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DLN: 93493119000145

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► Do not enter social security numbers on this form as it may be made public ► Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

Open to Public Inspection

A Fo	r the	2014 cal		g 01-01-2014 ,and ending 12-31-	-2014			
		applicable	C Name of organization CHAUTAUQUA REGION COMMUNITY	FOUNDATION INC		D Emplo	yer iden	tification number
☐ Ad	dress c	hange				16-13	116837	
Na	me cha	ange	Doing business as					
☐ Ini	tıal retu	urn				E Telepho	one numb	per
Fir		rmınated	Number and street (or P O box if r 418 SPRING STREET	naıl ıs not delivered to street address) Roo	m/suite	· ·		
		return	City on town state or many and	ntn, and ZID or favoran nastal and		(/10)	661-3	390
_			JAMESTOWN, NY 14701	ntry, and ZIP or foreign postal code		G Gross r	eceipts \$	40,835,717
j Aþ	plicatio	n pending						
			F Name and address of pri RANDALL J SWEENEY	ncıpal officer		Is this a group subordinates?		for ┌ Yes ┌ No
			418 SPRING STEET			subolumates		j 1e5j• NO
			JAMESTOWN,NY 14701			Are all subord	nates	┌ Yes ┌ No
—————————————————————————————————————	ıx-exer	mpt status	✓ 501(c)(3)	(insert no)		included? If "No " attach	ialist ((see instructions)
		<u> </u>		(4,000,000,000,000,000,000,000,000,000,0		•		
			w crcfonline org		H(c)	Group exempt	ion num	nber 🟲
			Corporation Trust Association	on Other ►	L Yea	r of formation 19	978 M :	State of legal domicile NY
Pa	rt I	Sum	mary					
	1		-	on or most significant activities				
a		SEE SCI	HEDULE O					
Ě								
Ē	_							
Governance	2	Check th	nis box 🞮 if the organization d	scontinued its operations or dispos	sed of more t	han 25% of its	net ass	sets
	3	Number	of voting members of the govern	ning body (Part VI, line 1a)			3	12
Activities &	1			of the governing body (Part VI, line			4	12
Ě	1			calendar year 2014 (Part V, line 2			5	10
몿	6	Total nu	mber of volunteers (estimate if i	necessary)			6	195
•	7a	Total un	related business revenue from F	art VIII, column (C), line 12 .			7a	0
	Ь	Net unre	elated business taxable income	from Form 990-T, line 34	<u>.</u> .		7b	
						Prior Year		Current Year
g _i	8		butions and grants (Part VIII, I	•		1,343,	280	3,170,225
Revenue	9			ıne 2g)				0
Š	10					5,213,	_	9,061,023
	11			, lines 5, 6d, 8c, 9c, 10c, and 11e) . (must equal Part VIII, column (A)		1/,	596	64,639
	12				,, iiiie	6,574,	652	12,295,887
	13			IX, column (A), lines 1-3)		2,392,	562	2,537,694
	14	Benefi	ts paid to or for members (Part	IX, column (A), line 4)				0
ch.	15			ee benefits (Part IX, column (A), lir	nes	547,	639	597,303
Expenses	16a	5-10)	•	, column (A), line 11e)				0
<u>₹</u>			indraising expenses (Part IX, column (E		· ·			
Д	b				_			
	17			lines 11a-11d, 11f-24e)		331,		364,579
	18		·	ist equal Part IX, column (A), line 2		3,271,	_	3,499,576
<u></u>	19	Keven	iue iess expenses. Subtract line	18 from line 12		3,303, inning of Curre		8,796,311
Not Assets or Fund Balances					beg	Year		End of Year
35.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13	20	Total	assets (Part X, line 16)			79,452,	997	84,498,143
절	21	Total	liabilities (Part X, line 26) .			6,363,	367	7,040,073
žΞ	22	Netas	ssets or fund balances Subtract	line 21 from line 20		73,089,	630	77,458,070
	rt II		nature Block					
my k	nowle	dge and		amined this return, including accon nplete Declaration of preparer (oth				
		Ti				<u> </u>		
c:	•	**** Signa	*** ature of officer			2015-04-24 Date		
Sigr Her		1.	DALL J SWEENEY EXECUTIVE DIRECTOR	1				
			e or print name and title	\				
			Print/Type preparer's name	Preparer's signature	Date 04 30	Check 🔽 ıf	PTIN	
Pai	d		HAROLD L BRUNACINI CPA Firm's name JAMES W VANSTROM	HAROLD L BRUNACINI CPA	2015-04-29	self-employed	<u> </u>	
Pre	pare	er		a com anti				
	On		Firm's address 🕨 PO BOX 532			Phone no (716	6) 661-39	60
		·	FALCONER, NY 14733	30532				

✓ Yes No

Form	990 (2014)				Page
Par	t III	Statement of Program Check if Schedule O contains			III	
1	Brief	ly describe the organization's r	nission			
SEE	SCHE	DULE O				
2		ne organization undertake any : rior Form 990 or 990-EZ? .	significant program s		ar which were not listed on	「Yes ▼ No
	•	es," describe these new service) 1C3 NO
3	Did th	ne organization cease conductices?	ng, or make significa		onducts, any program · · · · · · · · · ·	┌ Yes ┌ No
4	exper		01(c)(4) organization	ns are required to repo	hree largest program services, as i rt the amount of grants and allocat	
4a	(Code	, , ,		including grants of \$ LE, AND CIVIC ORGANIZATI	2,537,694) (Revenue \$ ONS AND TO LOCAL SCHOLARSHIP RECIPI) ENTS
4b	(Code	e) (Expenses NSES INCURRED TO FUND COMMUNI		,) (Revenue \$ NISTER THE FOUNDATION'S FUNDS)
4c	(Code	e) (Expenses	\$	including grants of \$) (Revenue \$)
4d	Othe	er program services (Describe	ın Schedule O)			
	(Exp	penses \$	including grants (of\$) (Revenue \$)
4e	Tota	Il program service expenses ►	2,729,48	4		

Part TV	Check	dist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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? <i>If "Yes," complete Schedule D, Part I</i>	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f G}$	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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 and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III </i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M \blacksquare	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Νo
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
	effects in Seffedure of containing a response of flote to any fine firefine factor in a firefine from the firefine factor in the factor in the firefine factor in the firefine factor in the firefine factor in the firefine factor in the fa	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 10			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			1
	gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	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)	2b	Yes	
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		110
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	- 55		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
ь	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			N.a
d	file Form 8282?	7c		No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds.		ı	
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time		1	
	during the year?	8		Νo
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
	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			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)		1	
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule C	contains a respo	nse or note to an	y line in this Part VI							. <u>_</u> _

Se	ection 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			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νο
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	<u>even</u> ı	ıe Cod	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶NY			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply			

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

State the name, address, and telephone number of the person who possesses the organization's books and records

interest policy, and financial statements available to the public during the tax year

►JACOB SCHRANTZ

20

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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) A verage hours per week (list any hours for related	more pers and	than on is	one bot	not box h ar or/ti	officustee	ess er e)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke, employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) PAMELA D NOLL	3 00			Ų					0	0
PRESIDENT		X		×				0	U	U
(2) CAROL S HAY VICE-PRESIDENT	3 00	х		х				0	0	0
(3) DONALD L BUTLER	3 00									
SECRETARY		X		Х				0	0	0
(4) DENISE R JONES TREASURER	3 00	х		х				0	0	0
(5) MICHAEL C BIRD	3 00									
DIRECTOR		X						0	0	0
(6) CHRISTY BRECHT DIRECTOR	3 00	Х						0	0	0
(7) JENNIFER GIBSON	3 00	х		х				0	0	0
PAST-PRESIDENT (8) DR RONALD W KOHL DIRECTOR	3 00	Х						0	0	0
(9) REX E MCCRAY	3 00									
DIRECTOR		Х						0	0	0
(10) DANA LUNDBERG DIRECTOR	3 00	х						0	0	0
(11) STEPHEN J WRIGHT	3 00	V						0	0	0
PAST-PRESIDENT		Х		<u>_</u>	L_			0		
(12) PETER STARK DIRECTOR	3 00	х						0	0	0
(13) RANDALL J SWEENEY	45 00	ι.		.						27.25
EXECUTIVE DIRECTOR		Х		Х				119,792	0	26,301

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

(A) Name and Title	(B) A verage hours per week (list any hours	(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-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustie or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	١		
c	Total from continuation sheets to Part VII, Section A	-		
d	Total (add lines 1b and 1c)	•	119,792	26,301

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

			res	NO
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
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			
	ındıvıdual	4		No
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 I for such person	5		Νo

Section	R	Inden	andant	Contra	ctore
Section	D.	muen	enuent	CONTRA	ICLUES

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 of compensation from the organization ►

Part \	/III	Statement of	of Revenue ule O contains a respo	nce or note to any lir	o in this Bart VIII			
		Check ii Sched	uie O Contains a respo	nse or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
10	1a	Federated cam	paigns 1a					
nts	Ь	Membership du	ıes 1b					
37a not		·						
Š, (C	Fundraising ev						
Giff Iar	d	Related organiz						
ij. iš	e	Government grant	s (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contribute	ons, gifts, grants, and 1f	3,121,665				
音楽	a		ons included in lines	44,645				
탈		1a-1f \$			2 470 225			
<u>ට ස</u>	h	Total. Add line	s 1 a - 1 f		3,170,225			
<u>a</u>				Business Code				
Wen	2a							
22	b							
MCe	°							
Š	d							
all	e							
Program Service Revenue	f	All other progra	am service revenue					
	g	Total. Add line	s 2a – 2f					
	3		ome (including dividen ar amounts)		1,239,535			1,239,535
	4		stment of tax-exempt bond	<u> </u>				
	5	Royalties .		▶ [
			(ı) Real	(II) Personal				
		Gross rents						
	b	Less rental expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
		Gross amount	(ı) Securities	(II) Other				
	7a	from sales of assets other than inventory	36,333,163					
	b	Less cost or other basis and	28,511,675					
	1 _	sales expenses Gaın or (loss)	7,821,488					
	d		ss)		7,821,488			7,821,488
	8a		from fundraising	· · · · · · · · · · · · · · · · · · ·	, ,			, ,
Other Revenue		events (not inc \$	luding 3,560 s reported on line 1c)					
ř F		•	a	15,369				
Ť	b		penses b					
0	C		(loss) from fundraising	events 🛌	-12,786			-12,786
J	9a		from gaming activities ne 19 a					
	Ь		penses b					
	C		(loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
	ь	Less cost of g	oods sold b					
	С		(loss) from sales of inv					
		Mıscellaneou	s Revenue	Business Code				
	11a	O ther Income		900099	1,080			1,080
	Ь		olarship grants	900099	68,185			68,185
	C	Shared Web Sit	_	900099	8,160			8,160
	d e	All other reven	ue s 11a-11d	🕨				
					77,425			
	12	lotal revenue.	See Instructions .	🕨	12,295,887			9,125,662

