Form **990**

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. Go to www.irs.gov/Form990 for instructions and the latest information

Open to Public Inspection

OMB No. 1545-0047 2022

Depa Inter	artment nal Rev	of the Treasury enue Service	ý	Do r Go to	ot enter social www.irs.gov/F	security numbers on orm990 for instruc	this form as it tions and the	may be made e latest info	e public. Drmation.			Inspe	ction
A	For t	he 2022 cal	endar	/ear, or tax year	-			and ending			_	, 20	
В	Check	if applicable:	С	· · · · ·					-	D Employ	er ident	ification num	ber
	A	ddress change	CH	AUTAUQUA CO	UNTY LAN	ND BANK COR	PORATION			46-3	1480	852	
	N	ame change	21	4 Central A	ve. #213				ľ	E Telepho	ne num	ber	
	Ir	itial return	Du	nkirk, NY 1	4048					716	-969	-7843	
	Fi	nal return/terminat	ed						ľ				
	A	mended return								G Gross re	eceipts	\$ [532,575.
	A	pplication pend	ing F	Name and address of p	rincipal officer:			ŀ	H(a) Is this a	a group retur	n for sub	oordinates?	Yes X No
			Sa	me As C Abo	ve			ŀ	H(b) Are all s If "No,"	subordinates	include	d?	Yes No
I	Tax	exempt status	: X	501(c)(3) 501(c) ()	(insert no.)	4947(a)(1) or	527	II INO,	allacii a iisl.	See ins	structions.	
J	We	bsite:	http	//www.chau	tauquala	indbank.org			H(c) Group e	exemption nu	Imber		
κ	Forr	n of organizatio	on: X	Corporation Trus	Associa	ition Other	LY	ear of formatio	on: 2012	2. Mis	state of I	egal domicile	: NY
Pa	nrt I	Summ	ary										
	1					nost significant a							
e						of Chautauqu							ontrol
anc				ly improve	<u>promisin</u>	<u>ig propertie</u>	<u>es so tha</u>	<u>at repu</u>	<u>table</u>	buyers	<u>ca</u>	<u>n be</u>	
ern	-	attrac											
20	2	Check this				ntinued its operat ody (Part VI, line					net as	sets.	1.0
~૪	4					governing body					4		<u> 10 </u> 9
Activities & Governance	5			-		dar year 2022 (Pa		•			5		5
ti vit	6	Total num	ber of v	olunteers (estim	ate if necess	ary)					6		0
Act						II, column (C), lin					7a		0.
	b	Net unrela	ted bus	iness taxable inc	ome from Fo	orm 990-T, Part I,	, line 11				7b		0.
										rior Year			ent Year
e	8									985,2	01.		497,760.
Revenue	9	-		-	•••						10		105
Jev.	10					s 3, 4, and 7d)					12.		185.
	11 12					5d, 8c, 9c, 10c, ar equal Part VIII, co				5,0 991,0			<u>27,025.</u> 524,970.
	12					mn (A), lines 1-3				75,0			524,970.
	14					mn (A), line 4)	-			75,0	00.		
	15			•		its (Part IX, colur				187,3	26		205,879.
es	15				-	(A), line 11e)				107,5	20.		203,019.
Expenses	104			÷ .									_
ц.	b			expenses (Part I		· · · · · · · · · · · · · · · · · · ·							
_	17					a-11d, 11f-24e)				406,3			431,535.
	18			•		Part IX, column (A				668,7			637,414.
	19	Revenue le	ess exp	enses. Subtract	line 18 from	line 12				322,3			112,444.
Net Assets or Fund Balances				V line 10						g of Curren			of Year
aset Bala	20 21									,470,1			365,132.
et A Ind I	21		-							149,4			156,830.
					ract line 21 f	rom line 20			1	,320,7	46.	1,1	208,302.
	nrt II	Signat											
Unde	er pena plete. D	Ities of perjury, eclaration of pr	l declare reparer (c	that I have examined f ther than officer) is ba	his return, includ sed on all inform	ling accompanying sche ation of which preparer	edules and statem has any knowled	nents, and to th Ige.	he best of my	y knowledge	and beli	ef, it is true, o	correct, and
Sig	n	Signature	e of office	r					Date				
Here		Gina	Par	adis				Ex	xecuti	ve Dir	ecto	١r	
				e and title					ACCULL	VC DII			
		Print/Ty	pe prepar	er's name	Prepare	er's signature		Date		Check	if	PTIN	
Pa	id									self-employe		P00907	731
	epar			BYSIEK CP			, 0111	I		1. 77			
Üs	e Or	ly Firm's a		3368 WEST	•	LE ROAD				Firm's EIN	45	-376105	56
				ALLEGANY,	NY 1470					Phone no.		-378-93	
May	y the	IRS discuss	s this re			above? See insti	ructions					X Yes	
						arate instructions			A0101L 09/0)1/22			m 990 (2022)

