EXTENDED TO NOVEMBER 15, 2017

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2016 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number GREATER OLEAN COMMUNITY FOUNDATION DBA Address change CATTARAUGUS REGION COMMUNITY FOUNDATION 16-1468127 Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ 203 301-2723 301 NORTH UNION STREET (716) termin-ated 21,584,326. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return OLEAN, NY 14760 H(a) Is this a group return Applica-Yes X No F Name and address of principal officer: WENDY BRAND for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.CATTFOUNDATION.ORG H(c) Group exemption number ▶ Association Other > K Form of organization: X Corporation Trust L Year of formation: 1994 M State of legal domicile: NY Part I Summary 1 Briefly describe the organization's mission or most significant activities: ASSIST COMMUNITY MEMBERS IN Activities & Governance THEIR PHILANTHROPIC ENDEAVORS AND ENRICH COMMUNITY QUALITY OF LIFE. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 20 19 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 30 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 1,058,000. 1,057,925. Contributions and grants (Part VIII, line 1h) Revenue Program service revenue (Part VIII, line 2g) 6,631. 8,061. 754,041. 1,059,252. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,818,672 2,125,238. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 738,232. 737,899. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 113,985. 155,678. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 197,438. 164,888. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,091,015. 1,017,105. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 801,567. 1,034,223. Assets or Balances **Beginning of Current Year** End of Year 15,159,684. 16,161,469. Total assets (Part X, line 16) 528,180. 653,417. Total liabilities (Part X, line 26) Net / 631,504. 15,508,052. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign WENDY BRAND, CURRENT PRESIDENT Here Type or print name and title PTIN Date Check Preparer's signature Print/Type preparer's name KustyB. Cabrolyker "self-employed P01455079 KRISTY B. ZABRODSKY, CPA Paid Firm's name BUFFAMANTE WHIPPLE BUTTAFARO, Firm's EIN 16-1117932 Preparer Firm's address 201 WEST THIRD STREET Use Only Phone no. 716 - 664 - 5104JAMESTOWN, NY 14701

X Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

	990 (2016) CATTARAUGUS REGION COMMUNITY FOUNDATION 16-1468127 Page 2 t III Statement of Program Service Accomplishments
Гаі	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: OUR GOAL IS TO ASSIST COMMUNITY MEMBERS IN THEIR PHILANTHROPIC
	ENDEAVORS TO HELP OTHERS THUS ENRICHING THE QUALITY OF LIFE IN OUR
	COMMUNITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
40	0.4.6. 2.5.1
4a	(Code:) (Expenses \$ 446,351. including grants of \$
	OLEAN AREA INCLUDING THE AWARDING OF GRANTS TO LOCAL CHARITABLE,
	EDUCATIONAL, AND CIVIC ORGANIZATIONS AND THE AWARDING OF SCHOLARSHIPS.
	·
4 h	(Code:) (Expenses \$
4b	(Code:) (Expenses \$) (Revenue \$)
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$\frac{\text{including grants of \$}}{\text{(Revenue \$}}}\)
<u>4e</u>	
	Form 990 (2016

16-1468127 Page 3 Form 990 (2016) CATTARAUGUS
Part IV Checklist of Required Schedules CATTARAUGUS REGION COMMUNITY FOUNDATION

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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	ļ	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	-
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		٠,,	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		Х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the officed States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144	 	22
a	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1-75		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			T ==
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
		-	$-\Omega\Omega\Omega$	(0040)

Part IV Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Х b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 23 Schedule J 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 Х Schedule K. If "No", go to line 25a 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 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 X 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 X 25b Schedule L, Part I 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? If "Yes," Х 26 complete Schedule L, Part II 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 Х of any of these persons? If "Yes," complete Schedule L, Part III 27 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): X 28a a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X 28c director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? Х If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 Part V, line 1 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 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

Page 5

13 Enter the number reported in Box 3 of Form 1096, Enter 0- If not applicable 10 b Enter the number of Forms W-20 included in line 1a. Erner 0- If not applicable 11 b 0 b 15 b 15 b 0 c 0 bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamining) withrenings to prize withrener? 10 c 10 b 15 b		Check if Schedule O contains a response or note to any line in this Part V			
10 Enter the number reported in Box 3 of Form 1096, Enter -0* into applicable 1s 0 1s				Yes	No
be Enter the number of Forms W2G included in line 1s. Enter of India policable 10	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamibing) withinoses or the complex of		ام ا			
(gambling) winnings to prize winners? Each Earth the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year anding with or within the year covered by this return. 5 b If at least one is reponded on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 20 is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did he organization have unrelated business gross income of \$1,000 or more during the year? 3b Lif Y-yes, "and it float a form 990 or throw, to line 30, provide an explanation in Schedule O 4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4c A If Y-yes, "inster the name of the foreign country. If yes, "in the first the name of the foreign country. If yes, "in the first the name of the foreign country. If yes, "in the first the name of the foreign country. If yes, "in the properties for Fiftic NFOEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization apenty to a prohibited tax shelter transaction at any time during the tax year? 5d Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of Form 988617. 5d If Y-yes, "indicate the number of the foreign country in the during the year and year the deductible of the organization receive a payment in excess of S75 made party as a contribution of any party organization receive a payment in excess of S75 made party as a contribution of any party organization receive and party flore, directly or indirectly, to pay preniums on a personal benefit contract? 5d If Y-yes, "indicate the number of Forms 282					
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. 2b If I'ves, I'the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3b Old the organization have unrelated business greater in the 250, you may be required to e-file (see instructions). 3c Old the organization have unrelated business greater in the 250, you may be required to e-file (see instructions). 3c Old the organization have unrelated business greater in the 250, you may be required to e-file (see instructions). 3d If 'Yes,' has it filed a Form 950-T for this year? If 'No,' to line 3b, provide an explanation in Schedule O. 3b If 'Yes,' has it filed a Form 950-T for the year? If 'No,' to line 3b, provide an explanation in Schedule O. 3b If 'Yes,' the organization are of the foreign country'. 4c If 'Yes,' enter the name of the foreign country'. 5c Was the organization a party to a prohibited that was or is a party to a prohibited that when the transaction of the party of prohibited that when the transaction of the party of prohibited that when the transaction of the party of prohibited that when the transaction of the party of prohibited that when the party of the organization had been party of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Did the organization receive a party in party in the party of prohibited the number of Forms 8282 filed during the year. 6 Did the organization seed that party is the party of the party of t			1c		
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Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	b		2b_	X	
b if "Yes," has it filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly a foreign country. ▶ If "Yes," enter the name of the foreign country. ▶ See instructions for filing organization country. ▶ See instructions for filing organization are provided and the provided and the seed of th					
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Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			13a		
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organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b				
c Enter the amount of reserves on hand	~				
14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	С				1
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		Did the organization receive any payments for indoor tanning services during the tax year?		1	X
Form 990 (20	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			<u></u>