Part IX Statement of Functional Expenses				
Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns All	other organizati	ions must comp	lete column (A)	
Check if Schedule O contains a response or note to any line in this	Part IX			
Do not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958 (f)(1)) and persons described in section 4958 (f)(1) and persons described in section 4958 (f)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Tees for services (non-employees) Management b Legal C Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) Advertising and promotion Advertising and promotion Travel Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Depreciation, depletion, and amortization Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e (I fline 24e amount exceeds 10% of line 25, column (A) amount, list line 124e expenses on Schedule O) PROMOTION & DEVELOPMENT PROFESSIONAL FEES C REPAIRS & MAINTENANCE Miscellaneous	(A)	(B)	(C)	
domestic governments See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Payroll taxes Person of services (non-employees) Management Legal Accounting Caccounting Choblying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) Advertising and promotion Advertising and promotion Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Conferences, conventions, and meetings Insurance 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) PROMOTION & DEVELOPMENT PROFESSIONAL FEES REPAIRS & MAINTENANCE	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
2 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 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 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 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 g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalites 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 1 Insurance 24 Other expenses Itemize expenses not covered above (List misscellaneous expenses in line 24e if line 24e amount exceeds 10% of line 25, column (A) amount, list line 12e expenses on Schedule O) a PROMOTION & DEVELOPMENT b PROFESSIONAL FEES c REPAIRS & MAINTENANCE				·
individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Accounting Legal Accounting Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) Advertising and promotion Advertising and promotion Office expenses Information technology Royalties Cocupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance 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) PROMOTION & DEVELOPMENT PROFESSIONAL FEES REPAIRS & MAINTENANCE	1,606,746	1,606,746		
Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	020.040	020.040		
governments, and foreign individuals See Part IV, lines 15 and 16	930,948	930,948		
4 Benefits paid to or for members				
S Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
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				
described in section 4958(c)(3)(B)	147,961	35,073	57,895	54,993
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes				
and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 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 g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 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 b PROFESSIONAL FEES c REPAIRS & MAINTENANCE d MISCELLANEOUS	337,472	80,245	128,361	128,866
10 Payroll taxes	29,653	7,051	11,279	11,323
10 Payroll taxes	47,996	11,412	18,255	18,329
### Table 1.1 ### Table 2.2 ##	34,221	8,137	13,016	13,068
a Management	34,221	0,137	13,010	13,000
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17 f Investment management fees				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 13 Office expenses				
amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 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) PROMOTION & DEVELOPMENT PROFESSIONAL FEES C REPAIRS & MAINTENANCE d MISCELLANEOUS	104,716	25,131	39,792	39,793
14 Information technology				
14 Information technology				
14 Information technology	21,960	5,670	7,164	9,126
15 Royalties		,		<u> </u>
16 Occupancy				
17 Travel	27,920	1,129	24,891	1,900
Payments of travel or entertainment expenses for any federal, state, or local public officials	27,320	1,123	24,031	1,500
state, or local public officials				
20 Interest				
20 Interest				
22 Depreciation, depletion, and amortization	104	0	104	0
22 Depreciation, depletion, and amortization				
23 Insurance	27,586	0	27,586	0
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 b PROFESSIONAL FEES c REPAIRS & MAINTENANCE d MISCELLANEOUS	,		,	
a PROMOTION & DEVELOPMENT b PROFESSIONAL FEES c REPAIRS & MAINTENANCE d MISCELLANEOUS				
b PROFESSIONAL FEES c REPAIRS & MAINTENANCE d MISCELLANEOUS	82,306	0	0	82,306
c REPAIRS & MAINTENANCE d MISCELLANEOUS	58,757	13,658	22,119	22,980
d MISCELLANEOUS	14,177	1,108	11,205	1,864
	27,053	3,176	8,834	15,043
C /// Odici expeliaca	27,033	3,1,0	0,034	13,043
25 Total functional expenses. Add lines 1 through 24e	2 402 575	3 722 42 :	272 501	200 501
	3,499,576	2,729,484	370,501	399,591
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)				
			<u> </u>	rm 990 (2014)

Form 990 (2014)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in the	nıs Part	x			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			100	1	100
	2	Savings and temporary cash investments		•	2,016,299	2	4,417,281
	3	Pledges and grants receivable, net			73,269	3	36,687
	4	Accounts receivable, net			205	4	48
	5	Loans and other receivables from current and former officers, diemployees, and highest compensated employees Complete Paschedule L	rt II of			5	
s	6	Loans and other receivables from other disqualified persons (as section 4958(f)(1)), persons described in section 4958(c)(3)(E employers and sponsoring organizations of section $501(c)(9)$ v beneficiary organizations (see instructions) Complete Part II of	3), and o	contributing y employees'		6	
4ssets	7	Notes and loans receivable, net			44,731	7	42,376
ď	8	Inventories for sale or use			1,,,,,,,,	8	12,010
	9	Prepaid expenses and deferred charges			41,696		40,721
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	 	• • 651,801			10,121
	ь	Less accumulated depreciation	10b	239,579	418,050	10c	412,222
	11	Investments—publicly traded securities			76,858,647	11	79,548,708
	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)			79,452,997	16	84,498,143
	17	Accounts payable and accrued expenses			5,241	17	5,590
	18	Grants payable	950,111	18	1,132,042		
	19	Deferred revenue	000,111	19	1,102,042		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability Complete Part IV of Sche		21			
lities	22	Loans and other payables to current and former officers, directo key employees, highest compensated employees, and disqualifications.	rs, trus			21	
Liabili		persons Complete Part II of Schedule L		22			
ï	23	Secured mortgages and notes payable to unrelated third parties			14,288	23	
	24	Unsecured notes and loans payable to unrelated third parties			,	24	
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Par					
		D	5,393,727	25	5,902,441		
	26	Total liabilities. Add lines 17 through 25			6,363,367	26	7,040,073
s es		Organizations that follow SFAS 117 (ASC 958), check here ► □ lines 27 through 29, and lines 33 and 34.	and o	omplete			
Ĉ O	27	Unrestricted net assets	73,089,630	27	77,458,070		
e H	28	Temporarily restricted net assets		28			
듣	29	Permanently restricted net assets				29	
Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	re ► 「	and			
ت رو	30	Capital stock or trust principal, or current funds				30	
Ř	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32	
Š	33	Total net assets or fund balances		•	73,089,630	33	77,458,070
_	34	Total liabilities and net assets/fund balances			79 452 997	3/1	84 498 143

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		12.2	295,887
2	Total expenses (must equal Part IX, column (A), line 25)				
_		2		3,4	199,576
3	Revenue less expenses Subtract line 2 from line 1	3		8,7	96,311
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			72.0	200.620
5	Net unrealized gains (losses) on investments	4		/3,0	089,630
,	Net unrealized gains (1033es) on investments	5		-3,9	56,377
6	Donated services and use of facilities	6			
7	Investment expenses				
		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)				
40		9		- 4	71,494
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		77,4	158,070
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ved or	וו		
	Separate basis Consolidated basis Both consolidated and separate basis				1
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepai basis, consolidated basis, or both	rate			
	▼ Separate basis				1
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<u></u>	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

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DLN: 93493119000145

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

		ne organization A REGION COMMUNITY FOUN	IDATION INC				Employer identifica	ation number
CIIAO	inoqor	A REGION COMMONITY TOOK	IDATION INC				16-1116837	
Pa	rt I	Reason for Publi	c Charity S	Status (All organiza	tions must co	mplete this p		ns.
The o	rganı	zation is not a private fo	oundation bec	ause it is (For lines 1	through 11, ch	eck only one b	ox)	
1	Γ	A church, convention	of churches, o	r association of churc	hes described i	n section 170(l	b)(1)(A)(i).	
2	Γ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)						
3	Γ	A hospital or a cooper	atıve hospıtal	service organization o	described in sec	tion 170(b)(1)	(A)(iii).	
4	Γ	A medical research or hospital's name, city,		erated in conjunction v	vith a hospital d	lescribed in sec	ction 170(b)(1)(A)(iii). Enter the
5	Γ	An organization opera		nefit of a college or uni	versity owned o	r operated by	a governmental unıt d	escribed in
		section 170(b)(1)(A)	(iv). (Complet	e Part II)				
6	Γ	A federal, state, or loc	al governmen	t or governmental unit	described in se	ection 170(b)(1	L)(A)(v).	
7	Γ	An organization that n described in section 1	•	· · · · · · · · · · · · · · · · · · ·		om a governme	ental unit or from the o	general public
8		A community trust des		• •	•	tII)		
9	Γ	An organization that n	ormally receiv	ves (1) more than 33	1/3% of its supp	ort from contri	butions, membership	fees, and gross
		receipts from activitie	s related to it	s exempt functions—s	ubject to certai	n exceptions, a	and (2) no more than 3	331/3% of
		ıts support from gross	ınvestment ır	ncome and unrelated b	usıness taxable	e income (less	section 511 tax) from	n businesses
		acquired by the organi	ızatıon after Ju	ine 30, 1975 See sec	tion 509(a)(2).	(Complete Pa	rt III)	
10	Γ	An organization organ	ized and opera	ated exclusively to tes	t for public safe	ty See sectio i	n 509(a)(4).	
11	Γ	An organization organ one or more publicly s						
	_	the box in lines 11a th						
а	ı	Type I. A supporting of supported organization	n(s) the power	to regularly appoint o	r elect a majori			
h	\vdash	organization You mus Type II. A supporting				with its sunno	rted organization(s)	ov having control or
	,	management of the su						
		must complete Part IV					3 11	3 ()
C	Γ	Type III functionally	_		•		•	grated with, its
	_	supported organization						innization(s) that is
d	ı	Type III non-function not functionally integr						
		(see instructions) Yo					omone and an account	and a requirement
e	Γ	Check this box if the o					s a Type I, Type II, T	ype III functionally
_		integrated, or Type III non-functionally integrated supporting organization						
f Enter the number of supported organizations								
g		Provide the following i	nformation ab	out the supported orga	inization(s)			
		ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org		(v) A mount of	(vi) A mount of
	1	organization		organization (described on lines 1-9 above or IRC section (see	listed in your governing document?		monetary support (see instructions)	other support (see instructions)
				ınstructions))	Yes	No		

Page 2

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)

	ection A. Public Support									
Cale	endar year (or fiscal year beginning in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,247,451	2,598,752	1,330,545	1,343,280	3,170,2	25 11,690,253			
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	3,247,451	2,598,752	1,330,545	1,343,280	3,170,2	25 11,690,253			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included						4,868,011			
	on line 1 that exceeds 2% of the amount shown on line 11, column									
6	(f) Public support. Subtract line 5 from line 4						6,822,242			
S	ection B. Total Support									
Cale	endar year (or fiscal year	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
7	beginning in) > A mounts from line 4	3,247,451	2,598,752	1,330,545	1,343,280	3,170,2	25 11,690,253			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties	1,014,644	1,160,218	1,397,142	1,160,273	1,239,5				
9	and income from similar sources 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 VI)	98,882	63,151	60,462	48,685	84,63	355,814			
11	Total support Add lines 7 through 10						18,017,879			
12	Gross receipts from related activiti		·			12				
	I3 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									
14	Public support percentage for 2014			11, column (f))		14	37 860 %			
15	Public support percentage for 2013	Schedule A , Par	t II, line 14			15	48 860 %			
16a	33 1/3% support test-2014. If the	organization did i	not check the box	on line 13, and l	ıne 14 ıs 33 1/3%					
	and stop here. The organization qua	ilifies as a publicl	y supported organ	nization			▶ ▼			
Ь	33 1/3% support test—2013. If the				and line 15 is 33	1/3% or more				
17a	box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported									
b	organization 10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part VI how the organiza	nization meets the	e "facts-and-circu	mstances" test,	check this box ar	d stop here.	licly			
18	supported organization Private foundation. If the organizatinstructions	on did not check	a box on line 13,	16a, 16b, 17a, c	or 17b, check this	box and see	►⊏ ►⊏			

Schedule A (Form 990 or 990-EZ) 2014 Page 3 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 year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) 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 2014 (line 8, column (f) divided by line 13, column (f)) 0 % 15 16 Public support percentage from 2013 Schedule A, Part III, line 15 16

18 19a 33 1/3% support tests—2014. 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 ₽-i

Section D. Computation of Investment Income Percentage

Investment income percentage from 2013 Schedule A, Part III, line 17

Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))

17

18

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support tests—2013. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

