# Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Α	For the	he <mark>2023</mark> caleı	ndar year, or tax	c year begir	nning		, 2023	3, and endin	g		,	20		
В	Check	if applicable:	С							D Employ	er identi	ification nun	ıber	
	Ad	ddress change	CHAUTAUQU	JA COUNT	Y LAND	BANK COR	RPORATIO	N		46-	1480	852		
	Na	ame change	214 Centr							E Telepho				
		itial return	Dunkirk,	NY 1404	18					716	-969	-7843		
	$\vdash$	nal return/terminated							-	710	303	7010		
		mended return								<b>G</b> Gross r	opoints !	\$	660	895.
	$\vdash$		F Name and add	lrocs of princip	al officer:				H(a) Is this a					X No
	L A	oplication pending	1		ai officer.								Yes Yes	No No
_			Same As C				1047/ \/4\	1 1507	H(b) Are all s If "No,"	attach a list	. See ins	tructions.	res	NO
<u> </u>		exempt status:	X 501(c)(3)	501(c) (		(insert no.)	4947(a)(1) o	or 527						
J			ttp://www.		1				H(c) Group e					
K		n of organization:		Trust	Association	Other	L	Year of format	ion: 2012	2 M s	State of le	egal domicile	: NY	
Pa	art I	Summa												
	1		ribe the organiza											
ø			ration of										o <u>ntr</u>	<u>ol</u>
аŭ			estly impr	<u>ove pro</u>	mising	<u>properti</u>	es so t	hat repu	<u>itable</u>	buyers	<u>car</u>	<u> be</u>		
e.		<u>attract</u>					-,						. — — –	
Š	2	Check this b				ued its opera						sets.		
প্ৰ	3		oting members ndependent voti								3			10
Se	5		er of individuals	-	-		•	•			4 5			<u>9</u> 5
ŧ	6		er of volunteers								6			0
Activities & Governance	7a		ted business rev								7a			0.
4			d business taxa								7b			0.
							.,			ior Year	7.5	Curr	ent Ye	
	8	Contribution	s and grants (Pa	art VIII. line	: 1h)					497,7	160			067.
Revenue	9		vice revenue (P							451,1	00.		<u> </u>	007.
Ver	10		ncome (Part VII							1	85.		17.	481.
æ	11		ue (Part VIII, co							27,0				347.
	12		ie – add lines 8							524,9				895.
	13	Grants and	similar amounts	paid (Part	IX, column	(A), lines 1-	3)			•				
	14	Benefits pai	d to or for mem	bers (Part I	X, column (	(A), line 4)								
	15	Salaries, oth	ner compensatio	n, employe	e benefits (	Part IX, colu	mn (A), line	es 5-10)		205,8	379.		236.	943.
Expenses	16a		fundraising fee											
ë	- L		ising expenses	•		•								
×	b													
	17		ses (Part IX, co							431,5				476.
	18		ses. Add lines 1							637,4				419.
	19	Revenue les	s expenses. Su	btract line	18 from line	12				-112 <b>,</b> 4	-			476.
s or				••						g of Currer			of Yea	
sset Salar	20		(Part X, line 16	,					· <u> </u>	<u>, 365, 1</u>				546.
Net Assets	21		es (Part X, line	- /					•	156,8			102,	768.
			or fund balances	. Subtract I	ine 21 from	line 20			. 1	,208,3	302.	1,	521 <b>,</b>	778.
Pa	art II	Signatu	re Block											
Und	er penal	ties of perjury, I	declare that I have ex parer (other than offic	amined this ret	urn, including a	ccompanying scl	nedules and stat	tements, and to	the best of my	/ knowledge	and beli	ef, it is true,	correct,	and
COIII	piete. D	eciaration of prep	barer (other than offic	er) is based on	all illioilliation	or which prepare	i ilas aliy kilow	leuge.						
		Signature of	of officer						Date					
Sig	gn													
He	re		Paradis					<u>E</u>	<u> xecuti</u>	ve Dir	recto	r		
		٠, ,	nt name and title		1			1		1				
			preparer's name		Preparer's si	-		Date		Check	<b>」</b> " │	PTIN		
Pa	id	Edwar	d J. Bysie			J. Bysi	ek, CPA			self-employ	ed	P00907	731	
Pr	epare	Firm's nan	ne <u>BYSIE</u>	K CPA,	PLLC									
Us	e On	nly   Firm's address   3368 WEST FIVE MILE ROAD							Firm's EIN	<u>4</u> 5-	-37610	<u>56</u>		
_			ALLEG	ANY, NY	14706					Phone no.	716-	-378-93	308	
Ma	y the	IRS discuss t	his return with t	he prepare	r shown abo	ve? See ins	tructions					. X Yes	5	No

4d Other program services (Describe on Schedule O.)