GREATER OLEAN COMMUNITY FOUNDATION DBA CATTARAUGUS REGION COMMUNITY FOUNDATION 16-1468127 Form 990 (2016) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes_ No 20 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 19 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Х more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8a The governing body? Х Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c in Schedule O how this was done Х 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 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? X a The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization 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 Х 16a taxable entity during the year? 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 16b

Section	n C.	Disc	losure
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List the states with which a copy of this Form 990 is required to be filed ▶NY 17

exempt status with respect to such arrangements?

- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Another's website X Upon request Other (explain in Schedule O) Own website
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records: KAREN BUCHHEIT - (716) 301-2723

301 NORTH UNION STREET, SUITE 203, OLEAN, 14760

16-1468127 CATTARAUGUS REGION COMMUNITY FOUNDATION

Form 990 (2016) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

	Check if Schedule O contains a response or note to any line in this Part VII		
--	--	--	--

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

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

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

(A)	(B)	d organization compensation (C)						(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)				one	Reportable	Reportable	Estimated	
	hours per					erson is both an		compensation from	compensation from related	amount of other	
	week (list any							the	organizations	compensation	
	hours for	rdirec				pa.		organization	(W-2/1099-MISC)	from the	
	related	stee o	ustee			ensat		(W-2/1099-MISC)		organization	
	organizations	la tru	onal t		Ploye	ee comi				and related	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) TED BRANCH	1.00	=	=	0	×	王亚	Œ				
(1) TED BRANCH DIRECTOR	2.00	x						0.	l o.l	0.	
(2) THERESA RAFTIS	1.00			-							
DIRECTOR		x						0.	0.	0.	
(3) BARBARA CHEW	1.00				İ						
DIRECTOR		X						0.	0.	0.	
(4) LUCY BENSON	1.00										
DIRECTOR		X						0.	0.	0.	
(5) JEFF REISNER	1.00										
DIRECTOR		X	<u> </u>					0.	0.	0.	
(6) DR NAHEED HILAL	1.00										
DIRECTOR		X	ļ					0.	0.	0.	
(7) DR YOGI KOTHARI	1.00	1			ĺ						
DIRECTOR		X			-	-	_	0.	0.	0.	
(8) DAN STRAUCH	1.00	┨								_	
DIRECTOR	1 00	X	-	-	-	-	-	0.	0.	0.	
(9) R. DENNIS CASEY	1.00	٠,						0.	0.	0.	
DIRECTOR	1.00	X	-	┼	-	-	-	0.	0.	<u></u>	
(10) TIM O'KEEFE	1.00	x						0.	0.	0.	
DIRECTOR	1.00	┼≏			+-	-	\vdash	0.			
(11) BOB SIMON	1.00	X						0.	0.	0.	
DIRECTOR CONTINUENCE	1.00	121	+	1	†	+	\vdash				
(12) AUDRA STEVENS DIRECTOR	2.00	$ \mathbf{x} $						0.	0.	0.	
(13) DENNIS PEZZIMENTI	1.00				T	1					
DIRECTOR		X						0.	0.	0.	
(14) VICKI BLESSING	1.00										
DIRECTOR		X						0.	0.	0.	
(15) CAROL STITT	1.00										
DIRECTOR		X						0.	0.	0.	
(16) DOUG PRICE	2.00								_	_	
SECRETARY		X	_	X	4_		_	0.	0.	0.	
(17) MIKE KASPERSKI	2.00										
TREASURER		X		<u> </u>				0.	. 0.	0. Form 990 (2016)	