0 %

17

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
Pt II Ln 10	Other Income Part II, Line 10 Description RETURNED GRANTS 2010 \$24,639 2011 \$44,919 2012 \$42,074 2013 \$26,752 2014 \$68,185 Description OTHER INCOME 2010 62073 2011 1667 2012 605 2013 4549 2014 1080 Description NON-CONTRIB FR RECEIPTS 2010 \$12,170 2011 \$16,565 2012 \$17,783 2013 \$17,384 2014 \$15,369
Pt II Ln 10	Other Income Part II, Line 10 Description RETURNED GRANTS 2010 24639 2011 44919 2012 42074 2013 26752 2014 68185 Description OTHER INCOME 2010 62073 2011 1667 2012 605 2013 4549 2014 1080 Description NON-CONTRIB FR RECEIPTS 2010 12170 2011 16565 2012 17783 2013 17384 2014 15369

Schedule A (Form 990 or 990-EZ) 2014

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DLN: 93493119000145

OMB No 1545-0047

SCHEDULE D Supplemental Financial Statements (Form 990)

Department of the Treasury

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

ntema	l Revenue Service	Information about Schedule D (For	m 990) and its instructions is at <u>www.irs</u>	<u>.gov/form990</u> .	Inspect	ion
	me of the organ AUTAUQUA REGION	ization COMMUNITY FOUNDATION INC		Employer identificat	ion numbe	r
Pa		nizations Maintaining Donor Ad zation answered "Yes" to Form 99	lvised Funds or Other Similar Fu	16-1116837 Inds or Accounts.	Complet	e if the
	Organi.	zation answered Tes to Form 33	(a) Donor advised funds	(b) Funds and o	ther accour	nts
1	Total number a	at end of year	25	(2) :		624
2		ue of contributions to (during year)	785,925		2,3	384,300
3		ue of grants from (during year)	57,245			80,44
4		ue at end of year	2,364,515		-	. 33,62
5	Did the organi		sors in writing that the assets held in donc	or advised	✓ Yes	┌ No
6	used only for c		donor advisors in writing that grant funds e efit of the donor or donor advisor, or for an		∀ Yes	┌ No
Pa	rt III Conse	ervation Easements. Complete	f the organization answered "Yes" to	Form 990, Part IV	, line 7.	
2	Preservation Preservation Complete lines		n or education) Preservation of an	historically important ertified historic struct ne form of a conservat	ure	
	easement on t	he last day of the tax year	Г	Held at the	End of the	
а	Total number (of conservation easements	-	2a	ena or the	<u>rear</u>
a b		restricted by conservation easements	-	2b		
_		servation easements on a certified his	toric structure included in (a)			
C			· · · ·	2c		
d		iservation easements included in (c) ac ure listed in the National Register	quired after 8/17/00, and not on a	2d		
3		servation easements modified, transfe	rred, released, extinguished, or terminated	d by the organization o	luring	
4	,					
		tes where property subject to conserva				
5	enforcement o	fthe conservation easements it holds?			☐ Yes	┌ No
6	Staff and volur	nteer hours devoted to monitoring, insp 	ecting, and enforcing conservation easem	ients during the year		
7	•	enses incurred in monitoring, inspectir	g, and enforcing conservation easements	during the year		
8		nservation easement reported on line 2 70(h)(4)(B)(ii)?	(d) above satisfy the requirements of sect	tion 170(h)(4)(B)(ı)	☐ Yes	┌ No
9	balance sheet		onservation easements in its revenue and he footnote to the organization's financial lents			
Pai	t IIII Organ		ns of Art, Historical Treasures, o	or Other Similar A	\ssets.	
1a	works of art, h	istorical treasures, or other similar ass	116 (ASC 958), not to report in its reven ets held for public exhibition, education, o to its financial statements that describes	or research in furthera		
Ь	works of art, h		116 (ASC 958), to report in its revenue s ets held for public exhibition, education, c se items			ıc
	(i) Revenue in	icluded in Form 990, Part VIII, line 1		- \$		
	(ii) Assets inc	luded in Form 990, Part X				
2	If the organiza	tion received or held works of art, histo	rical treasures, or other similar assets fo 5 116 (ASC 958) relating to these items			
а	<u>-</u>	ded in Form 990, Part VIII, line 1		► \$		
_	Kevenue molu	ueu iii Fuiiii 990, Falt VIII, IIIIe I		- >		

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art,	His	torical	<u>Treasu</u>	res, or O	<u>ther</u>	Similar As	sets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ds, ch	eck any o	of the follo	owing that a	re a s	ignificant use	e of its	
а	Public exhibition		d	☐ Loa	n or excl	hange progra	ams			
b	Scholarly research		e	┌ oth	ier					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n hov	v they furt	her the o	organization	's exe	mpt purpose	ın	
5	During the year, did the organization solicit	or receive donations	ofar	t, hıstorıc	al treasu	res or other	sımıl	ar		
	assets to be sold to raise funds rather than	to be maintained as	part o	f the orga	inization'	s collection	?		│ Yes	☐ No
Par	Part IV, line 9, or reported an ar					n answered	d "Ye	s" to Form 9	990,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	dıary	for contri	butions o	or other ass	ets no	ot	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	follow	ıng table		_				
						L		Ar	nount	
C	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21,1	for escrov	vorcusto	odial accour	nt liab	ılıty?	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II Check here if the	expla	nation ha	ıs been p	rovided in P	art XI	III		Γ
Pa	rt V Endowment Funds. Complete									
		(a)Current year		Prior year				ree years back	(e)Four	years back
1a	Beginning of year balance	76,742,889		65,933,7	22	59,450,135		60,700,464		52,841,158
b	Contributions	2,260,179		909,12	25	1,081,737		2,389,466		3,425,325
C	Net investment earnings, gains, and losses	4,960,865		12,920,0	54	7,937,080		-1,001,971		6,915,490
d	Grants or scholarships	2,435,074		2,262,4		1,834,911		1,927,723		1,835,170
e	Other expenditures for facilities and programs	899,241		723,82	24	668,029		681,510		608,941
f	Administrative expenses	34,710		33,74	12	32,290		28,591		37,398
g	End of year balance	80,594,908		76,742,88	39	65,933,722		59,450,135		60,700,464
2	Provide the estimated percentage of the cur	rent year end balanc	e (lın	e 1g, colu	ımn (a)) l	neld as				
а	Board designated or quasi-endowment 🕨	100 000 %								
ь	Permanent endowment ▶									
c	Temporarily restricted endowment ►									
_	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%								
3a	Are there endowment funds not in the posse	ssion of the organiza	ition t	hat are h	eld and a	dministered	for th	ne		
	organization by	_							Ye	s No
	(i) unrelated organizations						•	3a	• •	No
	(ii) related organizations							3a(No
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the second of the second of the second or the second of the second or the second of the second or the seco	•			٠		•	3	b	
	t VI Land, Buildings, and Equipme				on answ	vared 'Vac	to F	orm 990 D:	art IV	lına
FeI	11a. See Form 990, Part X, line		iie oi	gamzad	On ansv	vereu res	10 1	OIIII 220, FE	arciv,	ilite
	Description of property				t or other vestment)	(b)Cost or o basis (othe		(c) Accumulate depreciation	d (d)	Book value
1a	Land					18	,500			18,500
	Buildings						,524	194,4	172	382,052
	Leasehold improvements					1		17		,
	Equipment					56	,777	45,1	107	11,670
	Other									,
	I. Add lines 1a through 1e (Column (d) must e		, colu	mn (B), lıı	ne 10(c).)					412,222
	<u> </u>	, , , , , , , , , , , , , , , , , , , ,		. ,,	()-)				D (Form	990) 2014

Part VII Investments—Other Securities. Com	plete if the organization	answered 'Yes' to Forr	n 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of va	
(including name of security)		Cost or end-of-year n	narket value
(1)Financial derivatives (2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Co	mplete if the organization	n answered 'Yes' to Fo	rm 990, Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of va	lustion
(a) Description of investment	(b) Book value	Cost or end-of-year n	
Total (Column (h) must equal Form 990 Part X col (B) line 13.)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization			orm 990. Part X. line 15
(a) Descrip			(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	(.)		
Part X Other Liabilities. Complete if the organ			ne 11e or 11f. See
Form 990, Part X, line 25. (a) Description of liability	(h) Pook value		
	(b) Book value		
Federal income taxes	24242		
GIFT ANNUITIES PAYABLE FUNDS HELD FOR AGENCIES	242,127 5,660,314		
TONDS HELD FOR AGENCIES	3,000,314		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	E 002 444		
10tal. (Column (b) must equal Form 990, Part X, col (b) line 25)	5,902,441		

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per the organization answered 'Yes' to Form 990, Part IV, line 12a.	er R	Leturn Complete If
1	Total revenue, gains, and other support per audited financial statements	1	7,601,576
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments 2a -3,956,377		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)...........2d		
e	Add lines 2a through 2d	2e	-3,956,377
3	Subtract line 2e from line 1	3	11,557,953
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 XIII)		
c	Add lines 4a and 4b	4c	737,934
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	12,295,887
	Reconciliation of Expenses per Audited Financial Statements With Expenses if the organization answered 'Yes' to Form 990, Part IV, line 12a.		T
1	Total expenses and losses per audited financial statements	1	3,237,308
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII).............. 2d	_	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,237,308
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII) 4b 262,268		
c	Add lines 4a and 4b	4c	262,268
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	3,499,576
	XIII Supplemental Information		

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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional ınformatıon

Return Reference	Explanation
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
Pt X, Line 2	LIABILITY UNDER FIN 48 FOOTNOTE IN ACCORDANCE WITH US GENERALLY ACCEPTED ACCOUNTING PRINCIPALS, 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 PENALITIES AND INTEREST ASSOCIATED WITH UNCERTAIN TAX POSITIONS WOULD BE INCLUDED AS PART OF ANY INCOME TAX PROVISION FOR 2014, THERE WERE NO PENALITIES AND INTEREST RECOGNIZED RELATED TO UNCERTAIN TAX PROVISIONS THE FOUNDATION FILES EXEMPT ORGANIZATION RETURNS WITH THE US FEDERAL AND NEW YORK JURISDICTIONS THE FOUNDATION'S RETURNS PRIOR TO 2011 ARE CLOSED
Pt XI, Line 4b	RECONCILIATION OF REVENUE-OTHER AGENCY FUNDS \$743,472, NET REVALUATION OF CHARITABLE GIFT ANNUITIES \$22,616, SPECIAL EVENTS EXPENSES \$-28,155, ROUNDING \$1 TOTAL = \$737,934
Pt XII, Line 4b	RECONCILIATION OF EXPENSES - OTHER AGENCY FUNDS EXPENSE \$262,267, ROUNDING \$1 TOTAL = \$262,268

Jenedale 2 (1 31111 33 3) 23 13		r age 3		
Part XIII Supplemental Information	on (continued)			
Return Reference	Explanation			
l				
-				

Schedule D (Form 990) 2014

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DLN: 93493119000145

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

Supplemental Information Regarding

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization				·	Er	nployer ider	ntification number
CHAUTAUQUA REGION COMM	TUNITY FOUNDALL	ONINC			16	5-1116837	
Part I Fundraising Active filers are not required.			ganızatıd	on answered "Yes" to	Form 990), Part IV,	line 17. Form 990-EZ
1 Indicate whether the organ	ization raised funds	through a	ny of the 1	following activities Che	eck all that	apply	
a Mail solicitations			е	Solicitation of non	n-governme	nt grants	
b Internet and email soli	cıtatıons		f	Solicitation of gov	ernment gr	ants	
c Phone solicitations			g	Special fundraisin	g events		
d In-person solicitations	3						
2a Did the organization have a or key employees listed in							Γ _{Yes} Γ _{No}
b If "Yes," list the ten highesto be compensated at least			fundraıse	rs) pursuant to agreem	ents under	which the fu	ndraiser is
(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	fundrai cust cont contrib	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(or reta fundraise	int paid to ined by) ir listed in (i)	(vi) A mount paid to (or retained by) organization
1		Yes	No				
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total			▶				
3 List all states in which the registration or licensing	organization is regis	tered or lı	censed to	solicit contributions o	r has been	notified it is	exempt from

