown 401 North Main Street Jamestown, NY 14701	16-0743244	501(C)3	200				Help for Kids - Transportation Expenses

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Grantee 990 - Part 2 Organizations
Grantees receiving \$5000 or more.
Tax Year 2011
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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	142				Comprehensive Financial Assistance Program - Transportation

Totals			1,110,446	000			
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Grantee 990 - Part 3 Individuals
Tax Year 2011
Region: All Regions

Type of Grant	# Recipients	Amount of Cash Grants	Amount of non-cash Assistance	Method of Valuation	Descr Non-cash Assistance
	758	755,297			
Education	12	4,115			
General	1	1,000			
Religion	1	1,000			
Scholarship	19	7,434			
Totals		768,846			000

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- 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***Enter filer's identifying number, see instructions**

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions		Employer identification number (EIN) or	
	CHAUTAUQUA REGION COMMUNITY FOUNDATION, INC.		☒ 16-1116837	
	Number, street, and room or suite number. If a P.O. box, see instructions		Social security number (SSN)	
	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	01	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 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ▶ ☒ calendar year 20 11 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.**BAA For Paperwork Reduction Act Notice, see Instructions.**Form **8868** (Rev 1-2012)