(A) Name and title	(B) Average	(do	(C) Position (do not check more than one box, unless person is both ar				one	(D) Reportable	(E) Reportable		(F) timated	
	hours per week (list any hours for related organizations below line)	tee or director	, unle cer ar eatsnt leuotintitsul	officer Officer	irecto	Highest compensated sharp or smployee	tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	other compensa		
(18) WENDY BRAND	2.00	х		х				0.	0.).
PRESIDENT (19) STEVE FOSTER	2.00		 	Λ	-				0.			<u>, •</u>
2ND VICE PRESIDENT	2.00	x		x				0.	0.		().
(20) WARD SKIP WILDAY	2.00											
VICE PRESIDENT		X		X				0.	0.		() <u>.</u>
(21) KAREN BUCHHEIT	35.00										4 = 0.	_
EXECUTIVE DIREC				X				79,873.	0.		1,59'	<u>/ •</u>
		-										
		+										
			+									
1b Sub-total					<u> </u>		>	79,873.	0.		1,59	7.
c Total from continuation sheets to Part								0.	0.			0.
d Total (add lines 1b and 1c)								79,873.	0.		1,59	<u>7.</u>
2 Total number of individuals (including but	not limited to t	nose	e list	ed a	bov	e) w	ho r	eceived more than \$100	0,000 of reportable			C
compensation from the organization								- Note that the second			Yes 1	10
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for										3		X
4 For any individual listed on line 1a, is the and related organizations greater than \$1	sum of reportat 50,000? <i>If</i> "Yes	ole c s," <i>c</i> c	omp	ens lete	atio Sch	n an edul	d ot e J	her compensation from for such individual	the organization	4		X
5 Did any person listed on line 1a receive o								ted organization or indiv	idual for services			
rendered to the organization? If "Yes," co	mplete Schedu	le J	for s	such	per	son				5		<u>X</u>
Section B. Independent Contractors 1 Complete this table for your five highest of				ont i	2001	root	0.0	that received more than	\$100,000 of compen	eation t	from	
Complete this table for your five highest of the organization. Report compensation for the organization for the organization.										Ballott	10111	
(A)								(B) Description of) Compo	C) nsation	
Name and busines	ss address	_N	ON	E				Description of	sel vices			
2 Total number of independent contractors		not	limit	ed to	o the	ose I	iste	d above) who received i	more than			
\$100,000 of compensation from the orga	nization >					U			1	Form	990 (20	116

CATTARAUGUS REGION COMMUNITY FOUNDATION 16-1468127 Page 9 Form 990 (2016) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (D)
Revenue excluded from tax under (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 1,057,925 g Noncash contributions included in lines 1a-1f: \$_____ h Total, Add lines 1a-1f 1,057,925 Business Code Program Service 2 a ADMINISTRATIVE FEES 561000 8,061 8,061 All other program service revenue g Total. Add lines 2a-2f 8,061 Investment income (including dividends, interest, and 210,240. other similar amounts) 210,240. Income from investment of tax-exempt bond proceeds 4 Royalties 5 (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... (ii) Other (i) Securities 7 a Gross amount from sales of assets other than inventory 20,308,100 **b** Less: cost or other basis and sales expenses ______ 19,459,088 **c** Gain or (loss) 849,012. 849,012 849.012. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 1c). See Part IV, line 18a b Less: direct expenses _____b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 _____a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances _____a b Less: cost of goods sold _____ b c Net income or (loss) from sales of inventory ... Miscellaneous Revenue Business Code 11 a d All other revenue

2,125,238

857,073.

210,240.

e Total. Add lines 11a-11d

Total revenue. See instructions.

Sectio	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respons		his Part IX		
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	532,106.	532,106.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	205,793.	205,793.		
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	81,470.		81,470.	
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	50,546.		50,546.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)			40 000	
9	Other employee benefits	13,232.		13,232.	
10	Payroll taxes	10,430.		10,430.	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	0 601		0 601	
	column (A) amount, list line 11g expenses on Sch O.)	9,681.		9,681. 2,187.	
12	Advertising and promotion	2,187.		16,536.	
13	Office expenses	16,536. 11,186.		11,186.	
14	Information technology	11,100.		11,100.	
15	Royalties	12,236.		12,236.	
16	Occupancy	691.		691.	
17	Travel	091.		091.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	597.		597.	
20	Interest Payments to affiliates	J J 7 •		337.	
21	Payments to affiliates Depreciation, depletion, and amortization	336.		336.	
22 23		1,682.		1,682.	
23 24	Other expenses. Itemize expenses not covered	1,002.			
24	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 0.)				
а	OTHER PROGRAM EXPENSES	108,452.	108,452.		
b	OTHER CONTRACTUAL	22,709.		22,709.	
С	BUSINESS DEVELOPMENT	5,671.		5,671.	
d	MISCELLANEOUS	4,824.		4,824.	
е	All other expenses	650.		650.	
25	Total functional expenses. Add lines 1 through 24e	1,091,015.	846,351.	244,664.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				•

Form 990 (2016)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year Cash - non-interest-bearing 1 1 668,956. 1,618,956. 2 2 Savings and temporary cash investments 131,667. 5,000. 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 7 Notes and loans receivable, net Inventories for sale or use _____ 8 9,353 8,546. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 41,022. basis. Complete Part VI of Schedule D _____ 10a 2,894. Less: accumulated depreciation ________10b 38,128. 10c 13,526,375. 15,349,406. Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 15,159,684 16,161,469. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 16,738. 10,262. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of 643,155. 511,442. 25 Schedule D 528,180. 653,417. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 14,631,504. 15,508,052. 27 27 Unrestricted net assets _____ 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 14,631,504. 15,508,052. 33 Total net assets or fund balances 16,161,469. 15,159,684. Total liabilities and net assets/fund balances

Form 990 (2016)

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

review, or compilation of its financial statements and selection of an independent accountant?

Act and OMB Circular A-133?