Sche	dule	G (Form 990 or 990-EZ) 2014				Page 2
Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of	aising event contribut			
			(a) Event #1	(b) Event #2	(c) O ther events	(d) Total events
			GOLF TOURNAMENT	JDH BANQUET		(add col (a) through col (c))
			(event type)	(event type)	(total number)	() ,
喜	1	Gross receipts	45,372	7,320	11,237	63,929
Revenue	2	Less Contributions	34,029	3,294	11,237	48,560
<u>~</u>	3	Gross income (line 1 minus line 2)	11,343	4,026	5	15,369
	4	Cash prizes				
Expenses	5	Noncash prizes	2,325	141	. 144	2,610
	6	Rent/facility costs				
	7	Food and beverages .	6,878	7,427	7	14,305
Direct B	8	Entertainment			100	100
	9	Other direct expenses .	5,661	1,449	4,030	11,140
	10	Direct expense summary Add lir	nes 4 through 9 in column	(d)		(28,155)
	11	Net income summary Subtract li	ne 10 from line 3, columr	n (d)		-12,786
Par	t II			"Yes" to Form 990, Pa	irt IV, line 19, or repo	<u> </u>
Revenue		\$15,000 on Form 990-EZ, li	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rev	1	Gross revenue				(5)7
	,	Cash prizes				
benses						
ă	3	Non-cash prizes				
Direct B	4	Rent/facility costs				
<u>ā</u>	5	Other direct expenses				
	6	Volunteerlabor	Г Yes% Г Nо	☐ Yes	┌ Yes <u>%</u> ┌ No	
	7	Direct expense summary Add line	s 2 through 5 in column (d)		
	8	Net gaming income summary Sub	tract line 7 from line 1, co	olumn (d)		
9 a b	Ist	ter the state(s) in which the organiz the organization licensed to conduc No," explain	t gaming activities in eac	h of these states?		. 「Yes 「No
10a b		re any of the organization's gaming Yes," explain	licenses revoked, susper	nded or terminated during	the tax year?	

Sche	edule G (Form 990 or 990-EZ) 2014				Page 3						
11	Does the organization conduct gaming	activities with nonn	members?	┌ Yes 「	No No						
12	Is the organization a grantor, beneficia	ry or trustee of a tru	ust or a member of a partnership or other entity								
	formed to administer charitable gaming	۱۶		Г _{Yes} Г	— No						
13	Indicate the percentage of gaming acti		1 1	,							
а	The organization's facility		13a		%						
b	An outside facility				%						
14	Enter the name and address of the pers	on who prepares th	ne organization's gaming/special events books and records								
	Name ▶										
	Address ►										
15a	Does the organization have a contract	with a third party fro	om whom the organization receives gaming								
				┌ Yes 「	— _{No}						
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by	· ·	the organization > \$ and the								
c	If "Yes," enter name and address of the third party										
	Name 🟲										
	Address 🏲										
16	Gaming manager information										
	Name 🟲										
	Gaming manager compensation 🕨 \$										
	Description of services provided										
	Director/officer	_ Employee	☐ Independent contractor								
17	Mandatory distributions										
а	Is the organization required under state	Is the organization required under state law to make charitable distributions from the gaming proceeds to									
	retain the state gaming license?										
b	Enter the amount of distributions requi	red under state law	distributed to other exempt organizations or spent								
	ın the organızatıon's own exempt actıvı		·								
Pa			explanations required by Part I, line 2b, columns (iii) 17b, as applicable. Also provide any additional inforr								
	Return Reference		Explanation								

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DLN: 93493119000145

OMB No 1545-0047

Schedule I (Form 990)

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

CHAUTAUQUA REGION COMMUNITY FOUNDATION INC

16-1116837

General Information on Grants and Assistance

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

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

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SEE ATTACH LIST NON-DONOR-ADVISED SEE ATTACHED, NY 00000			1,355,723				SEE ATTACH
(2) SEE ATTACHED LIST DONOR ADVISED SEE ATTACHED, NY 00000			57,245				SEE ATTACH

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	64
3	Enter total number of other organizations listed in the line 1 table	2

Part III Grants and Other Assistance to Domestic Individuals. 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) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS FOR COLLEGE	651	929,948			
(2) AXEL CARLSON AWARD RECIPIENT	1	1,000			
(3)TOTAL	652	930,948			

Part IV	Supplemental Inform	nation. Provide the information re	equired in Part I, line 🛭	2, Part III, colum	n (b), and an	y other additional information.

Return Reference Explanation

Schedule I (Form 990) 2014

DLN: 93493119000145

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

27 Other ▶(28 Other ► (_

describe in Part II

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

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

Inspection Employer identification number

	ne of the organization UTAUQUA REGION COMMUNITY FOUNDATION 1	NC.		E	mployer identification number
CHA	OTAGOOA REGION COMMONITY TOONDATION I	INC		1	6-1116837
Pa	art I Types of Property				0 1110037
		(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					
8					
9	Securities—Publicly traded .	X	10	34,32	7 AVG FMV WHEN DONATED
	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—O ther				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies .				
21	Taxıdermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
	Other►(KIND GIFTS)	X	20	10,31	8 EST RETAIL COST
26	Other ►()				

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

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

Page 2

Schedule M (Form 990) (2014)

Part II Supplemental Information. 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.

Return Reference Explanation

Schedule M (Form 990) (2014)

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DLN: 93493119000145

OMB No 1545-0047

2014

Open to Public Inspection

Supple

Department of the Treasury
Internal Revenue Service

SCHEDULE 0

(Form 990 or 990-EZ)

Name of the organization

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

·

Employer identification number

16-1116837

990 Schedule O, Supplemental Information

CHAUTAUQUA REGION COMMUNITY FOUNDATION INC

Return Reference	Explanation
Pt VI, Line 6	
Pt VI, Line 7a	ELECTION OF MEMBERS AND THEIR RIGHTS MEMBERS OF THE FOUNDATION MAY ELECT ONE OR MORE MEMB ERS OF THE GOVERNING BOARD OF DIRECTORS AT THE ANNUAL MEETING OF THE FOUNDATION
Pt VI, Line 11b	ORGANIZATION'S PROCESS TO REVIEW FORM 990 CURRENT BOARD MEMBERS WERE PROVIDED A COPY OF T HE 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 ADDRESSES ANY QUESTION S
Pt VI, Line 12c	ENFORCEMENT OF CONFLICTS POLICY THE FOUNDATION REGULARLY AND CONSISTENTLY MONITORS AND EN FORCES COMPLIANCE WITH THE WRITTEN CONFLICT OF INTEREST POLICY THE PROCESS REQUIRES ANNUA L UPDATES OF THE CONFLICT OF INTEREST STATEMENT BY THE BOARD, MEMBERS, STAFF AND VOLUNTEER S
Pt VI, Line 15a	LINE 15a COMPENSATION PROCESS FOR TOP OFFICAL THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND ALL STAFF IS REVIEWED BY THE PERSONNEL COMMITTEE AND THE BOARD OF DIRECTORS THE COUN CIL ON FOUNDATIONS PUBLISHES A SURVEY OF COMPENSATION LEVELS FOR COMMUNITY FOUNDATIONS, WHICH DETAILS THE COMPENSATION FOR THE EXECUTIVE DIRECTOR AND STAFF POSITIONS THIS SURVEY A ND OTHER LOCAL COMPENSATION SURVEYS ARE USED BY THE COMMITTEE AND BOARD OF DIRECTORS WHEN DETERMINING COMPENSATION
Pt VI, Line 15b	COMPENSATION PROCESS FOR OFFICERS SEE RESPONSE TO LINE 15a
Pt VI, Line 19	GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE FOUNDATION'S FORM 990 AND FINANCIAL STATEM ENTS 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.
Pt XI	LINE 9 SEE SUPPORTING SCHEDULE
Other	PART III, LINE 1 ORGANIZATION'S MISSION THE 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

	Descr Assistance Purpose of Grant or Assistance Fiscal Sponser Sponser's EIN	Summer Camp Camperships	ESY Scouting	Scout Fall Recruiting Materials	Allegheny Highlands Council, Inc of Boy Scouts of America, Falconer, New York		American Diabetes Association, Buffalo (Amherst), New York for camperships for Southern Chautauqua County children afflicted with diabetes		American Red Cross	American Red Cross, Southwestern NY Chapter
Grantee 990 - Part 2 Organizations Grantees receiving \$5000 or more Tax Year 2014 Region All Regions	Non-Cash Grant Valuation Method Descr					0		0		
	Cash Grant N	1,500	1,000	1,000	7,238	10,738	6,383	6,383	66	1,000
	IRC Code	501(C) (3)	501(C)(3)	501(C)(3)	501(C)(3)	'	501(C)(3)	1	501(C)(3)	501(C)(3)
	EIN	16-1012578	16-1012578	16-1012578	16-1012578		13-1623888		16-0904250	16-0904250
	Name, address, and zıp	Allegheny Highlands Council, Inc 50 Hough Hill Road P.O Bo 261 Falconer, NY 14733-0261	Allegheny Highlands Council, Inc 50 Hough Hill Road P O Box 261 Falconer, NY 14733-0261	Allegheny Highlands Council, Inc. 50 Hough Hill Road P.O Bo. 261 Falconer, NY 14733-0261	Allegheny Highlands Council, Inc 50 Hough Hill Road P O Box 261 Falconer, NY 14733-0261	Subtotals	American Diabetes Association 315 Alberta Drive Suite 102 Amherst, NY 14226	Subtotals	American Red Cross, Southwestern NY Chapter 325 East Fourth Street Jamestown, NY 14701	American Red Cross, Southwestern NY Chapter 325 East Fourth Street Jamestown, NY 14701

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Page

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Grantee 990 - Part 2 Organizations Grantees receiving \$5000 or more Tax Year 2014 Region All Regions Cash Grant IRC Code EIN

Sponser's EIN Non-Cash Grant Valuation Method Descr Assistance Purpose of Grant or Assistance Fiscal Sponser Financial assistance for the care and maintance of the horses. Disaster Relief Assistance Town Park Survey Project Building Insulation and exterior upgrade Centaur Stride, Inc. Mack House C-SPOT 0 0 0 0 6,500 7,808 10,000 1,000 7,500 6,000 398 1,410 11,099 10,000 10,000 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 23-7448483 22-3203326 23-7448483 22-3203326 16-0904250 22-3203326 160849636 Busti Historical Society 926 Southwestern Drive Jamestown, NY 14701 Busti Historical Society 926 Southwestern Drive Jamestown, NY 14701 American Red Cross, Southwestern NY Chapter 325 East Fourth Street Jamestown, NY 14701 Ashville Free Library 2200 North Maple Street Box 379 Ashville, NY 14710-0379 Name, address, and zip Centaur Stride, Inc. Jones Road P O. Box 174 Westfield, NY 14787 Centaur Stride, Inc. Jones Road P O Box 174 Westfield, NY 14787 Centaur Stride, Inc Jones Road P.O. Box 174 Westfield, NY 14787 Subtotals Subtotals Subtotals Subtotals Grantee 990 - Part 2 Organizations Grantees receiving \$5000 or more

04/01/2015

Tay Tear 2014 Fegion: All Regions	and 21p EIN IRC Code Cash Grant Non-Cash Grant Valuation Method Descr Assistance Purpose of Grant or Assistance Fiscal Sponser's EIN	<pre>1t Day Care 16-1182855 501(C)(3) 550 Ve 14701</pre>	lt Day Care 16-1182855 501(C)(3) 7,000 Latino Outreach to Seniors Expansion Project 14701	7,550	nd 16-0772744 501(C)(3) 6,092 Chautauqua County Blind Association, Inc	nd 16-0772744 501(C)(3) 1,197 Chautauqua Blind Association tt 14701	7,289 0	Inty Health 16-1567513 501(C)(3) 5,059 Advance recruitment and retention of Health Care egrated min tract, 2nd and professionals and retention of Health Care professionals are professionals and professionals are professionals.	5, 059	inty 16-6029585 501(C)(3) 7,000 Historic Structure Report for Chautauqua County Historical Society Building	
	Name, address, and 21p	Chautauqua Adult Day Care Centers, Inc. 663 Lakeview Ave Jamestown, NY 14701	Chautauqua Adult Day Care Centers, Inc 663 Lakeview Ave Jamestown, NY 14701	Subtotals	Chautauqua Blind Association 510 W Fifth St. Jamestown, NY 14701	Chautauqua Blind Association 510 W. Fifth St Jamestown, NY 14701	Subtotals	Chautauqua County Health Network Chautauqua Integrated Delivery System 200 Harison Street, 2nd Floor Jamestown, NY 14701	Subtotals	Chautauqua County Historical Society Village Park P O. Box 7 Westfield, NY 14787	