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

**4e** Total program service expenses 160,048.

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule D, Part 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? <i>If "Yes," complete Schedule D, Part II.</i>	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? If "Yes," complete Schedule D, Part IV.	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? <i>If "Yes," complete Schedule D, Part VIII.</i>	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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes." complete Schedule F. Parts I and IV.	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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	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
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

			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? If "Yes," complete Schedule I, Parts I and III.	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 "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		
	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? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	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 noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		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
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35a	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> 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? If "Yes," complete Schedule R, Part VI.	37		X
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	X	
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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
b	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?	1.	X	
ВΛΛ	(garnbling) winnings to prize winners?	1c	Α	(0000

Form 990 (2023) CHAUTAUQUA COUNTY LAND BANK CORPORATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			162	:
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule 0</i> .	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
	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		
	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
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			
	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		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1-10		
	excess parachute payment(s) during the year?	15		X
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	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	17		
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

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 Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. . . . . 10 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. **b** Enter the number of voting members included on line 1a, above, who are independent..... 9 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ 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 more members of the governing body?..... 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 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 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Χ Schedule O how this was done ...... 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** 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 **b** Other officers or key employees of the organization..... 15b X 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 X taxable entity during the year?..... 16a **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 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 X Upon request Other (explain on Schedule O) See Sch. O Own website Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records.

Gina Paradis 200 Harrison St. Jamestown NY 14701 (716) 661-8905

# 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 the instructions for definition of "key employees."
- 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.

X 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	box, offic	unles er and	s per	more rson i	than or is both or/truste	an	(D) Reportable compensation from	(E) Reportable compensation from	<b>(F)</b> Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee 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				Χ			77,608.	0.	0.
(2) Hugh Butler	1	.,								
Director	0	X						0.	0.	0.
(3) Charles Cornell Director	$-\frac{1}{0}$	Х						0.	0.	0.
	0	Λ						0.	0.	0.
	0	Х						0.	0.	0.
(5) Mark Geise	1	21						0.	0.	0.
Director	0	Х						0.	0.	0.
(6) Nicole May	1									
Secretary	0	X		Χ				0.	0.	0.
(7) Diane Hannum	1									
President	0	Х		Χ				0.	0.	0.
(8) Lou Drago	_1_									
Director	0	Χ						0.	0.	0.
(9) John Hemmer	1									
Director	0	Χ						0.	0.	0.
(10) Todd Hnatyszyn	0									
Director	0	Χ						0.	0.	0.
(11) Shelley Lincoln	1									
Director	0	Х						0.	0.	0.
(12) Paul Whitford	1									
Director	0	X						0.	0.	0.
(13) Rebecca Meeder	1	ļ.,								_
Director	0	X				$\sqcup$		0.	0.	0.
(14)		ł								
	1	1	1 1			1 1				