Form 990 (2016)

X

X

2c

За

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Complete if the organ

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. Inspection

GREATER OLEAN COMMUNITY FOUNDATION DBA Employer identification number

OMB No. 1545-0047

2016

Open to Public Inspection

		בייים	RAUGUS REG	ION COMMUNIT	Y FOU	ITAQN	ON	16	5-1468127			
Par		Reason for Public C	harity Status (Al	l organizations must con	nplete this	part.) See				_		
The or	gan	ization is not a private founda										
1 [A church, convention of chur	rches, or association	of churches described	in section	170(b)(1)	(A)(i).					
2		A school described in section										
3		A hospital or a cooperative h	ospital service orgar	nization described in sec	tion 170(b)(1)(A)(iii)).					
4		A medical research organiza	tion operated in conj	iunction with a hospital o	described	in section	170(b)(1)(A	.)(iii). Enter th	ne hospital's name,			
		city, and state:										
5		An organization operated for	the benefit of a coll	ege or university owned	or operate	ed by a go	vernmental	unit describe	ed in			
		section 170(b)(1)(A)(iv). (Co										
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
7	X			tial part of its support fro	om a gove	rnmental ı	unit or from	the general p	oublic described in			
_		section 170(b)(1)(A)(vi). (Co										
8	_	A community trust described	d in section 170(b)(1	I)(A)(vi). (Complete Part	II.)				II			
9		An agricultural research orga	anization described i	n section 170(b)(1)(A)(i)	() operate	d in conjur	nction with a	l land-grant o	ege			
		or university or a non-land-gr	ant college of agricu	Ilture (see instructions). I	Enter the r	name, city	, and state o	if the college	or			
r		university:						obin form	nd groop receipts from	<u>-</u>		
10 L		An organization that normall	y receives: (1) more	than 33 1/3% of its supp	oort from (contributio	ris, member	silip tees, ar	from gross invostmen	nt		
		activities related to its exem	pt functions - subjec	t to certain exceptions, a	ana (2) no	more than	133 1/3% 0°	ins support	nom gross mvesimer after lune 20, 1075	11		
		income and unrelated busin		less section 511 tax) fro	m pusines	ses acqui	rea by the c	ryanization a	aiter Julie 30, 1973.			
r	1	See section 509(a)(2). (Con		to to to a transmission and		*: EO	0(~)(4)					
11	닉	An organization organized a	nd operated exclusive	ely to test for public sai	porform t	ection 50	enantaria. Denoforto d	earny out the	nurnoses of one or			
12		An organization organized a	na operatea exclusiv	very for the benefit of, to	penonn n	CO(a)(a)	See section	500/a)/3) C	heck the box in			
		more publicly supported org							THOOK GIVE DOWN			
		lines 12a through 12d that o	lescribes the type of	supporting organization	ny ite euni	piete ilites oorted ord	anization(s)	typically by	aivina			
а		Type I. A supporting orga	nization operated, st	ipervised, or controlled i	maiority c	of the direc	etore or true	rees of the si	upporting			
		the supported organizatio			majority c	A LITE CITEC	1013 OF 1143	.000 01 110 01	apporting			
		organization. You must control Type II. A supporting organization.	omplete Part IV, Se	ctions A and b.	ion with it	e eunnorte	ed organizat	ion(s) by ha	vina			
b	L	Type II. A supporting orga control or management of	anization supervised	or controlled in conflect	me nereo	ne that co	ntrol or mar	age the sup	norted			
					anie perso	113 11141 00	THE OF THE	ago ano oap	pu			
	_	organization(s). You must Type III functionally inte	complete Part IV,	s organization operated i	in connect	ion with. a	and function	ally integrate	ed with.			
С	<u> </u>	its supported organization						,				
	Г	Type III non-functionally	intograted A supp	orting organization oper	ated in co	nection v	vith its supp	orted organi	zation(s)			
d	L.	that is not functionally into	egrated. The organiz	ation generally must sat	isfv a disti	ibution re	quirement a	nd an attenti	iveness			
		requirement (see instructi										
_		Check this box if the orga	nization received a v	written determination fro	m the IRS	that it is a	Type I, Typ	e II, Type III				
е		functionally integrated, or	Type III non-function	nally integrated supporti	na organiz	ation.	, , , , , , , , , , , , , , , , , , , ,	,				
	Ent	ter the number of supported of										
,		ovide the following information										
9	1 10	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga in your governi	nization listed ng document?	' '	of monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see	instructions)	support (see instruction	ns)		
	.,											
				I	I	i	I		I .			

Schedule A (Form 990 or 990-EZ) 2016 CATTARAUGUS REGION COMMUNITY FOUNDATION 16-1468127 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

266	tion A. Fubile Support								
Cale	ndar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	790,772.	1484560.	2650369.	1058000.	1057925.	7041626.		
2	Tax revenues levied for the organ-								
	ization'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	790,772.	1484560.	2650369.	1058000.	1057925.	7041626.		
	The portion of total contributions								
	by each person (other than a				·	·			
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the					,			
	amount shown on line 11,								
	column (f)								
6	Public support. Subtract line 5 from line 4.						7041626.		
Sed	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
	Amounts from line 4	790,772.	1484560.	2650369.	1058000.	1057925.	7041626.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources	268,582.	482,708.	814,005.	736,533.	210,240.	<u>2512068.</u>		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						9553694.		
	Gross receipts from related activities	, etc. (see instructi	ons)			12	425,125.		
13	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)			
	organization, check this box and sto	n here							
Se	ction C. Computation of Pub	lic Support Pe	rcentage						
	Public support percentage for 2016			column (f))		14	73.71 %		
15	Public support percentage from 201	5 Schedule A, Part	II, line 14			15	<u>71.52 %</u>		
16	33 1/3% support test - 2016. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	more, check this b	ox and		
	stop here. The organization qualifies								
ł	33 1/3% support test - 2015. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check t	his box		
	and stop here. The organization qua								
17:									
	17a 10% -facts-and-circumstances test - 2016. 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"								
	10% -facts-and-circumstances tes								
	more, and if the organization meets								
	organization meets the "facts-and-cil								
18	Private foundation. If the organizati								
							or 990-EZ) 2016		