Grantee 990 - Part 2 Organizations Grantees receiving \$5000 or more. Tax Year 2014 Region All Regions	EIN IRC Code Cash Grant Voluation Method Descr Assistance Purpose of Grant or Assistance Fiscal Sponser's EIN	16-1482132 501(c)(3) 5,500 CCMTA All County Festivals Winter/Spring	5,500 0	16-6002556 Government 950 Elderly unmet need	Sancer Patient Unmet Needs	16-6002556 Government 975 OFA - Cancer Patient Unmet Needs (JK)	Annual Senior Summer Picnic 2014	Emergency (Home Repair) Assistance for Veterans	cancer Patient Unmet Needs II
	!								
	Name, address, and zip	Chautauqua County Music Teachers Association 909 Central Avenue Dunkirk, NY 14048	Subtotals	Chautauqua County Office for the Aging Hall Clothier Building 7 North Erie Street Mayville, NY 14757	Chautauqua County Office for the Aging Hall Clothier Building 7 North Erie Street Mayville, NY 14757	Chautauqua County Office for the Aging Hall Clothier Building 7 North Erie Street Mayville, NY 14757	Chautauqua County Office for the Aging Hall Clothier Building 7 North Erie Street Mayville, NY 14757	Chautauqua County Office for the Aging Hall Clothier Building 7 North Erie Street Mayville, NY 14757	Chautauqua County Office for the Aging Hall Clothier Building 7 North Erie Street Mayville, NY 14757

04/01/2015

Sponser's EIN Non-Cash Grant Valuation Method Descr Assistance Purpose of Grant or Assistance Fiscal Sponser Evaluate Harmful Algal Blooms in Chautauqua Lake 2014 Chautauqua Lake Maintenance Assistance Grant Chautauqua Lake Association To expand programs and services for older adults through the Office for the Aging "Healthy Bones" Chautauqua County 2014 Chautauqua Lake Maintenance Assistance Matching Grant 2014 RSVP Required Supplemental Volunteer Insurance 2014 RSVP Volunteer Unmet Needs (RP) Recognition Grantee 990 - Part 2 Organications Grantees receiving \$5000 or more. Tax Year 2014 Region. All Regions ! 0 0 26,855 009 4,000 7,500 15,000 1,505 322 9,027 401 1,500 4,427 Cash Grant Government Government IRC Code 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) Chautauqua Lake Association 16-0772742 429 E. Terrace Avenue Lakewood, NY 14750 Chautaugua Lake Association 16-0772742 429 E Terrace Avenue Lakewood, NY 14750 Chautauqua Lake Association 16-0772742 429 E. Terrace Avenue Lakewood, NY 14750 Chautaugua Lake Association 16-0772742 429 E. Terrace Avenue Lakewood, NY 14750 16-6002556 16-0765309 16-0765309 16-6002556 16-0765309 EIN Chautauqua County Office for the Aging Hall Clothner Building 7 North Erie Street Mayville, NY 14757 Chautauqua County Office Chautauqua County RSVP 715 Falconer Street Jamestown, NY 14701 Chautauqua County RSVP 715 Falconer Street Jamestown, NY 14701 Chautauqua County RSVP 715 Falconer Street Jamestown, NY 14701 for the Aging Hall Clothier Building 7 North Erie Street Mayville, NY 14757 Name, address, and zip Subtotals Subtotals

Page

	Descr Assistance Purpose of Grant or Assistance Fiscal Sponser's EIN	Chautauqua Striders Track maintenance		Facebook Contest	New Technology Improvements		Veterans Park Relocation - Various Invoices	Princess Club	Lillian Dickson Park Project	Maintenance and/or upgrades to the Underground Railroad Tableau as deemed necessary		2014 Halloween Fun Fest
- Part 2 Organizations celving \$5000 or more. 14 Regions	Valuation Method		10			- 0					10	
Grantee 990 - Part Grantees receiving Tay Year 2014 Region: All Regions	Non-Cash Grant	10					10		10	10		
	Cash Grant	7,156	23,156	500	6,949	7,449	27,516	1,000	5,546	196	34,259	009
	IRC Code	501(C)(3)		501(C)(3)	501(C)(3)		Government	Government	Government	Government		Government
	NIE	16-1156685		27-3006132	27-3006132		16-6002545	16-6002545	16-6002545	16-6002545		16-6002545
	Name, address, and 21p	Chautauqua Striders, Inc. 301 East Second Street Suite 102 Jamestown, NY 14701	Subtotals	Child Advocacy Program 405 West Third Street Jamestown, NY 14701	Child Advocacy Program 405 West Third Street Jamestown, NY 14701	Subtotals	City of Jamestown 200 East Third Street Municipal Building Jamestown, NY 14701	City of Jamestown 200 East Third Street Municipal Building Jamestown, NY 14701	City of Jamestown 200 East Third Street Municipal Building Jamestown, NY 14701	City of Jamestown 200 East Third Street Municipal Building Jamestown, NY 14701	Subtotals	City of Jamestown Parks, Recreation and Conservation Dept. 145 Steele Street

Jamestown, NY 14701

04/01/2015

11:04 AM

Chautauqua Region Community Foundation, Inc

Page

Grantee 990 - Part 2 Organizations Grantees receiving \$5000 or more Tax Year 2014 Region: All Regions EIN Name, address, and zip

Sponser's EIN Non-Cash Grant Valuation Method Descr Assistance Purpose of Grant or Assistance Fiscal Sponser City Tree Planting 2014 - Ring Elementary School 2014 Summer Playground Program 2014 Summer Bandshell Concert 2014 Physician Recruitment Falconer Public Library Museum House Window Replacement 5,000 13,000 800 7,500 7,500 5,000 11,400 20,000 20,000 IRC Code Cash Grant Government Government 16-6002545 Government Government 501(C)(3) 501(C)(3) City of Jamestown Strategic 16-6002545
Planning & Partnership
Commission
Municipal Building
200 E. Third Street
Jamestown, NY 14701 16-6002545 16-6002545 16-6002464 16-1469526 City of Jamestown Parks, Recreation and Conservation Dept. 145 Steele Street Jamestown, NY 14701 City of Jamestown Parks, Recreation and Conservation Dept. 145 Steele Street Jamestown, NY 14701 City of Jamestown Parks, Recreation and Conservation Falconer Public Library 101 W. Main St Falconer, NY 14733 Clymer Area Historical Society P O. Box 163 Clymer, NY 14724 14701 Dept 145 Steele Street Jamestown, NY Subtotals Subtotals Subtotals

				Grantee 990 - Part Grantees receiving Ta. Year 2014 Region: All Regions	Grantee 990 - Part 2 Organizations Grantees receiving \$5000 or more Tax Year 2014 Region: All Regions	ø.			
Name, address, and zip	EIN	IRC Code C	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance Fis	Fiscal Sponser Sponser's E	EIN
Fenton History Center 67 Washington St Jamestown, NY 14701	16-6093016	501(C)(3)	000'6				Transforming the Fenton History Center Project		
Fenton History Center 67 Washington St Jamestown, NY 14701	16-6093016	501(C)(3)	460				Fenton Historical Society		
Fenton History Center 67 Washington St Jamestown, NY 14701	16-6093016	501(C)(3)	460				Fenton Historical Society		
Fenton History Center 67 Washington St. Jamestown, NY 14701	16-6093016	501(C)(3)	1,531				Hall House Research Center Fire Safety		
Subtotals		1	28,117	0					
First Lutheran Church 120 Chandler Street Jamestown, NY 14701	16-0775577	501(C)(3)	4,000				Service Awards		
First Lutheran Church 120 Chandler Street Jamestown, NY 14701	16-0775577	501(C)(3)	9 9 9				Bell Choir Enhancement Fund		
First Lutheran Church 120 Chandler Street Jamestown, NY 14701	16-0775577	501(C)(3)	2,000				First Lutheran Church's Center Street Garden Project		
First Lutheran Church 120 Chandler Street Jamestown, NY 14701	16-0775577	501(C)(3)	4,000				First Lutheran Church Service Awards		
First Lutheran Church 120 Chandler Street Jamestown, NY 14701	16-0775577	501(C)(3)	3,836				First Lutheran Church		
Subtotals		·	14,531	0					

Grantee 990 - Part 2 Organizations Grantees receiving \$5000 or more. Tav Year 2014 Region All Regions	RC Code Cash Grant Non-Cash Grant Valuation Method Descr Assistance Purpose of Grant or Assistance Fiscal Sponser's EIN	For building maintenance and equipment and for the purchase of new books/periodicals	01(C)(3) 1,001 Fluvanna Free Library	01(C)(3) 1,073 Fluvanna Free Library	01(C)(3) 1,073 Fluvanna Free Library	For the benefit of Fluvanna Free Library; half for maintenance of the building and equipment and half for the purchase of new books/periodicals	Computer Refresh and Upgrade - Phase 1	7,241 0	01(C)(3) 9,000	0 000'6	01(C)(3) 2,000 Updating Cemetery Data Base
Grantee Grantee Tav Yea Region	}	1,073	1,001	1,073	1,073	1,073	1,950	7,241	000,6	9,000	2,000
	IRC Code Cas	501(C)(3)	501(C)(3)	501(C)(3)	501(C)(3)	501(C)(3)	501 (C) (3)	!	501(C)(3)		501(C)(3)
	EIN	16-6036282	16-6036282	16-6036282	16-6036282	16-6036282	16-6036282		16-1078081		16-0743298
	Name, address, and Z1p	Fluvanna Free Library 3532 Fluvanna Avenue Extension Jamestown, NY 14701	Fluvanna Free Library 3532 Fluvanna Avenue Extension Jamestown, NY 14701	Fluvanna Free Library 3532 Fluvanna Avenue Extension Jamestown, NY 14701	Fluvanna Free Library 3532 Fluvanna Avenue Extension Jamestown, NY 14701	Fluvanna Free Library 3512 Fluvanna Avenue Extension Jamestown, NY 14701	Fluvanna Free Library 3532 fluvanna Avenue Extension Jamestown, NY 14701	Subtotals	Harmony Historical Society 1943 Open Meadows Road Box 127 Ashville, NY 14710	Subtotals	Holy Apostles Parish 508 Cherry Street Jamestown, NY 14701-5024

Grantee 990 - Part 2 Organizations Grantees receiving \$5000 or more Tax Year 2014 Region: All Regions	IRC Code Cash Grant Non-Cash Grant Valuation Method Descr Assistance Purpose of Grant or Assistance Fiscal Sponser's EIN	143298 501(C)(3) 9,121 Holy Apostles Parish	11,121 0	317372 501(C)(3) 2,000 Project Chair Lift	31/372 501(C)(3) 3,014 Holy Trinity Lutheran Church	317372 501(C)(3) 2,100 Updating sound system	7,114	432409 501(C)(3) 10,000	432409 501(C)(3) 5,543 Hospice Chautauqua County	Hospice of Chautauqua County (3) 991	16,534 0
			11,11								16,5
	EIN	16-0743298		16-0817372	16-0817372	16-0817372		22-2432409	22-2432409	22-2432409	
	Name, address, and 21p	Holy Apostles Parish 508 Cherry Street Jamestown, NY 14701-5024	Subtotals	Holy Trinity Lutheran Church C/O Pastor Bob Kasting 825 Forest Avenue Jamestown, NY 14701	Holy Trinity Lutheran Church C/O Pastor Bob Kasting 825 Forest Avenue Jamestown, NY 14701	Holy Trinity Lutheran Church c/o Pastor Bob Kasting 825 Forest Avenue Jamestown, NY 14701	Subtotals	Hospice Chautauqua County, Inc. 20 W Fairmount Avenue Lakewood, NY 14750	Hospice Chautauqua County, Inc 20 W. Fairmount Avenue Lakewood, NY 14750	Hospice Chautauqua County, Inc. 20 W Fairmount Avenue Lakewood, NY 14750	Subtotals