Form	n 990 (2022)	CHAUTAUQUA COU	NTY LAND BANK	CORPORATION		46-1	480852	Page 2
Par		ement of Program S						
		if Schedule O contains		o any line in this Pa	art III			
1	-	ibe the organization's mi						
		se the trend of						
		<u>ercial stock; c</u>		destly impro	ove promising p	ropertie	<u>s so tha</u>	t
	reputabl	<u>e buyers can be</u>	attracted.					
2	Did the organi	zation undertake any sign	ificant program convice	s during the year wh	nich word not listed on the	prior		
2	-	990-EZ?					Yes	X No
		ribe these new services or						
3		nization cease conductin		t changes in how it	t conducts, any program	services?	Yes	X No
		ribe these changes on Sch		<u> </u>	, , , , , , , , , , , , , , , , , , ,			11 110
4	Describe the	organization's program	service accomplishm	ents for each of its	three largest program s	ervices, as n	neasured by	expenses.
	Section 501(c)(3) and 501(c)(4) orga , if any, for each prograr	nizations are required	d to report the amo	unt of grants and alloca	tions to othe	rs, the total e	expenses,
	and revenue	, il any, for each program	n service reported.					
42	(Code:) (Expenses \$	176 727 ir	cluding grants of	\$) (Revenue	\$ 50	24,970.)
π α								
	tax roll		propercies in					
4b	(Code:) (Expenses \$	ir	ncluding grants of	\$) (Revenue	\$)
4c	(Code:) (Expenses \$	ir	ncluding grants of	\$) (Revenue	\$)
				0.0	·		·	^
	Others		Cabadula O S					
4d		m services (Describe on		of ¢		ć		`
1.	(Expenses	\$	including grants) (Revenue	Ş)
He BAA	iotal prograf	n service expenses	476,7	ZI. TEEA0102L 09/01/22			Forr	n 990 (2022)

		klist of Requir			CORPORATION	
r all IV	Clieck	kiist of Requir	eu scheu	iules		

-				
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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .	6		х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	8		Х
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? <i>If "Yes," complete Schedule D, Part IV.</i>	9	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
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		х
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	Х	
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		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Ī	Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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 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. See instructions	17		Х
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		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II.....* 21

46-1480852

Page 3

No

Х

Yes

21 BAA

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?.....

Form 990 (2022)

20b

 Form 990 (2022)
 CHAUTAUQUA
 COUNTY
 LAND
 BANK
 CORPORATION

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule 1, Parts I and III.</i>	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23		х
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 a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		Х
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part Il</i> .	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
BAA	TEEA0104L 09/01/22	Form	990 ((2022)

46-1480852 Page 4

Form	990 (2022) CHAUTAUQUA COUNTY LAND BANK CORPORATION 46-1480852	2	F	Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 0.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		L
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	5	16		Х
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would			
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

Form 990 (2022)

46-1480852

Page 6

Par	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 on Sebedule Q. See instructions										
	Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.			. X							
Sec	tion A. Governing Body and Management			. 1							
000	tion A. doverning Body and indiagement		Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a <u>10</u> 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 on Schedule O.										
h	Enter the number of voting members included on line 1a, above, who are independent 1b										
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		Λ							
-	of officers, directors, trustees, or key employees to a management company or other person?	3		Х							
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?										
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	4 5		X X							
6	Did the organization become aware during the year of a significant diversion of the organization s assets	6		X							
	 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 										
b	 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 										
8	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by										
а	a The governing body?										
	b 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	8b	Х								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	eveni	ie Co	ode.)							
			Yes	No							
	Did the organization have local chapters, branches, or affiliates?	10a		Х							
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?										
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
	Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O										
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х								
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13	Х								
14	Did the organization have a written document retention and destruction policy?	14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
	The organization's CEO, Executive Director, or top management official	15a		Х							
b	Other officers or key employees of the organization	15b		Х							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х							
b	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										
500	organization's exempt status with respect to such arrangements?	16b		L							
	List the states with which a copy of this Form 990 is required to be filed NY										
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 50	1(0)(3									
IÕ	available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request X Other (explain on Schedule O) S										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availa the public during the tax year. See Schedule O	ble to									
20	State the name, address, and telephone number of the person who possesses the organization's books and records.										