Schedule A (Form 990 or 990-EZ) 2016 CATTARAUGUS REGION COMMUNITY FOUNDATION 16-1468127 Page 3

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

(Complete only if you checked the box on line 10 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 in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,	•					
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total, Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	<u> </u>	1				
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is						
regularly carried on						
or loss from the sale of capital						
assets (Explain in Part VI.)						
Total support. (Add lines 9, 10c, 11, and 12.) 1First five years. If the Form 990 is for	the erganization	's first second thi	rd fourth or fifth	tax vear as a sect	ion 501(c)(3) organia	zation.
check this box and stop here						
Section C. Computation of Publi	ic Support P	ercentage				
15 Public support percentage for 2016 (I	ing 9 solumn (f)	divided by line 13	column (f))		15	
Section D. Computation of Inves	stment Incor	ne Percentage			10	
17 Investment income percentage for 20)	17	
the state of the s	704 (iine 100, 000	Part III line 17	(1)	/	18	
19a 33 1/3% support tests - 2016. If the	organization did	not check the hov	on line 14 and li	ne 15 is more thar	33 1/3%. and line	
19a 33 1/3% support tests - 2016. If the more than 33 1/3%, check this box a	organization ulu	not check the box	difies as a nublich	v supported organ	ization	▶
b 33 1/3% support tests - 2015. If the	organization did	not check a hove	n line 14 or line 1	9a and line 16 is r	nore than 33 1/3%	and
b 33 1/3% support tests - 2015. If the line 18 is not more than 33 1/3%, che	organization did	stan hara The ere	ranization qualific	s as a publicly sur	norted organization	▶
line 18 is not more than 33 1/3%, one 20 Private foundation. If the organization	OK THIS DOX AND	stop nere. The org	ganization qualitie	this hov and see	instructions	
20 Private foundation, If the organization	n dia not check	a pox on line 14, 1	a, or 190, check	uno DON and See		

Schedule A (Form 990 or 990-EZ) 2016 CATTARAUGUS REGION COMMUNITY FOUNDATION 16-1468127 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A

	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete			
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)			
Sect	tion A. All Supporting Organizations		V	- N-
			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	1		
	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	0-		
	(b) and (c) below.	3a	 	
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	O.b.		1
	organization made the determination.	3b	-	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	0-		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	+	-
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	10		
	"Yes," and if you checked 12a or 12b 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	46		
	despite being controlled or supervised by or in connection with its supported organizations.	4b	-	
С	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)? 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)	4c		
	purposes.	40		+
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	5a		
	was accomplished (such as by amendment to the organizing document).	Ja		1
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	5b		
	designated in the organization's organizing document?	5c		1
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	- 00		+
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		İ	
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also	1		
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	6		
	Part VI. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			1
7	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
_	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
8	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
0-	the state of the state of disease, or indirectly at any time during the tay year by one or more			
9a	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		
	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
I.	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
_	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
C	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
40	Was the organization subject to the excess business holdings rules of section 4943 because of section			
102	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
L	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
r.	, Did the digaritation have any entered and entered and the second	1	1	1

determine whether the organization had excess business holdings.)

Schedule A (Form 990 or 990-EZ) 2016 CATTARAUGUS REGION COMMUNITY FOUNDATION 16-1468127 Page 5 Part IV Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) 11a below, the governing body of a supported organization? 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 Section B. Type I Supporting Organizations Yes No 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 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 Section C. Type II Supporting Organizations Yes No 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). Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 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 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. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). The organization satisfied the Activities Test. Complete line 2 below. а The organization is the parent of each of its supported organizations. Complete line 3 below. b The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) С Yes No Activities Test. Answer (a) and (b) below. 2 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 how these activities directly furthered their exempt purposes, those supported organizations and explain 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 2b activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below. 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. За b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2016 CATTARAUGUS REGION COMMUNITY FOUNDATION 16-1468127 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 3 3 Other gross income (see instructions) 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 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) 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 Minimum Asset Amount (add line 7 to line 6) 8 _8_ Current Year Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

Schedule A (Form 990 or 990-EZ) 2016

5

Income tax imposed in prior year

instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2016 CATTARAUGUS REGION COMMUNITY FOUNDATION 16-1468127 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2016 from Section C, line 6 Line 8 amount divided by Line 9 amount (i) Distributable Underdistributions **Excess Distributions** Amount for 2016 Section E - Distribution Allocations (see instructions) Pre-2016 Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions Excess distributions carryover, if any, to 2016: 3 а b c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2016 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI, See instructions Excess distributions carryover to 2017. Add lines 3j and 4c 8 Breakdown of line 7: b Excess from 2013 c Excess from 2014

Schedule A (Form 990 or 990-EZ) 2016

d Excess from 2015e Excess from 2016

Schedule A	(Form 990 or 990-EZ) 2016 CATTARAUGUS REGION COMMUNITY FOUNDATION 16-1468127 Page 8
Part VI	(Form 990 or 990-EZ) 2016 CATTARAUGUS REGION COMMUNITY FOUNDATION 16-1468127 Page 8 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.)
14	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

GREATER OLEAN COMMUNITY FOUNDATION DBA CATTARAUGUS REGION COMMUNITY FOUNDATION

Employer identification number

16-1468127

Organization type (check one): Section: Filers of: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year _______ \$ _ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization GREATER OLEAN COMMUNITY FOUNDATION DBA CATTARAUGUS REGION COMMUNITY FOUNDATION Employer identification number

16-1468127

Part I	Contributors (See instructions). Use duplicate copies of Part I is	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MRS. ROSE SCHWABENBAUER 306 S. BARRY STREET OLEAN, NY 14760	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MR. AND MRS. JAMES M. STITT 202 WOODVIEW DRIVE OLEAN, NY 14760	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MR. AND MRS PAUL W. WOOD 102 VIRGINIA STREET OLEAN, NY 14760	\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	MR. AND MRS. PAUL HANSON 1596 E. RIVER ROAD OLEAN, NY 14760	sss	Person X Payroll

5	CENTER 182 E. UNION STREET ALLEGANY, NY 14706	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	MS. ELINOR B. WORMER 323 FERRIS HILLS CANANDAIGUA, NY 14424	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
602452 10 1		Schedule B (Form	990, 990-EZ, or 990-PF) (2016

(b)

Name, address, and ZIP + 4

DRESSER-RAND CHALLENGER LEARNING

(d)

Type of contribution

X

(c)

Total contributions

(a)

No.