Page

11:04 AM

Grantee 990 - Part 2 Organizations Grantees receiving \$5000 or more Tax Year 2014 Region All Regions IRC Code Cash Grant EIN Name, address, and zip

Non-Cash Grant Valuation Method Descr Assistance Purpose of Grant or Assistance Fiscal Sponser's EIN New Home The Lynn Building Lakewood Starz Local Show Costumes 2014 Cultural Percussion Instruments Chautauqua Concert Band Outreach Steel Drum Tuning Scholarships 1,000 1,558 2,000 25,000 1,295 8,500 501(C)(3) 501(C)(3) 501 (C) (3) 501(C)(3) 30-0268598 501(C)(3) 501(C)(3) 30-0268598 30-0268598 30-0268598 30-0268598 30-0268598 Infinity Visual & Performing Arts Program 301 East 2nd Street; Lynn Building Suite 101 Jamestown, NY 14701 Infinity Visual & Performing Arts Program 301 East 2nd Street; Lynn Building Suite 101 Jamestown, NY 14701 Infinity Visual & Performing Arts Program 301 East 2nd Street, Lynn Building Suite 101 Jamestown, NY 14701 Infinity Visual &
Performing Arts Program
301 East 2nd Street, Lynn
Building
Suite 101
Jamestown, NY 14701 Infinity Visual &
Performing Arts Program
301 East 2nd Street; Lynn
Building
Suite 101
Jamestown, NY 14701 Infinity Visual & Performing Arts Program 301 East 2nd Street, Lynn Building Suite 101 Jamestown, NY 14701

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39,353

Subtotals

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	ser Sponser's EIN									
	Fiscal Sponser									
	Purpose of Grant or Assistance	Library Signage 2014	2014 Fiction Genres	American Mosaic Books	James Prendergast Library	Computer Lab Relocation	James Prendergast Library	Summer Reading 2014	James Prendergast Library Association	2013 Children's Tablets
lons Le	Descr Assistance									
Grantee 990 - Part 2 Organizations Grantees receiving \$5000 or more Tax Year 2014 Region All Regions	Valuation Method									
Grantee 990 - Part : Grantees receiving : Tax Year 2014 Region All Regions	Non-Cash Grant									
	Cash Grant	1,461	2,000	10,000	2,762	5,000	2,762	2,000	150	2,000
	IRC Code	501(C)(3)								
	E I N	16-0840340	16-0840340	16-0840340	16-0840340	16-0840340	16-0840340	16-0840340	16-0840340	16-0840340
	Name, address, and 21p	James Prendergast Library Association 509 Cherry Street Jamestown, NY 14701								

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ganızatıons	0 or more			
Grantee 990 - Part 2 Organizations	Grantees receiving \$5000 or more	Tax Year 2014	Region All Regions	

Ta> Year 2014 Region All Regions	IRC Code Cash Grant Non-Cash Grant Valuation Method Descr Assistance Purpose of Grant or Assistance Fiscal Sponser's EIN	501(C)(3) 1,272 2014 Ladders	501(C)(3) 364 James Prendergast Library	501(C)(3) 2,762 James Prendergast Library Association of Jamestown, NY	501(C)(3) 2,762 James Prendergast Library	501(C)(3) 468 James Prendergast Library Association	501(C)(3) 249 James Prendergast Library	501(C)(3) 99 James Prendergast Library (5%)	501(C)(3) 1,344 James Prendergast Library	37,453 0
Tax Year 2 Region Al	Cash Grant Non-Cash									
	Zlp EIN	1brary 16-0840340	lbrary 16-0840340	1brary 16-0840340	abrary 16-0840340	lbrary 16-0840340	.1brary 16-0840340	.lbrary 16-0840340	.1brary 16-0840340	
	Name, address, and 21p	James Prendergast Library Association 509 Cherry Street Jamestown, N: 14701	James Prendergast Library Association 509 Cherry Street Jamestown, NY 14701	Subtotals						

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Grantee 990 – Part 2 Organizations Grantees receiving \$5000 or more. Tax Year 2014 Region: All Regions	Valuation Method Descr Assistance Purpose of Grant or Assistance Fiscal Sponser's EIN	Thirteen-Year-Old World Series		2014-2015 CEO Scholarships - Fall and Traditional Students	2014-15 CEO Scholarships	CEO Spring Term Scholarship - Gomez-Martinez, Spencer		NYSTEEA - Tech Wars	JCC Summer Youth Tuition Assistance	Spring 2014 IAABO Scholarships	Spring 2014 CEO Scholarships
Grantee 990 - Part Grantees receiving Tax Year 2014 Region: All Regions	Cash Grant Non-Cash Grant	468	10,468 0	4,333	000'9	699	11,001	607	1,180	2,000	9,500
	IRC Code Cash	501(C)(3)	1	Private Sc	Private Sc	Private Sc		Public Sch	Public Sch	Public Sch	Public Sch
	EIN	16-1132634		16-1185240	16-1185240	16-1185240		16-6002650	16-6002650	16-6002650	16-6002650
	Name, address, and 21p	Jamestown Babe Ruth World Series Committee P O Box 1103 Jamestown, NY 14702-1103	Subtotals	Jamestown Business College 7 Fairmount Ave Po Bo., 429 Jamestown, NY 14702-0429	Jamestown Business College 7 Fairmount Ave PO Box 429 Jamestown, NY 14702-0429	Jamestown Business College 7 Fairmount Ave Po Bx 429 Jamestown, NY 14702-0429	Subtotals	Jamestown Community College 525 Falconer Street P.O Box 20 Jamestown, NY 14702-0020	Jamestown Community College 525 Falcorer Street P O Box 20 Jamestown, NY 14702-0020	Jamestown Community College 525 Falconer Street P.O. Box 20 Jamestown, NY 14702-0020	Jamestown Community College 525 Falconer Street P.O Box 20 Jamestown, NY 14702-0020

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Organizations 5000 or more	Valuation Method Descr Assistance Purpose of Grant or Assistance Fiscal Sponser's EIN	CEO Summer 2014 Scholarshıp-Lınamen	Jamestown Community College	Fall 2014 CEO Scholarships	Jamestown Community College	USA Scholarship Awards Program	SUNY Undergraduate Research Conference		Parents as Teachers (Fall) 2013 2014 #2		2014-15 Classical Music Concert Series
Grantee 990 - Part 2 Organizations Grantees receiving \$5000 or more Tax Year 2014 Region: All Regions	Non-Cash Grant	200	342	8,500	1,298	8,815	1,300	31,042	10,000	10,000	5,000
	IRC Code Cash Grant	Public Sch	Public Sch	Public Sch	Public Sch	Public Sch	Public Sch		501(C)(3)		501(C)(3)
	EIN	16-6002650	16-6002650	16-6002650	16-6002650	16-6002650	16-6002650		16-1454342		16-6032699
	Name, address, and zip	Jamestown Community College 525 Falconer Street P O. Bo. 20 Jamestown, NY 14702-0020	Jamestown Community College 525 Falconer Street P O. Bo. 20 Jamestown, NY 14702-0020	Jamestown Community College 525 Falconer Street P O Box 20 Jamestown, NY 14702-0020	Jamestown Community College 525 Falconer Street P.O. Bo. 20 Jamestown, NY 14702-0020	Jamestown Community College 525 Falconer Street P O Bo. 20 Jamestown, NY 14702-0020	Jamestown Community College 525 Falconer Street P.O. Bo. 20 Jamestown, NY 14702-0020	Subtotals	Jamestown Community Learning Council c/o Lincoln School 301 Front Street Jamestown, NY 14701	Subtotals	Jamestown Concert Association 315 N Main Street, Suite 200

11 04 AM

Page 19

Sponser's EIN Fiscal Sponser Descr Assistance Purpose of Grant or Assistance December 2013 distribution -For purchase and distribution of paperback books to young readers, Kindergarten through Third Grade at Love School To provide funding to Love School for the purchase and distribution of paperback books to young readers, Kindergarten through Third Grade Washington Middle School STEM Spring Concert EduSkate - Jamestown Savings Bank Arena Scholarship as per criteria Acct 40G Storytelling Retrospective JPS At Middle School STEM Project Downtown Jamestown Motor Mayhem Stunt Show Grantee 990 - Part 2 Organizations Grantees receiving \$5000 or more. Tax Year 2014 Valuation Method Region All Regions Non-Cash Grant 0 2,000 1,500 5,000 1,225 6,130 200 006 236 191 10,882 Cash Grant Public Sch 501(C)(3) IRC Code 16-6001842 30-0413862 16-6001842 16-6001842 16-6001842 16-6001842 16-6001842 16-6001842 EIN Jamestown Public Schools 197 Martin Road Jamestown, NY 14701 Jamestown Public Schools 197 Martin Road Jamestown, NY 14701 Jamestown Public Schools 197 Martin Road Jamestown, NY 14701 Jamestown Public Schools 197 Martin Road Jamestown, NY 14701 Jamestown Public Schools 197 Martin Road Jamestown, NY 14701 Jamestown Public Schools 197 Martin Road Jamestown, NY 14701 Jamestown Public Schools 197 Martin Road Jamestown, NY 14701 Corporation 119-121 W. Third Street Jamestown, NY 14701 Name, address, and zip Jamestown Renaissance Subtotals Subtotals

11:04 AM

Chautauqua Region Community Foundation, Inc

21

Page

Grantee 990 - Part 2 Organizations Grantees receiving \$5000 or more

				Tax Year 2014 Region: All Regions	egions			
Name, address, and z1p	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponser	Sponser's EIN
Subtotals			5,000	0				
Juvenile Diabetes Research Foundation c/o Mr Alan Berkowitz 26 Broadway, 14th Floor New York, NY 10004	23-1907729	501(C)(3)	8,523			Juvenile Diabetes Research Foundation, Amherst, (Buffalo) New York		
			8,523					
Kennedy Free Library P O. Box 8 Kennedy, NY 14747-0008	16-0803042	501(C)(3)	347			Kennedy Library		
Kennedy Free Library P.O. Bo, 8 Kennedy, NY 14747-0008	16-0803042	501(C)(3)	9,500			New Building Furnishings		
Kennedy Free Library P O Bo、8 Kennedy, NY 14747-0008	16-0803042	501(C)(3)	2,000			New Building Furnishings Fund		
Subtotals			8,847	0				
Lucile M. Wright Air Museum 16-1292300 Fessenden, Laumer & DeAngelo PO Box 590 Jamestown, NY 14702	16-1292300	501(C)(3)	4,000			SEAM Welding and Fabric Construction		
Lucile M. Wright Air Museum 16-1292300 Fessenden, Laumer 6 DeAngelo PO Box 590 Jamestown, NY 14702	16-1292300	501(C)(3)	30,992			Lucile M Wright Air Museum		
Subtotals			34,992	0				