	CHAUTAUQUA COUNTY LAND BANK CORPORATION	46-1480852	Page 7
Part VII Com Inde	pensation of Officers, Directors, Trustees, Key Employees, Highe pendent Contractors	est Compensated Employee	s, and
Check	if Schedule O contains a response or note to any line in this Part VII	·····	
Section A. Of	ficers, Directors, Trustees, Key Employees, and Highest Compen	sated Employees	
organization's tax y		5	
 List all of the 	e organization's current officers, directors, trustees (whether individuals or organized	zations), 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

		(C)								
(A) Name and title	(B) Average hours	director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) Gina Paradis	40									
Executive Director	0				Х			80,328.	0.	0.
(2) Hugh Butler	1							0	0	0
Director	0	Х						0.	0.	0.
(3) Charles Cornell	1	v						0	0	0
Director	0	Х						0.	0.	0.
(4) Bonnie Strickland Director	0	Х						0.	0.	0.
(5) Mark Geise	1	Λ						0.	0.	0.
Director		Х						0.	0.	0.
(6) Nicole May	1	Λ				-		0.	0.	0.
Secretary		Х		Х				0.	0.	0.
(7) Diane Hannum	1		·							
President	0	Х		Х				0.	0.	0.
(8) Lou Drago	1									
Director	0	Х						0.	0.	0.
(9) John Hemmer	1									
Director	0	Х						0.	0.	0.
(10) Taylor Scott	0									
Director	0	Х						0.	0.	0.
(11) Rebecca Meeder	1									
Director	0	Х						0.	0.	0.
(12) Paul Whitford	1									
Director	0	Х						0.	0.	0.
(13)										
(14)										
ВАА	TEEA0	107L	09/01/	/22						Form 990 (2022)

BAA

ſ

Form 990 (2022) CHAUTAUQUA COUNTY LAND BANK CORPORATION

46-1480852

Page 8

Par	t VII Section A. Officers, Directors, Tru	stees, l	Key	Em	plo	bye	es, a	anc	l Highest Com	pensated Empl	oyees (continued)
		(B)			(C	•					
	(A) Name and title	Average hours per week (list any hours for related organiza - tions below dotted	box,	unles er and	ss pe d a d	erson	e is both or/trust employee	n an	(D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		line)	ŏ	ę6			sated				
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
	Subtotal		• • • • •						80,328.	0.	0.
	Total from continuation sheets to Part VII, Section								0.	0.	0.
	Total (add lines 1b and 1c)								80,328.	0. O of reportable comm	0.
-	from the organization 0		10100		0) 1	1110	10001	iou			
3	Did the organization list any former officer, direct										Yes No
	on line 1a? If "Yes, "complete Schedule J for such										. 3 X
4	For any individual listed on line 1a, is the sum of the organization and related organizations greate <i>such individual</i>	reportab r than \$1	1e cor 50,00	nper)0? /	nsa If "}	tion <i>(es,</i>	and " <i>con</i>	oth nple	er compensation ete Schedule J for	trom	. 4 X
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes	e comper ," <i>comple</i>	isatio ete So	n fro ched	om a Iule	any <i>J fo</i>	unrel or suc	late	d organization or	individual	. 5 X
Sec	ion B. Independent Contractors							,			
1	Complete this table for your five highest compensation from the organization. Report compens										
	(A) Name and business addr					<u>,</u>	orrain	.9 .	(B) Description of	<u> </u>	(C) Compensation
2	Total number of independent contractors (including b \$100,000 of compensation from the organization	ut not lim 0	ited to	thos	se li	istec	abov	ve) v	who received more	than	