Part VII   Section A. Officers, Directors, 1ru	131003, 1	\Cy		•	C)	cs, c	and	Trigilest Coll	ipensated Empi	Oyees	• (cont	писи)
(A) Name and title	(B) Average hours	box,	unles er an	ss pe d a d	more rson i irecto	than o s both r/truste	an ee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	C	(F) ated am of other nsation	
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee 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)	the o	rganiza d relate anizatio	tion d
<u>(15)</u>		-				1,L.						
(16)												
(17)												
(18)												
<u>(19)</u>												
<u>(20)</u>		-										
(21)												
(22)												
(23)												
<u>(24)</u>		=										
<u>(25)</u>		-										
1b Subtotal								77,608.	0.			0.
c Total from continuation sheets to Part VII, Section								0.	0.			0.
d Total (add lines 1b and 1c)								77,608. more than \$100,00	0. 0 of reportable comp	ensatio	n	0.
from the organization 0												т
3 Did the organization list any <b>former</b> officer, direct	tor, truste	e, ke	ey ei	mplo	oyee	e, or l	high	nest compensated	employee	3	Yes	No
on line 1a? If "Yes,"complete Schedule J for such 4 For any individual listed on line 1a, is the sum of	reportab	le co	mpe	ensa	ition	and	oth	er compensation	from	3		X
the organization and related organizations greate such individual										4		Х
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes	s," comple	ete S	che	om dule	any J fo	or suc	ch p	person	maividuai	5		Х
Section B. Independent Contractors  1 Complete this table for your five highest compens	sated inde	epen	dent	cor	ntrad	ctors	tha	t received more t	nan \$100.000 of			
Complete this table for your five highest compensation from the organization. Report compensation.  (A)		the c	alen	dar	year	endir	ng w	vith or within the or			C)	
Name and business addr	ess							Description (	of services	Compe	ńsatio	ncn
2. Total number of independent contractors (including la	ut not lies	tod t	o the	200 1	ictor	l aba	· (0)	who received mare	than			
Total number of independent contractors (including b \$100,000 of compensation from the organization	out not iimi	ແຮບ ໃ	JUIC	use I	ıstet	ı auu\	ve) \	who received more	uiali			

		O (2023) CHAUTAUQUA	COUNTY	ζL.	AND BANK CO	RPORATION		46-1480852	Page <b>9</b>
Par	t VI	II Statement of Reven	ue						
		Check if Schedule O cont	tains a re	spor	nse or note to an	y line in this Part V (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Revenue and Other Similar Amounts	b c d e f	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributions)  All other contributions, gifts, grants similar amounts not included above Noncash contributions included in lines 1a-1f  Total. Add lines 1a-1f  All other program service retails Add lines 2a-2f	11: 10: 10: 10: 10: 10: 10: 10: 10: 10:	g	Business Code	147,067.	revenue		312-314
	3 4 5	Investment income (including other similar amounts) Income from investment of Royalties	dividends tax-exem	i, inte	erest, andond proceeds	17,481.			17,481.
	b c	Gross rents							
	7a b c	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses  Gain or (loss)	i) Securities		(ii) Other				
Other Revenue	8a b	Gross income from fundraising ever (not including \$ of contributions reported on line 1c See Part IV, line 18	).	8a 8b					
5	9a b	Net income or (loss) from fundrais Gross income from gaming activities. See Part IV, line 19		9a 9b		,			
	10a b	Gross sales of inventory, less returns and allowances Less: cost of goods sold Net income or (loss) from s		10a 10b	496,347.	496,347.	496,347.		
S.	_		OI III		Business Code	430,347.	450,547.		

	i i i i i i i i i i i i i i i i i i i	-	-00,0	-50,0		
<u> </u>		Business Code				
ğ ə	11a					
lane enu	b					
scella Reve	c					
SS &	d All other revenue					
Σ	e Total. Add lines 11a-11d					
. <u></u>	12 Total revenue. See instructions		660,895.	496,347.	0.	17,481.
BAA		TEE.	A0109L 08/23/23			Form <b>990</b> (2023)