Name of organization GREATER OLEAN COMMUNITY FOUNDATION DBA CATTARAUGUS REGION COMMUNITY FOUNDATION Employer identification number

16-1468127

Part I C	ontributors	(See instructions).	Use duplicate	copies of	Part I if	additional	space is	needed.
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			T
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ZIPPO MANUFACTURING CO 33 BARBOUR STREET BRADFORD, PA 16701	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	KALLIE'S KRUSADE PO BOX 224 FALCONER, NY 14733	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	·	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

GREATER OLEAN COMMUNITY FOUNDATION DBA CATTARAUGUS REGION COMMUNITY FOUNDATION

16-1468127

Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) (c) (d) No. (b) FMV (or estimate) Date received Description of noncash property given from (See instructions) Part I (a) (c) (d) No. (b) FMV (or estimate) Date received Description of noncash property given from (See instructions) Part I (a) (c) (d) No. (b) FMV (or estimate) Date received Description of noncash property given from (See instructions) Part I

		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

(b)

Description of noncash property given

(c)

FMV (or estimate)

(See instructions)

		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimated) (See instruction)	Date received
623453 10-18-16		\$ Schedu	le B (Form 990, 990-EZ, or 990-PF) (2010

(d)

Date received

(a)

No.

from

Part I

Employer identification number Name of organization GREATER OLEAN COMMUNITY FOUNDATION DBA 16-1468127 CATTARAUGUS REGION COMMUNITY FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (d) Description of how gift is held (c) Use of gift from (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (d) Description of how gift is held from Part I (b) Purpose of gift (c) Use of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

SCHEDULE D

(Form 990)

Department of the Treasury

Name of the organization

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on 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.

Inspection

OMB No. 1545-0047

GREATER OLEAN COMMUNITY FOUNDATION DBA

Employer identification number

16-1468127 CATTARAUGUS REGION COMMUNITY FOUNDATION Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year _____ 465,102. 73,227. Aggregate value of contributions to (during year) 2 234,359. 43,579. Aggregate value of grants from (during year) 434,135. 775,173. Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 ______

* _____ (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

CATTARAUGUS REGION COMMUNITY FOUNDATION 16-1468127 Page 2 Schedule D (Form 990) 2016 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition Loan or exchange programs Other Scholarly research b Preservation for future generations c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included Yes on Form 990, Part X? No **b** If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c c Beginning balance 1d d Additions during the year Distributions during the year 1e Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 11,596,963 9,415,160 1a Beginning of year balance 12,970,686 13,057,049 8,533,589. 1,350,278 274,798. Contributions 389,109 681,092 1,399,384 1,058,021, c Net investment earnings, gains, and losses 604,358 1,296,497 851,765 -163,859 d Grants or scholarships 454,709 433,362 392,633 348,252 338,822. Other expenditures for facilities and programs 45,509 300 1,432 49. 115,288 112,377, Administrative expenses 177,655 170,234, 150,723 9,415,160. 13,057,049 11,596,963 g End of year balance 13,533,687 12,970,686, Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No by: Х (i) unrelated organizations 3a(i) Х |3a(ii) (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated (b) Cost or other (d) Book value Description of property (a) Cost or other basis (other) depreciation basis (investment) 1a Land **b** Buildings c Leasehold improvements 38,128 41,022. d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2016 CATTARAUGUS REGION COMMUNITY FOUNDATION

16-1468127 Page 3

Lat Description of c	SECURITY OF CATEGORY (including name of security)	(b) Book value	line 11b. See Form 990, I		d-of-year market value
		(b) Book value	(O) MOUNCE OF VE		
	atives				
	quity interests				
3) Other					
(A)					
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	equal Form 990, Part X, col. (B) line 12.) stments - Program Related.			<u> </u>	
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	plete if the organization answered "Yes" Description of investment	(b) Book value	(c) Method of v	aluation: Cost or en	nd-of-year market value
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(9) otal. (Col. (b) must Part IX Other	er Assets. plete if the organization answered "Yes"		line 11d. See Form 990,	Part X, line 15.	(Is) Book value
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^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

GREATER OLEAN COMMUNITY FOUNDATION DBA CATTARAUGUS REGION COMMUNITY FOUNDATION

Schedule D (Form 990) 2016

632054 08-29-16

16-1468127 Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 2,013,072. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: -112, 166.a Net unrealized gains (losses) on investments 2a 2b b Donated services and use of facilities c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d -112,166.e Add lines 2a through 2d 2e 2,125,238. 3 Subtract line 2e from line 1 3 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 b Other (Describe in Part XIII.) 0. 4c c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 238. 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,091,015. 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2b **b** Prior year adjustments c Other losses 2c 2d d Other (Describe in Part XIII.) 2e e Add lines 2a through 2d 1,091,015. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4c c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 091,015. Part 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 information. PART V, LINE 4: THE FOUNDATION'S ENDOWMENT FUNDS ARE TO BE USED TO ENRICH THE QUALITY OF INCOME DERIVED FROM THESE CHARITABLE FUNDS IS LIFE IN THE SOUTHERN TIER. TO BE USED TO SUPPORT EDUCATIONAL, SOCIAL, CULTURAL AND CIVIC PROJECTS WHICH HAVE MET THE CRITERIA ESTABLISHED BY ITS DONORS AND THE BOARD OF DIRECTORS. PART X, LINE 2: THE FOUNDATION IS A NOT-FOR-PROFIT ORGANIZATION, EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE UNITED STATES INTERNAL REVENUE CONTRIBUTIONS TO THE FOUNDATION ARE DEDUCTIBLE UNDER SECTION 170(C) CODE. THE FOUNDATION IS NOT A PRIVATE FOUNDATION AS DESCRIBED IN OF THE CODE. Schedule D (Form 990) 2016