Form 990 (2022) CHAUTAUQUA COUNTY LAND BANK CORPORATION 46-1480852 Page 9

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
হ, হ	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b					
Ę,	C	Fundraising events 1c					
ia di		Related organizations 1d Government grants (contributions) 1e	406 510				
Sin S		All other contributions, gifts, grants, and	496,510.				
ribution Other Si		similar amounts not included above 1f	1,250.				
ontri Do Do	g	Noncash contributions included in lines 1a-1f					
a C	h	Total. Add lines 1a-1f		497,760.			
an			Business Code				
ven	2a						
Å	b						
Nic	ک اہ						
Se	u o						
Jran	f	All other program service revenue					
Program Service Revenue		Total. Add lines 2a-2f					
	3	Investment income (including dividends,	interest, and				
		other similar amounts)		185.			185.
	4	Income from investment of tax-exemp					
	5	Royalties	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets other than inventory 7a					
	b	Less: cost or other basis and sales expenses 7b					
	с	Gain or (loss) 7c					
	d	Net gain or (loss)					
<u>e</u>	8a	Gross income from fundraising events					
enne		(not including \$					
šeč		of contributions reported on line 1c). See Part IV, line 18					
5	h		a b				
Other Reve		Net income or (loss) from fundraising	-				
~		Gross income from gaming activities.					
		See Part IV, line 19	a				
			b				
		Net income or (loss) from gaming act	villes				
	10a	Gross sales of inventory, less returns and allowances	a 34,630.				
			b 7,605.				
	С	Net income or (loss) from sales of inv		27,025.	27,025.		
S			Business Code				
Miscellaneous Revenue	11a b c d						
llar Jen	a c						
Sce	с Н	All other revenue					
Σ		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		524,970.	27,025.	0.	185.
BAA			TEEA	0109L 09/01/22	• •		Form 990 (2022)

Form 990 (2	2022)	CHAUTAUQUA	COUNTY	LAND	BANK	CORPORATION

46-1480852 Page 10

 Part IX
 Statement of Functional Expenses

 Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

300	<i>tion 501(c)(3) and 501(c)(4) organizations must cor</i> Check if Schedule O contains a				X
D -		(A) Total expenses	(B)	(C)	(D)
Бо 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign 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	80,328.	40,164.	40,164.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	98,875.	49,152.	49,723.	0.
8	Pension plan accruals and contributions	50,015.	47,152.	47,723.	
0	(include section 401(k) and 403(b) employer contributions)	11,698.	5,588.	6,110.	
9	Other employee benefits	,	.,		
10	Payroll taxes	14,978.	8,014.	6,964.	
11	Fees for services (nonemployees):		-,	-,	
	Management				
b	Legal	30,000.		30,000.	
c	Accounting	7,832.	2,317.	5,515.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule OSCh.	356,710.	356,710.		
12	Advertising and promotion.	4,700.	,	4,700.	
13	Office expenses	3,759.	2,766.	993.	
14	Information technology	11,832.	2,570.	9,262.	
15	Royalties				
16	Occupancy	5,125.	5,125.		
17	Travel	6,995.	4,233.	2,762.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,770.	55.	2,715.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	Printing and Publications	1,812.	33.	1,779.	
b	<u>Miscellaneous</u>	, - •			
C					
C					
	All other expenses.	607 111	176 707	160 607	<u>^</u>
25	Total functional expenses. Add lines 1 through 24e	637,414.	476,727.	160,687.	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)				

			COUNTY	LAND	BANK	CORPORATION
Part X	Balan	ce Sheet				

46-1480852	
------------	--

Page 11

		(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing.	593,355.	1	376,39
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net.		7	
8	Inventories for sale or use.	368,988.	8	488,73
9	Prepaid expenses and deferred charges.	300,900.	9	400,13
	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	Less: accumulated depreciation. 10b		10c	
11	Investments – publicly traded securities.		11	
12	Investments – other securities. See Part IV, line 11	507,840.	12	500,00
13	Investments – program-related. See Part IV, line 11	507,040.	13	500,00
14	Intangible assets.		14	
15	Other assets. See Part IV, line 11.		15	
16	Total assets. Add lines 1 through 15 (must equal line 33).	1,470,183.	16	1,365,13
	······································	_, _, _, _, _, _, _, _,		_,,
17	Accounts payable and accrued expenses	15,640.	17	63
18	Grants payable		18	
19	Deferred revenue	24,947.	19	59,84
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	108,850.	21	96,35
22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
23 24	Unsecured notes and loans payable to unrelated third parties		23	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
26	Total liabilities. Add lines 17 through 25	149,437.	26	156,83
	Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	1,320,746.	27	1,208,30
28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	1,320,746.	32	1,208,30
	Total liabilities and net assets/fund balances.	1,470,183.	33	1,365,13