Randolph, NY 14772 Randolph, Area Community Development Corporation 72 Main Street Randolph Area Community 14-1858177 501(C Development Corporation 72 Main Street Randolph Area Community Development Corporation 72 Main Street Randolph, NY 14772 Randolph, NY 14772 Randolph, NY 14772 Randolph Area Community 14-1858177 501(C Development Corporation 72 Main Street Randolph, NY 14772 Randolph, NY 14772 Subtotals Reg Lenna Center for the Arts 116 East Third Street Jamestown, NY 14701 Reg Lenna Center for the Arts 116 East Third Street Jamestown, NY 14701 Reg Lenna Center for the Arts 116 East Third Street Jamestown, NY 14701 Reg Lenna Center for the Arts 116 East Third Street Jamestown, NY 14701	501(C)(3)	Non-Cash Grant 100 100 000 000 500 300	Valuation Method Descr As	Descr Assistance Purity Assist	Purpose of Grant or Assistance Figure 1	Fiscal Sponser	Sponser's EIN
Reg Lenna Center for the 22-2552876 501(C Arts 116 East Third Street Jamestown, NY 14701	501(C)(3) 12	12,882		Re	Reg Lenna Center for the Arts		

				;			
				Grantee 990 - Part Grantees recelving Tax Year 2014 Region All Regions	990 - Part 2 Organizations s receiving \$5000 or more 2.2014 All Regions		
Name, address, and zıp	EHN HHIN HHIN HHIN HHIN HHIN HHIN HHIN H	IRC Code C	Cash Grant	Non-Cash Grant	Valuation Method Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponser Sponser's EIN
Reg Lenna Center for the Arts 116 East Third Street Jamestown, NY 14701	22-2552876	501(C)(3)	7,500			Branding Campaign for the new Reg Lenna Center for the Arts	
Reg Lenna Center for the Arts 116 East Third Street Jamestown, NY 14701	22-2552876	501(C)(3)	20,629			Reg Lenna Center for the Arts - Various Invocies	
Reg Lenna Center for the Arts 116 East Third Street Jamestown, NY 14701	22-2552876	501(C)(3)	o ,			Reg Lenna Civic Center (5%)	
Reg Lenna Center for the Arts 116 East Third Street Jamestown, NY 14701	22-2552876	501(C)(3)	12,882			Reg Lenna Clvic Center	
Reg Lenna Center for the Arts 116 East Third Street Jamestown, NY 14701	22-2552876	501(C)(3)	352			Reg Lenna Clvic Center	
Reg Lenna Center for the Arts 116 East Third Street Jamestown, NY 14701	22-2552876	501(C)(3)	12,882			Reg Lenna Clvic Center	
Subtotals			74,124	0			
Reg Lenna Clvic Center, Inc. Do NoT USE!!!!!!! !!!!!!!!!!!!!!!!!!!!!!!!!!!!!	22-2552876	501(C)(3)	12,882			Reg Lenna Civic Center	
Subtotals		•	12,882	0			
Roger Tory Peterson Institute 311 Curis Street Jamestown, NY 14701	16-1574467	501(C)(3)	5,000			Implementation of a Regional Mobile Device	

Grantee 990 - Part 2 Organizations Grantees receiving \$5000 or more Tax Year 2014

				Region All Regions	egions				
Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponser	Sponser's EIN
Roger Tory Peterson Institute 311 Curtis Street Jamestown, NY 14701	16-1574467	501(C)(3)	S 9 4	94			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)	368	89			Roger Tory Peterson Institute		
Roger Tory Peterson Institute 311 Curtis Street Jamestown, NY 14701	16-1574467	501(C)(3)	9,079	6.			The Roger Tory Peterson Institute		
Roger Tory Peterson Institute 311 Curtis Street Jamestown, NY 14701	16-1574467	501(C)(3)	2,545	51			To assist the Roger Tory Peterson Institute.		
Roger Tory Peterson Institute 311 Curtis Street Jamestown, NY 14701	16-1574467	S01(C)(3)	629	6.			Roger Tory Peterson Institute		
Roger Tory Peterson Institute 311 Curis Street Jamestown, NY 14701	16-1574467	501 (C) (3)	13,914	4			Roger Tory Peterson Institute		
Roger Tory Peterson Institute 311 Curtis Street Jamestown, NY 14701	16-1574467	501(C)(3)	6,478	8.			Roger Tory Peterson Institute		
Roger Tory Peterson Institute 311 Curtis Street Jamestown, NY 14701	16-1574467	501(C)(3)	O1	თ თ			Roger Tory Peterson Institute (5%		

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2 Organizations \$5000 or more.	Valuation Method Descr Assistance Purpose of Grant or Assistance Fiscal Sponser's EIN	Restructuring & Institutional Advancement - year 2		Charitable purposes of the Rotary Club	Jamestown Rotary Handloapped Camp		Clock and Bell Tower Project	Altar Flowers in Memory of James L. and Louise A. Weeks	Altar Flowers in memory of James L and Louise A. Weeks,	St. Luke's Episcopal Church as a Memorial to Donor's parents, James and Louise Meeks, and to Donor's uncle and aunt, Emmet and Anna Ross	Clock and Bell Tower Project II	
Grantee 990 - Part Grantees receiving Tax Year 2014 Region All Regions	Non-Cash Grant Valua		0			0						
	Cash Grant	5,000	43,706	4,760	10,306	15,066	2,000	112	112	9,079	4,000	15,302
	IRC Code	501(C)(3)	1	501(C)(3)	501(C)(3)	1	501(C)(3)	501(C)(3)	501(C)(3)	501(C)(3)	501(C)(3)	•
	BIN	16-1574467		11-3658198	11-3658198		16-0786233	16-0786233	16-0786233	16-0786233	16-0786233	
	Name, address, and zip	Roger Tory Peterson Institute 311 Curtis Street Jamestown, NY 14701	Subtotals	Rotary Club of Jamestown P O Box 454 Jamestown, NY 14702-0454	Rotary Club of Jamestown P O. Box 454 Jamestown, NY 14702-0454	Subtotals	St Luke's Episcopal Church 410 North Main Street Jamestown, NY 14701	St Luke's Episcopal Church 410 North Main Street Jamestown, NY 14701	St Luke's Episcopal Church 410 North Main Street Jamestown, NY 14701	St. Luke's Episcopal Church 410 North Main Street Jamestown, NY 14701	St Luke's Episcopal Church 410 North Main Street Jamestown, NY 14701	Subtotals

	Sponser's EIN								
	Fiscal Sponser Sponsor								
	Purpose of Grant or Assistance	Sts. Peter and Paul Roman and Catholic Church	SS Peter & Paul Roman Catholic Church		Building Project	Chautauqua County Humane Society, Inc. to offset costs related to housing, caring, training and adoption of shelter animals identified as suitable for therapeutic companions for physically challenged individuals or for people with disabilities	Chautauqua County Humane Society	Chautauqua County Humane Society	Chautauqua County Humane Society
S e	Descr Assistance								
Grantee 990 - Part 2 Organizations Grantees receiving \$5000 or more Tax Year 2014 Region: All Regions	Valuation Method								
Grantee 990 - Part Grantees receiving Tax Year 2014 Regions All Regions	Non-Cash Grant			0					
	Cash Grant	5, 688	5,688	22,751	1,000	3,614	1,119	266	644
	IRC Code	501(C)(3)	501(C)(3)	ı	501(C)(3)	501(C)(3)	501(C)(3)	501(C)(3)	501(C)(3)
	NH H	16-1563594			16-6000221	16-6000221	16-6000221	16-6000221	16-6000221
	Name, address, and 21p	Sts. Peter & Paul Roman Catholic Church 508 Cherry Street Jamestown, NY 14701	Sts Peter & Paul Roman Catholic Church 508 Cherry Street Jamestown, NY 14701	Subtotals	The Chautauqua County Humane Society, Inc 2825 Strunk Road Jamestown, NY 14701	The Chautauqua County Humane Society, Inc. 2825 Strunk Road Jamestown, NY 14701	The Chautauqua County Humane Society, Inc. 2825 Strunk Road Jamestown, NY 14701	The Chautauqua County Humane Society, Inc 2825 Strunk Road Jamestown, NY 14701	The Chautauqua County Humane Society, Inc. 2825 Strunk Road Jamestown, NY 14701

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Sponser's EIN Non-Cash Grant Valuation Method Descr Assistance Purpose of Grant or Assistance Fiscal Sponser veterinary care, microchips, spay/neuter, pet food and other expenses For "animal care" including 2014 Low Income Spay/Neuter Chautauqua County Humane Society Chautauqua County Humane Society Chautaugua County Humane Society Operations Chautauqua County Humane Society Chautauqua County Humane Society Chautauqua County Humane Society Chautauqua County Humane medicine/vaccinations, Society Grantee 990 - Part 2 Organizations Grantees receiving \$5000 or more Tax Year 2014 Region: All Regions 365 882 644 644 560 3,614 9,980 644 6,500 Cash Grant IRC Code 501(C)(3) 501(C)(3) 501 (C) (3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 16-6000221 16-6000221 16-6000221 16-6000221 16-6000221 16-6000221 16-6000221 16-6000221 16-6000221 EIN The Chautauqua County Humane Society, Inc. 2825 Strunk Road Jamestown, NY 14701 The Chautauqua County Humane Society, Inc. 2825 Strunk Road Jamestown, NY 14701 The Chautaugua County Humane Society, Inc. 2825 Strunk Road Jamestown, NY 14701 The Chautauqua County Humane Society, Inc. 2825 Strunk Road Jamestown, NY 14701 The Chautauqua County Humane Society, Inc. 2825 Strunk Road Jamestown, NY 14701 The Chautauqua County Humane Society, Inc 2825 Strunk Road Jamestown, NY 14701 The Chautauqua County Humane Society, Inc 2825 Strunk Road Jamestown, NY 14701 Name, address, and zip The Chautauqua County Humane Society, Inc 2825 Strunk Road Jamestown, NY 14701 The Chautauqua County Humane Society, Inc 2825 Strunk Road Jamestown, NY 14701

				Grantee 990 - Part Grantees receiving Tav Year 2014 Region All Regions	Grantee 990 - Part 2 Organizations Grantees receiving \$5000 or more. Tax Year 2014 Region All Regions			
Name, address, and zip	E IN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method Descr Assistance	Purpose of Grant or Assistance	Fiscal Sponser Sponser's	r's EIN
Subtotals			30,476	0				
The Relief Zone, Inc PO Bov 334 Frewsburg, NY 14738	71-1005226	501(C)(3)	1,000			CRCF Field of Interest 2014 Equipment Purchases		
The Relief Zone, Inc. PO Bo/ 334 Frewsburg, NY 14738	71-1005226	501(C)(3)	10,000			Operational Support 2014		
The Relief Zone, Inc PO Box 334 Frewsburg, NY 14738	71-1005226	501(C)(3)	976			Saturday Teen Outreach Program		
The Relief Zone, Inc. PO Box 334 Frewsburg, NY 14738	71-1005226	501(C)(3)	2,000			Facebook Contest - Winner		
The Relief Zone, Inc PO Bo: 334 Frewsburg, NY 14738	71-1005226	501(C)(3)	1,875			Drywell Project		
The Relief Zone, Inc. PO Box 334 Frewsburg, NY 14738	71-1005226	501(C)(3)	633			Rellef Zone		
The Relief Zone, Inc PO Bo: 334 Frewsburg, NY 14738	71-1005226	501(C)(3)	271			The Relief Zone		
Subtotals			19,755	0				
The Robert H Jackson Center, Inc 305 East Fourth Street Jamestown, NY 14701	16-1605121	501(C)(3)	2,000			Studio Upgrades and Portable Camcorder		
The Robert H. Jackson Center, Inc 305 East Fourth Street Jamestown, NY 14701	16-1605121	501(C)(3)	100			Robert H Jackson Center, Inc		