GREATER OLEAN COMMUNITY FOUNDATION DBA CATTARAUGUS REGION COMMUNITY FOUNDATION 16-1468127 Page 5 Schedule D (Form 990) 2016 Part XIII | Supplemental Information (continued) SECTION 509(A) OF THE CODE. INCOME TAX RETURNS THAT REMAIN OPEN FOR EXAMINATION BY TAXING AUTHORITIES INCLUDE 2013 AND LATER YEARS.

SCHEDULEI (Form 990)

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

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

▶ Attach to Form 990.

Inspection

Department of the Treasury				► Attach to Form 990.	n 990.			<u> </u>	Open to Public
Internal Revenue Service		▶ Informati	Ы	(Form 990) and its	instructions is at	shedule I (Form 990) and its instructions is at www.irs.gov/form990.	0.		inspection
Name of the organization	GREATER OLEAN COMMUNITY	LEAN COMM		FOUNDATION DBA	,			Employer identi	
Part I General Inform	GATTARAUGUS REGIC General Information on Grants and Assistance	JS REGION IN A Assistance	REGION COMMUNITY	FOUNDATION				Q Τ	16-146812/
1 Does the organization	maintain records to	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		
criteria used to award the grants or assistance?	the grants or assist	tance?						×	Yes
낋	e organization's pro	cedures for monit	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	funds in the United	States.	Vii	1-0	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Part II Grants and Otl	her Assistance to L	Somestic Organi 5 000. Part II can	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Comparing that received more than \$5,000. Part II can be duplicated if additional space is needed.	c Governments. Co ional space is need	omplete if the orga ed.	nization answered "Y	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.	IV, line ZI, Tor ar	Λι
1 (a) Name and address of organization or government	s of organization	(a)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpo or ass	(h) Purpose of grant or assistance
OLEAN GENERAL HOSPITAL FOUNDATION	AL FOUNDATION								
515 MAIN STREET OLFAN NY 14760		16-1497087	50103	189,177.	0			GENERAL SUPPORT	ОКТ
OLEAN LITTLE LEAGUE 147 N. 9TH STREET		736709 91	5. 2. 2.	o C V	G			GENERAL SUPPORT	ORT.
CONTINENTAL 1									P.C. CALLER CO.
640 ELLICOTT ST BUFFALO, NY 14203		25-1870643	501C6	33,500.	0			AWAKENESS AND ADVOCACY FOR US ROUTE 219	D ADVOCACY
SPCA IN CATTARAUGUS COUNTY PO BOX 375 OLEAN, NY 14760	COUNTY	16-0957154	501C3	5,809,	0			GENERAL SUPPORT	ORT
	OSPITAL		(((((((((((((((((((L C	c			CENERAL. SITEPORT	Fac
COTOS NI SOTOS		7100500.70	0,710,0	4				I.	
Enter total number of section 501(c)(3) and government organizations	f section 501(c)(3) ar	nd government or		isted in the line 1 table				A	4.
	fother organizations	listed in the line						^	-
1 4	duction Act Notice,	see the Instruct	ions for Form 990.					Schedule I	Schedule I (Form 990) (2016)

GREALER CLEAN COMMONITY FOUNDATION CATTARAUGUS REGION COMMUNITY FOUNDATION

Page 2

16-1468127

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2016) Part III

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) THE DONEE ORGANIZATION MUST PROVIDE DOCUMENTATION SUPPORTING THE USE OF THE Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. GRANT FUNDS SO THE DONOR CAN VERIFY THE MONIES WERE SPENT PROPERLY. (d) Amount of non-cash assistance Ö Ö 134,445. 71,348 (c) Amount of cash grant 75 (b) Number of recipients 109 MEDICAL AND OTHER ASSISTANCE TO THOSE IN NEED (a) Type of grant or assistance PART I, LINE 2: SCHOLARSHIPS

632102 11-01-16

SCHEDULE L

Department of the Treasury

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Open To Public Inspection

Name of the organization

GREATER OLEAN COMMUNITY FOUNDATION DBA CAMPADATICITE PECTON COMMINITAY FOUNDATION

Employer identification number 16-1468127

Part I			•								h.			
1		/h				ified					υ.	(d)	Correc	ted?
(a) Nar	ne of disqualified	person	person and o	rganiza	ation	(0) Description (of trans	action	1 		Ye	s	No
												_		
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person and organization (c) Description of transaction (d) Description of transaction (e) Description of transaction (f) Description of transaction (g) Description of transaction (h) Relationship of tax incurred by the organization managers or disqualified persons during the year under section 4958 (g) Enter the amount of tax, if any, on line 2, above, reimbursed by the organization (a) Name of interested person (b) Relationship of loan interested person (c) Description of transaction (d) Description of transaction (e) Description of transaction (e) Description of transaction (e) Description of transaction (f) Selationship of loan interested persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization of loan interested person (g) In (h) Appropriate principal amount of loan interested person (g) In (h) Appropriate principal amount of loan interested person (g) In (h) Appropriate principal amount of loan interested person (g) In (h) Appropriate principal amount of loan interested person (g) In (h) Appropriate principal amount of loan interested person (g) In (h) Appropriate principal amount of loan interested person of loan interested persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship loan interested person (c) Amount of (d) Type of (e)	-													
														