Form	n 990 (2022) CHAUTAUQUA COUNTY LAND BANK CORPORATION 46-	1480852		Pa	ige 12			
Par	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI.							
1	Total revenue (must equal Part VIII, column (A), line 12)		5	24,9	¥70.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	37,4	414.			
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	12,4	144.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O).	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1 2	08,3				
Dar	rt XII Financial Statements and Reporting	10	1,2	00,3	<u>. 200</u>			
r ai	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			165	NO			
					1			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	ed on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both:	ate						
	X Separate basis Consolidated basis Both consolidated and separate basis							
					<u> </u>			
С	: If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	, ,	2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain							
	on 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 Guidance, 2 C.F.R Part 200, Subpart F?		3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required aud	dit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		ł			
BAA	TEEA0112L 09/01/22		Form	990 ((2022)			

SCHEDULE	Α
(Form 990)	

Total

Public Charity Status and Public Support

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

OMB No. 1545-0047
2022

Attach to Form 990 or Form 990-EZ.							Open to Public
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information						formation.	Inspection
Name of the organization			Employer ident				
CHAUTAUQUA COUNTY LAND BANK CORPORATION 46-1480852 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instruct							
The organization is not a p		<u> </u>	5				
Ĕ Í			hurches described in sec		-		
2 A school describe	ed in sectio	n 170(b)(1)(A)(ii). (Att	tach Schedule E (Form	990).)			
	•		ization described in se				
4 A medical researce name, city, and s	-		unction with a hospital				Enter the hospital's
5 An organization of section 170(b)(1)	operated for (A)(iv). (Co	the benefit of a colle mplete Part II.)	ege or university owned	or oper	ated by	a governmental unit d	escribed in
_ =	or local gov	ernment or governme	ental unit described in s	ection 1	1 70(b)(1)	(A)(v).	
7 X An organization the	at normally r (1)(A)(vi). (receives a substantial p Complete Part II.)	part of its support from a	governm	ental un	it or from the general pu	blic described
			(A)(vi). (Complete Part				
	ion-land-grai	nt college of agriculture	c tion 170(b)(1)(A)(ix) oper e (see instructions). Ente	the nan			
from activities rel investment incom June 30, 1975. Se	ated to its e ne and unre ee section !	exempt functions, sub lated business taxabl 509(a)(2). (Complete	•	ns; and 511 tax)	(2) no r) from b	nore than 33-1/3% of i usinesses acquired by	its support from aross
H	-		ely to test for public saf	-			
or more publicly s lines 12a through a Type I. A supportin	supported o 12d that de ng organizati power to re	rganizations describe escribes the type of s on operated, supervise gularly appoint or elec	ely for the benefit of, to ed in section 509(a)(1) of upporting organization ed, or controlled by its sup t a majority of the directo	or sectic and con	n 509(a plete lii organizat)(2). See section 509(a nes 12e, 12f, and 12g. ion(s). typically by giving	a)(3). Check the box on
b Type II. A suppor	ting organiz e supporting	zation supervised or o organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organiza	having control or tion(s). You
c Type III functionall organization(s) (s	y integrated see instructi	. A supporting organizations). You must com	tion operated in connectio plete Part IV, Sections	n with, a A, D, an	nd functio d E.	onally integrated with, its	supported
functionally integr instructions). You	rated. The o I must com	plete Part IV, Section	ganization operated in con y must satisfy a distribu is A and D, and Part V.	tion req	uiremen	t and an attentiveness	requirement (see
e Check this box if integrated, or Typ	the organiz	ation received a writt	en determination from supporting organizatior	the IRS	that it is	s а Туре I, Туре II, Тур	e III functionally
f Enter the number of							
g Provide the following				1			I
(i) Name of supported organi	zation	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your c	s the tion listed overning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
<u>(D)</u>							
<u>(E)</u>							

CHAUTAUQUA COUNTY LAND BANK CORPORATION 46-1480852

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

	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,192,126.	849,097.	699,058.	985,201.	497,760.	4,223,242.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,192,126.	849,097.	699,058.	985,201.	497,760.	4,223,242.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	Public support. Subtract line 5 from line 4						4,223,242.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1,192,126.	849,097.	699,058.	985,201.	497,760.	4,223,242.
-	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			7,030.	812.	185.	8,027.
	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						4,231,269.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.
13	First 5 years. If the Form 990 is organization, check this box and						
	tion C. Computation of Pu						
	Public support percentage for 20	-					99.81 %
15	Public support percentage from	2021 Schedule A,	Part II, line 14			15	99.83%
16a	33-1/3% support test–2022. If t and stop here. The organization	he organization di qualifies as a put	d not check the b blicly supported or	ox on line 13, and ganization	d line 14 is 33-1/3	% or more, check	this box
b	33-1/3% support test—2021. If the and stop here. The organization	ne organization dic n qualifies as a pul	I not check a box plicly supported o	on line 13 or 16a rganization	i, and line 15 is 3	3-1/3% or more, c	heck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test, check this b	box and stop here	. Éxplain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a d-circumstances te	nd-circumstances est. The organizat	test, check this t ion qualifies as a	pox and stop here publicly supporte	Explain in Part d organization.	VI how the
18	Private foundation. If the organi	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	, or 17b, check thi	is box and see ins	structions