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	unce Fiscal Sponser Sponser's EIN	חשפ	r oeth		ы					
	ance Purpose of Grant or Assistance	For Salute to the Greatest Generation through programming	Robert H Jackson Center for costs related to the Elizabeth S Lenna Fellowship	Robert H Jackson Center	For expenses related to programming events at or created by the Jackson Center	Chautauqua County Airport Dedication Exhibit	Robert H. Jackson Center / Internship	Robert H. Jackson Center	Robert H Jackson Center	Lecture series designed for youth
Grantee 990 - Part 2 Organizations Grantees receiving \$5000 or more. Tax Year 2014 Region. All Regions	Non-Cash Grant Valuation Method Descr Assistance									
G G R R R R R R R R R R R	Cash Grant Non-Ca	259	1,793	080'6	1,283	1,398	છ કે.	4 6 8	254	418
	IRC Code C	501(C)(3)	501(C)(3)	501(C)(3)	501(C)(3)	501(C)(3)	501(C)(3)	501(C)(3)	501(C)(3)	501(C)(3)
	EIN	16-1605121	16-1605121	16-1605121	16-1605121	16-1605121	16-1605121	16-1605121	16-1605121	16-1605121
	Name, address, and zip	The Robert H. Jackson Center, Inc. 305 East Fourth Street Jamestown, NY 14701	The Robert H. Jackson Center, Inc. 305 East Fourth Street Jamestown, NY 14701	The Robert H. Jackson Center, Inc 305 East Fourth Street Jamestown, NY 14701	The Robert H Jackson Center, Inc. 305 East Fourth Street Jamestown, NY 14701	The Robert H Jackson Center, Inc 305 East Fourth Street Jamestown, NY 14701	The Robert H. Jackson Center, Inc. 305 East Fourth Street Jamestown, NY 14701	The Robert H. Jackson Center, Inc. 305 East Fourth Street Jamestown, NY 14701	The Robert H. Jackson Center, Inc 305 East Fourth Street Jamestown, NY 14701	The Robert H. Jackson Center, Inc. 305 East Fourth Street Jamestown, NY 14701

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Sponser's EIN Non-Cash Grant Valuation Method Descr Assistance Purpose of Grant or Assistance Fiscal Sponser Agnes Home Women's Emergency Shelter Comprehensive Financial Assistance Program - WB Comprehensive Financial Assistance Program - KP Comprehensive Financial Assistance Fund The Salvation Army Salvation Army Salvation Army Grantee 990 - Part 2 Organizations Grantees receiving \$5000 or more Tax Year 2014 Region. All Regions 0 0 0 0 0 1,500 9,310 6,206 1,055 1,500 1,500 9,310 1,500 3,000 1,352 10,656 18,214 Cash Grant IRC Code 501(C)(3) 501(C)(3) 501(C)(3) 501 (C) (3) 501(C)(3) 501(C)(3) 501 (C) (3) 16-0743180 16-0743180 16-0743180 13-5562351 13-5562351 13-5562351 13-5562351 EIN The Salvation Army 83 South Main Street P O Box 368 Jamestown, NY 14702-0368 The Salvation Army 83 South Main Street P.O. Box 368 Jamestown, NY 14702-0368 The Salvation Army 83 South Main Street P.O. Box 368 Jamestown, NY 14702-0368 Name, address, and zip The Salvation Army 440 West Nyack Road West Nyack, NY 10994 The Salvation Army 440 West Nyack Road West Nyack, NY 10994 The Salvation Army 440 West Nyack Road West Nyack, NY 10994 The Salvation Army 440 West Nyack Road West Nyack, NY 10994 Subtotals Subtotals Subtotals Subtotals Subtotals

Annual Contains to the Contain

	Grant or Assistance Fiscal Sponser's EIN	Plan		11.55lon	11.551.07	Rescue Mission for the care and comfort of homeless and indigent persons of Jamestown		of Southern County	of Southern County	S. Chautauqua County United Way (15%)	ic purposes of n, research, relopment and ning
- Part 2 Organizations eiving \$5000 or more 4 Regions	Valuation Method Descr Assistance Purpose of	Comprehensive Plan		Union Gospel Mission	Union Gospel Mission	Rescue Mission and comfort of indigent persor		United Way of Sou Chautauqua County	United Way of Southern Chautauqua County	S. Chautauqua Way (15%)	For the specific purposes addition to purposes additions and leadership development and strategic planning
Grantee 990 - Part Grantees receiving Tax Year 2014 Region: All Regions	Non-Cash Grant		0				0				
	Cash Grant	6,500	6,500	25,000	1,304	6,104	32,408	20,936	4,406	298	772
	IRC Code C	501(C)(3)	i	501(C)(3)	501(C)(3)	501(C)(3)	İ	501(C)(3)	501(C)(3)	501(C)(3)	501(C)(3)
	EIN	16-6002347		16-6032490	16-6032490	16-6032490		16-077274	16-077274	16-077274	16-077274
	Name, address, and zip	Town of Poland PO Bov 4 Kennedy, NY 14747	Subtotals	Union Gospel Mission, Inc. 7 West First St P O Bo. 297 Jamestown, NY 14701	Union Gospel Mission, Inc. 7 West First St P O Box 297 Jamestown, NY 14701	Union Gospel Mission, Inc. 7 West First St P.O Box 297 Jamestown, NY 14701	Subtotals	United Way of Southern Chautauqua County 413 N. Main Street Jamestown, NY 14701	United Way of Southern Chautaugua County 413 N Main Street Jamestown, NY 14701	United Way of Southern Chautauqua County 413 N. Main Street Jamestown, NY 14701	United Way of Southern Chautauqua County 413 N Main Street Jamestown, NY 14701

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	Fiscal Sponser Sponser's EIN								
	Purpose of Grant or Assistance		Jamestown Boys & Girls Club	Jamestown Boys & Girls Club	Jamestown Boys & Girl's Club	75th Anniversary Celebration Supplies	Winifred Crawford Dibert Boys and Girls Club	Designated for youth membership fee assistance	Summer Programming Supplies 2014
Grantee 990 - Part 2 Organizations Grantees receiving \$5000 or more Tax Year 2014 Region: All Regions	Valuation Method Descr Assistance								
Grantee 990 - Part : Grantees receiving : Tax Year 2014 Region: All Regions	Non-Cash Grant Va	0							
	Cash Grant	25,917	2,47	1,877	2,477	009	246	1,303	1,000
	IRC Code		501(C)(3)						
	EIN		16-0743055	16-0743055	16-0743055	16-0743055	16-0743055	16-0743055	16-0743055
	Name, address, and zip	Subtotals	Winifred Crawford Dibert Boys & Girls Club of Jamestown 62 Ailen Street Jamestown, NY 14701	Winifred Crawford Dibert Boys & Girls Club of Jamestown 62 Allen Street Jamestown, NY 14701	Winifred Crawford Dibert Boys & Girls Club of Jamestown 62 Allen Street Jamestown, NY 14701	Winifred Crawford Dibert Boys & Girls Club of Jamestown 62 Ailen Street Jamestown, NY 14701	Winifred Crawford Dibert Boys & Girls Club of Jamestown 62 Allen Street Jamestown, NY 14701	Winifred Crawford Dibert Boys & Girls Club of Jamestown 62 Allen Street Jamestown, NY 14701	Winifred Crawford Dibert Boys & Girls Club of Jamestown 62 Allen Street Jamestown, NY 14701

	Sponser's EIN									
	Fiscal Sponser									
	Purpose of Grant or Assistance	Camperships For Underprivileged Youth	Great Futures Start Here - Youth Development and Educational Programs	Jamestown Boys & Girls Club	Winifred Crawford Dibert Boys & Girls Club of Jamestown - Youth Related Activities	Jamestown Boys & Girls Club		Healthcare Career Advantage Program		2014 YMCA Summer Day Camp
lons re.	Descr Assistance									
Grantee 990 - Part 2 Organizations Grantees receiving \$5000 or more. Tax Year 2014 Region. All Regions	Valuation Method									
Grantee 990 - Part Grantees receiving Tax Year 2014 Region. All Regions	Non-Cash Grant									
	Cash Grant	1,200	6,170	TT4,2	6 8 8 8	2,477	22,693	005,6	005'6	7,500
	IRC Code	501(C)(3)	501(C)(3)	501(C)(3)	501(C)(3)	501(C)(3)		501(C) (3)		501(C)(3)
	EIN	16-0743055	16-0743055	16-0743055	16-0743055	16-0743055		16-1589572		16-0743238
	Name, address, and zip	Winifred Crawford Dibert Boys & Girls Club of Jamestown 62 Allen Street Jamestown, NY 14701	Winifred Crawford Dibert Boys & Girls Club of Jamestown 62 Allen Street Jamestown, NY 14701	Winifred Crawford Dibert Boys & Girls Club of Jamestown 62 Allen Street Jamestown, NY 14701	Winifred Crawford Dibert Boys & Girls Club of Jamestown 62 Allen Street Jamestown, NY 14701	Winifred Crawford Dibert Boys & Girls Club of Jamestown 62 Allen Street Jamestown, NY 14701	Subtotals	Workforce Investment Board WIB Executive Offices 23 E Third Street, 2nd Floor Jamestown, NY 14701	Subtotals	YMCA 101 East Fourth St. Jamestown, NY 14701

				Grantee 990 - Part Grantees receiving Tax Year 2014 Region All Regions	Part 2 Organizations 1Ving \$5000 or more egions	
Name, address, and 21p	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method Descr Assistance	Purpose of Grant or Assistance Fiscal Sponser's EIN
YMCA Camp Onyahsa 101 East Fourth Street Jamestown, NY 14701	16-0743238	501(C)(3)	876	10		Various invoices - Big Fish Triathlon reimbursement
YMCA Camp Onyahsa 101 East Fourth Street Jamestown, NY 14701	16-0743238	501(C)(3)	10			USA Triathlon Invoice #48064 reimbursement
YMCA Camp Onyahsa 101 East Fourth Street Jamestown, NY 14701	16-0743238	501(C)(3)	276	10		Bemus Point Pottery Invoice # 00125
Subtotals			23,307	0		
YWCA of Jamestown 401 North Main Street Jamestown, NY 14701	16-0743244	501(C)(3)	500			2014 Get in the Game
YWCA of Jamestown 401 North Main Street Jamestown, NY 14701	16-0743244	501(C)(3)	384			Help For Kids – Rodriguez Glasses
YWCA of Jamestown 401 North Main Street Jamestown, NY 14701	16-0743244	501(C)(3)	7,000	0		Teenage Education and Motherhood Program
YWCA of Jamestown 401 North Main Street Jamestown, NY 14701	16-0743244	501(C)(3)	1,000	0		YWCA Camp Lakeside 2014
YWCA of Jamestown 401 North Main Street Jamestown, NY 14701	16-0743244	501(C)(3)	1,200	0		Help for Kids - Wynn Braces
YWCA of Jamestown 401 North Main Street Jamestown, NY 14701	16-0743244	501(C)(3)	1,200	0		Help for Kids - Hatfield Braces
YWCA of Jamestown 401 North Main Street Jamestown, NY 14701	16-0743244	501(C)(3)	380			YWCA

Chautauqua Region Community Foundation, Inc.

Grantee 990 - Part 2 Organizations Grantees receiving \$5000 or more Tax Year 2014 Region. All Regions

Non-Cash Grant Valuation Method Descr Assistance Purpose of Grant or Assistance Fiscal Sponser's EIN YWCA 0 000 13,541 1,877 1,412,968 IRC Code Cash Grant 501(C)(3) 16-0743244 M I M Name, address, and 21p YWCA of Jamestown 401 North Main Street Jamestown, NY 14701 Subtotals Totals

Page

41

04/01/2015

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	Method of Valuation Descr Non-cash Assistance			
Part 3 ials 2014 Regions	Method of Valuation			1 1
Grantee 990 - Part 3 Individuals Tax Year 2014 Region: All Regions	Amount of non-cash Assistance	1	ı	\$
	Amount of Cash Grants	1,000	929,948	930,948
	Amoun # of Receipients Grants	1 \$	651 \$	∽
11:04 AM	Type of Grant	Human Services	Scholarship	Totals