)	> \$				
	the amount of tax	, if any, on line	2, above, reimbur	sed by	the or	ganization			1					
Part II														
	•					, Part V, line 38a or l	Form 990, Parl	t IV, line	26; 0	or if th	e orga	anizati	on	
						(a) Original	(f) Polonos	duo	(a)	In	(h) Ap	proved	(i) \//	ritten
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(a) N			(b) Relationship interested per	betwo	een	(c) Amount of						e) Purp assist		f
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2016

Schedule L (Form 990 or 990-EZ) 2016 CATTARAUGUS REGION COMMUNITY FOUNDATION 16-1468127 Page 2 Part IV Business Transactions Involving Interested Persons.

Complete if the organization answere (a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	ation'
				Yes	No
VARD SKIP WILDAY - BOARD	MINVESTMENT ADVISOR	15,887,538.	FMV OF FUND		Х
Part V Supplemental Information					
Provide additional information for res	sponses to questions on Schedule L (see	instructions).			
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
(A) NAME OF PERSON: WARD	SKIP WILDAY - BOARD	MEMBER			
(D) DESCRIPTION OF TRANSF	ACTION: FMV OF FUNDS	HELD			
FORM 990, SCHEDULE L - PA	ART IV				
WARD SKIP WILDAY SERVES (ON THE GREATER OLEAN	COMMUNITY I	FOUNDATION I	DBA	
CATTARAUGUS REGION COMMUN	TTUV FOIMDAUTON'S BOZ	אמות שר חמצי	TTORS AS VIO	ידי	
CATTARAUGUS REGION COMMOI	VIII POUNDATION D DOI	IIID OF DITIES	210112 112 111		
PRESIDENT. HE IS AN INVI	ESTMENT ADVISOR FOR M	MORGAN STANI	LEY. MORGAL	1	
STANLEY IS THE CUSTODIAN	FOR CRCF'S INVESTMEN	NT PORTFOLI	O. MR. WILI	DAY	
DOES NOT SIT ON THE INVES	STMENT COMMITTEE AND	HE ABSTAIN:	S FROM ALL		
VOTING PERTAINING TO THE	FOUNDATION'S INVEST	MENTS. MR.	WILDAY DOES	S NOT	<u> </u>
DECETTE COMMISSIONS OF E	מסמ אמ א ספמוו.ת אף תו	HTS ACCOUNT			
RECEIVE COMMISSIONS OR F	TI 10 IUOGAA A CA CAA	IIIB ACCOUNT			
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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. GREATER OLEAN COMMUNITY FOUNDATION DBA Name of the organization

CATTARAUGUS REGION COMMUNITY FOUNDATION

Employer identification number 16-1468127

FORM 990, PART VI, SECTION B, LINE 11B:
LINE 11A EXPLANATION - THE FORM 990 IS PROVIDED TO ALL BOARD MEMBERS FOR
REVIEW BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE EXECUTIVE DIRECTOR REVIEWS THE CONFLICTS OF INTEREST STATEMENTS AND
SUMMARIZES THEM FOR THE BOARD. THE CONFLICT OF INTEREST STATEMENTS ARE
REVIEWED AND UPDATED ANNUALLY.
FORM 990, PART VI, SECTION B, LINE 15A:
THE BOARD REVIEWED AND APPROVED A COMPENSATION COMPARISON COMPILED FROM
OTHER SIMILARLY SIZED AND REGIONALLY LOCATED COMMUNITY FOUNDATIONS AND NOT
FOR PROFITS FOR DETERMINING THE EXECUTIVE DIRECTOR'S AND OTHER STAFF MEMBER
SALARIES.
THE BOARD CONSIDERS THE EXECUTIVE DIRECTOR'S PERFORMANCE AND THE SALARY
INFORMATION OF COMPARABLY SIZED NOT-FOR-PROFITS.
FORM 990, PART VI, SECTION C, LINE 18:
PROVIDED UPON REQUEST
FORM 990, PART VI, SECTION C, LINE 19:
PROVIDED UPON REQUEST
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
TRANSFER OF FUND FROM ENDOWMENT TO AGENCY -45,509.

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or GREATER OLEAN COMMUNITY FOUNDATION DBA print CATTARAUGUS REGION COMMUNITY FOUNDATION 16-1468127 File by the Social security number (SSN) Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 301 NORTH UNION STREET, NO. 203 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions OLEAN, NY 14760 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Return **Application** Return Application Code Code Is For Is For 01 Form 990-T (corporation) 07 Form 990 or Form 990-EZ Form 1041-A 08 02 Form 990-BL Form 4720 (other than individual) 09 03 Form 4720 (individual) 10 Form 5227 Form 990-PF 04 11 Form 6069 05 Form 990-T (sec. 401(a) or 408(a) trust) 12 Form 8870 Form 990-T (trust other than above) KAREN BUCHHEIT The books are in the care of ► 301 NORTH UNION STREET, SUITE 203 - OLEAN, NY 14760 Telephone No. ► (716) 301-2723 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______. If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 🔛 and attach a list with the names and EINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2016 or tax year beginning Final return Initial return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

by using EFTPS (Electronic Federal Tax Payment System). See instructions.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,

Form 8868 (Rev. 1-2017)

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