Schedule A (Form 990) 2022

CHAUTAUQUA COUNTY LAND BANK CORPORATION

Page 3

46-1480852

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.) Durk I'r C

Sec	tion A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include						
2	any "unusual grants.") Gross receipts from admissions,						
2	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the						
-	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from						
b	disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.).						
14	First 5 years. If the Form 990 is organization, check this box and						
Sec	tion C. Computation of Pu	blic Support P	Percentage				
15	Public support percentage for 20)22 (line 8, colum	n (f), divided by li	ne 13, column (f))	15	olo
16	Public support percentage from	2021 Schedule A,	Part III, line 15				olo
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	9			
17	Investment income percentage f	or 2022 (line 10c,	column (f), divide	ed by line 13, col	umn (f))	17	olo
18	Investment income percentage f	irom 2021 Schedu	lle A, Part III, line	17			olo
19a	33-1/3% support tests-2022. If						
b	is not more than 33-1/3%, check 33-1/3% support tests – 2021. If t	the organization c	lid not check a bo	x on line 14 or li	ne 19a, and line 1	6 is more than 33-	1/3%, and
20	line 18 is not more than 33-1/3%		-				
	Private foundation. If the organi						A (Form 990) 2022
BAA			TEEA0403L	03/03/22		Schedule	4 UP OTTE 3901 ZUZZ

 Part IV
 Supporting Organizations

 (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe	1		
2	the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status under section	1		
	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		
3a	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
Ł	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
C	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
Ł	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was	5a		
ŀ	accomplished (such as by amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the	эа		
	organization's organizing document?	5b		
C	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	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 support or benefit one or more of	6		
	the filing organization's supported organizations? If "Yes," provide detail in Part VI.	0		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990)</i> .	7		
8				
	complete Part I of Schedule L (Form 990).	8		_
9a	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
ł	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9с		
10 <i>a</i>	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
t	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	1 0 b		

Schedule A (Form 990) 2022	CHAUTAUQUA	COUNTY	LAND	BANK	CORPORATION	46-148085	2	Ρ	age 5
Part IV Supporting Organiz	ations (continued	<i>b</i>							
								Yes	No
11 Has the organization accepted	a gift or contribution fi	rom any of	the follo	owing pe	ersons?				
 A person who directly or indirectly the governing body of a support 	y controls, either alone o	or together v	with pers	ons desc	cribed on lines 11b a	nd 11c below,			
the governing body of a support	rted organization?	0					11a		
b A family member of a person of	lescribed on line 11a a	above?					11b		
c A 35% controlled entity of a person des	scribed on line 11a or 11b ab	ove? If "Yes"	to line 11a,	11b, or 1	1c, provide detail in Par	t VI.	11c		

Section B. Type I Supporting Organizations

- Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

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* 1 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
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played			
	in this regard.	3		
-				

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 year (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. h
 - The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). С

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in Part VI.
- **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.

2a

2b

3a

Yes

No

Yes

1

2

No

Part V

A (Form 990) 2022 CHAUTAUQUA COUNTY LAND BANK CORPORATION Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organizatio	t on No ns mus	ov. 20, 1970 (explain ir st complete Sections A	n Part VI). See through E.
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). 7

BAA

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 CHAUTAUQUA COUNTY LAND BANK CORPORATION 46-1

46-1480852

Pa		apporting Organiza	itions (continued	u)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	irposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	S,	2		
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	e details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizati in Part VI). See instructions.	ion is responsive (provide	details	8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ons	(iii) Distributable Amount for 2022
	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required – <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2022				
	• From 2017				
	• From 2018				
-	From 2019				
	From 2020				
	e From 2021				
	f Total of lines 3a through 3e				
<u> </u>	Applied to underdistributions of prior years				
ł	Applied to 2022 distributable amount				
	i Carryover from 2017 not applied (see instructions)				
_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D, line 7: \$				
	Applied to underdistributions of prior years				
_	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
ä	Excess from 2018				
	• Excess from 2019				
	Excess from 2020				
(Excess from 2021				
	Excess from 2022				

BAA

Schedule A (Form 990) 2022

Schedule A (Form 990) 202	2 CHAUTAUQUA COUNTY LAND BANK CORPORATION 46-1480852	Page 8
B, lines 3a, and	mental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part 2; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, and 6. Also complete this part for any additional information. (See instructions.)	

SCHEDULE D Supplemental Financial Statements			OMB No. 1545-0047		
Form 990) 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.			2022		
Department of the Treasury Internal Revenue Service	Go to www.irs.	gov/Form990 for instructions and the la	atest information.		Open to Public Inspection
Name of the organization				Employer id	lentification number
	NTY LAND BANK CORP			46-148	
		nor Advised Funds or Other Sir	milar Funds or A	ccounts	•
Complete	It the organization answered	"Yes" on Form 990, Part IV, line 6.		اممرم مام	ather accounts
1 Total number at	end of year	(a) Donor advised funds	(D) F	unus anu i	other accounts
	ntributions to (during year).				
	ants from (during year).				
	at end of year				
5 Did the organizat	tion inform all donors and do	nor advisors in writing that the assets h organization's exclusive legal control?.	eld in donor advised	funds	Yes No
-		rs, and donor advisors in writing that g			
for charitable pur	rposes and not for the benefit	of the donor or donor advisor, or for a	ny other purpose cor	nferring _	
		· · · · · · · · · · · · · · · · · · ·			Yes
	rvation Easements.	"Yes" on Form 990, Part IV, line 7.			
		/ the organization (check all that apply)).		
Preservation of	of land for public use (for exam	ole, recreation or education)	reservation of a histo	orically imp	ortant land area
Protection of	natural habitat		reservation of a certi		
Preservation	of open space				
		neld a qualified conservation contribution in	n the form of a conser	vation ease	ment on the
last day of the ta	ix year.			Held at the	End of the Tax Year
a Total number of	conservation easements			ieiu at tile	
		ments			
-	•	fied historic structure included in (a)			
d Number of conse	ervation easements included i	n (c) acquired after July 25, 2006 and r	not on a		
3 Number of conserv	5	sferred, released, extinguished, or termina		on during th	e
tax year					
	,	onservation easement is located	tions have difference for the		
		garding the periodic monitoring, inspec nts it holds?			Yes No
		nspecting, handling of violations, and enfo			iring the year
7 Amount of expens	es incurred in monitoring, inspe	ecting, handling of violations, and enforcing	g conservation easem	ents during	the year
8 Does each conse and section 170(ervation easement reported of h)(4)(B)(ii)?	n line 2(d) above satisfy the requiremen	nts of section 170(h)	(4)(B)(i)	Yes No
9 In Part XIII, desc include, if applica conservation eas	able, the text of the footnote	orts conservation easements in its reve to the organization's financial statemen	enue and expense st its that describes the	tatement a organizati	nd balance sheet, and on's accounting for
Part III Organiz Complete	zations Maintaining Co	llections of Art, Historical Treas "Yes" on Form 990, Part IV, line 8.	sures, or Other S	Similar A	ssets.
historical treasur	es, or other similar assets he	r FASB ASC 958, not to report in its rev ld for public exhibition, education, or re l statements that describes these items	esearch in furtheranc	l balance s e of public	heet works of art, service, provide in
b If the organizatio	n elected, as permitted unde	FASB ASC 958, to report in its reven	le statement and ba	lance shee	t works of art.

AA	A For Paperwork Reduction Act Notice, see the Instructions for Form 990.	TEEA3301L 07/06/22	Schedule D (Form 990) 2022
	b Assets included in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·	\$
ä	a Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treasures, or other similar asset amounts required to be reported under FASB ASC 958 relating to these items:	s for financial gain, provide	the following
	(ii) Assets included in Form 990, Part X		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	historical treasures, or other similar assets held for public exhibition, education, or researc following amounts relating to these items:	h in furtherance of public s	ervice, provide the

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

Schedule D (Form 990) 2022 CHAU				46-148	
Part III Organizations Main	taining Colle	ections of Art, His	storical Treasures,	or Other Similar As	ssets (continued)
3 Using the organization's acquisition items (check all that apply):	, accession, and	other records, check a	ny of the following that m	ake significant use of its	collection
a Public exhibition		d Loan	or exchange program		
b Scholarly research		e Other			
c Preservation for future gener	ations				
4 Provide a description of the organiz Part XIII.	ation's collection	ns and explain how they	y further the organization's	s exempt purpose in	
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or re han to be main	eceive donations of ar ained as part of the c	t, historical treasures, o organization's collection	r other similar assets	Yes No
Part IV Escrow and Custod reported an amount on Fo	l ial Arranger orm 990, Part X,	nents. Complete if th line 21.	ne organization answered	"Yes" on Form 990, Par	t IV, line 9, or
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian	or other intermediary	for contributions or othe	er assets not included	Yes X No
b If "Yes," explain the arrangement in					
		simplete the fellowing te			Amount
c Beginning balance					
d Additions during the year					
e Distributions during the year					
f Ending balance					0.
2a Did the organization include an a					
b If "Yes," explain the arrangement				-	
Part V Endowment Funds.	Complete if the	organization answere	d "Yes" on Form 990 Pa	rt IV line 10	
	(a) Current ye				(e) Four years back
1 a Beginning of year balance	(a) ourrent ye				
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentag	e of the current	year end balance (lir	ne 1g, column (a)) held	as:	
a Board designated or quasi-endov	vment	00			
b Permanent endowment	00				
c Term endowment	00				
The percentages on lines 2a, 2b, a	nd 2c should equ	ial 100%.			
3a Are there endowment funds not in t	he nossession o	f the organization that :	are held and administered	for the	
organization by:	ine possession o				Yes No
(i) Unrelated organizations					. 3a(i)
(ii) Related organizations					. 3a(ii)
b If "Yes" on line 3a(ii), are the rel	ated organizati	ons listed as required	on Schedule R?		3b
4 Describe in Part XIII the intended	d uses of the or	ganization's endowme	ent funds.		
Part VI Land, Buildings, an					
Complete if the organizati			IV line 11a See Form 9	90 Part X line 10	
Description of property					
Description of property	(8) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land					
b Buildings					
c Leasehold improvements					
d Equipment					
e Other					
Total. Add lines 1a through 1e. (Colum		al Form 990. Part X	column (B), line 10c.)		0.
BAA					ule D (Form 990) 2022
				e on cu	

Page 3

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on	Form 990 Part IV line	11h See Form 990 Part X line 12	
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of	f-vear market value
	I derivatives			
	neld equity interests.			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(D) (E)				
(F)				
(G)				
(H)				
(l)				
	(b) must equal Form 990, Part X, column (B) line 12.)	500,000.		
Part VIII	Investments – Program Related. Complete if the organization answered "Yes" on	Form 990, Part IV, line	N/A 11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column Part IX	(b) must equal Form 990, Part X, column (B) line 13.) Other Assets.	N/A		
Partix	Complete if the organization answered "Yes" on			
	(a) Des	scription		(b) Book value
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	mn (b) must equal Form 990, Part X, column (E	3) line 15.)		
Part X	Other Liabilities. Complete if the organization answered "Yes" on	Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 2	5.
1.		ption of liability		(b) Book value
	I income taxes			
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
(10)				
(11)				
	(b) must equal Form 990, Part X, column (B) line 25.)			
	incertain tax positions. In Part XIII, provide the text of the for		nancial statements that reports the organization's	liability for uncertain

tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2022 CHAUTAUQUA COUNTY LAND BANK CORPORATION	46-1480852	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.	- <u>r</u> - r	
1 Total revenue, gains, and other support per audited financial statements	1	524,970.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities		
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII.) 2 d		
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1	3	524,970.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	524,970.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements		637,414.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities 2a		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1.		637,414.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		007,414.
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	637,414.
Part XIII Supplemental Information.		<u>.</u>

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 X - FASB ASC 740 Footnote

The Organization is exempt from federal income taxes under Section 501(c)3 of the

Internal Revenue Code, and from New York State income tax under Article 7(a) of the

New York State Executive Law.

Schedule D (Form 990) 2022

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number 46 - 1480852

Form 990, Part VI, Line 11b - Form 990 Review Process

CHAUTAUQUA COUNTY LAND BANK CORPORATION

Form 990 provided for electronic review to all board members prior to submission.

Form 990, Part VI, Line 18 - Explanation of Other Means Forms Available For Public Inspection

Forms available for review at www.guidestar.org.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Applicable documents are available for public inspection upon request.

Form 990, Part IX, Line 11g Other Fees For Services

	(A)	(B) Program	(C) Management	(D) Fund-
	Total	Services	& General	raising
Property demolition and rehab	356,710.	356,710.		
Total	\$ 356,710.	\$ 356,710.	\$0.	\$0.