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

	Check if Schedule O contains a re	sponse or note to any			
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		. ,	3 1	
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	77,608.	38,804.	38,804.	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	121,079.	60,223.	60,856.	· ·
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	121,013.	00,223.	00,030.	
9	Other employee benefits	21,510.	10,275.	11,235.	
10	Payroll taxes	16,746.	8,960.	7,786.	
11	Fees for services (nonemployees):				
	Management	38,620.	2,365.	36,255.	
b	Legal				
С	Accounting				
d	Lobbying				
е	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 0.)	26,732.	26,732.		
12	Advertising and promotion	3,073.		3,073.	
13	Office expenses	1,651.	1,215.	436.	
14	Information technology	24,271.	2,314.	21,957.	
15	Royalties	,	,	,	
16	Occupancy	5,075.	5,075.		
17	Travel	6,619.	4,005.	2,614.	
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	216.	4.	212.	
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	11100011411CO40	4,219.	76.	4,143.	
b	'				
c c					
	All other expenses				
25	All other expenses	347,419.	160,048.	187,371.	0.
		341,413.	100,040.	101,311.	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)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing.	376,398.	1	521,957.
	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	
S	8	Inventories for sale or use.		8	585,107.
set	9	Prepaid expenses and deferred charges.		9	303,107.
Assets		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		9	
	h	Less: accumulated depreciation		10c	
	11	Investments – publicly traded securities.		11	
	12	Investments – other securities. See Part IV, line 11.		12	517,481.
	13	Investments – program-related. See Part IV, line 11		13	317,401.
	14	Intangible assets.		14	
	15	Other assets. See Part IV, line 11.		15	1.
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33).		16	1,624,546.
		Total assets. And inites it allough to (must equal inite se)	1,303,132.		1,021,010.
	17	Accounts payable and accrued expenses		17	27.
	18	Grants payable		18	
	19	Deferred revenue	05/0121	19	39,541.
	20	Tax-exempt bond liabilities		20	
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D	96,350.	21	63,200.
Liabilities	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	
1	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25	156,830.	26	102,768.
ıces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
ılar	27	Net assets without donor restrictions	1,208,302.	27	1,521,778.
B	28	Net assets with donor restrictions		28	
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
t.A	32	Total net assets or fund balances	1,208,302.	32	1,521,778.
Š	33	Total liabilities and net assets/fund balances		33	1,624,546.
	_				

**BAA** TEEA0111L 08/23/23 Form **990** (2023)

Pai	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)			60,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2		347,4	
3	Revenue less expenses. Subtract line 2 from line 1	3		313,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		208,3	
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,				
<b>D</b>	column (B))	10	1,5	21,	<i>1</i> 78.
Pai	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				<u>.       </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain				
_	on Schedule O.				V
Za	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both.	ved on a	1		
	Separate basis Consolidated basis Both consolidated and separate basis				
h	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 sepa		20	23	
	basis, consolidated basis, or both.	iato			
	X Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud				
	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.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	Uniforn			3.7
	Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	• If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required at				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	- 000	<u> </u>

#### **SCHEDULE A** (Form 990)

# **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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Name o	lame of the organization Employer identification number										
CHA	CHAUTAUQUA COUNTY LAND BANK CORPORATION 46-1480852										
	t I Reason for Public Cha						ctions.				
The c	organization is not a private found	lation because it is: (	For lines 1 through 12,	check o	nly one	box.)					
1	A church, convention of church	,		•	b)(1)(A)(	(i).					
2	A school described in <b>section</b>	n <b>170(b)(1)(A)(ii).</b> (Att	ach Schedule E (Form	990).)							
3	A hospital or a cooperative h	ospital service organ	ization described in sec	tion 170	)(b)(1)(A	۸)(iii).					
4	A medical research organizat	tion operated in conju	unction with a hospital of	describe	d in <b>sec</b>	ction 170(b)(1)(A)(iii). E	nter the hospital's				
	name, city, and state:										
5	An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a collemplete Part II.)	ege or university owned	or opera	ated by	a governmental unit de	escribed in				
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II.)										
8	A community trust described	in section 170(b)(1)(	A)(vi). (Complete Part I	l.)							
9	An agricultural research organiz	zation described in sec	ction 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant colle	ege				
	or university or a non-land-granuniversity:	nt college of agriculture	e (see instructions). Enter	the nam	ne, city,	and state of the college	or				
10	An organization that normally	receives (1) more t	han 33-1/3% of its supr	ort from		outions membership fe	es and gross receints				
	An organization that normally from activities related to its e	exempt functions, sub	ject to certain exception	ns; and	(2) no r	more than 33-1/3% of i	ts support from gross				
	investment income and unrel June 30, 1975. See section 5			511 tax)	from b	usinesses acquired by	the organization after				
11	An organization organized ar		•	etv. See	section	ı 509(a)(4).					
12	An organization organized ar	nd operated exclusive	ely for the benefit of to	nerform	the fun	actions of or to carry o	it the nurnoses of one				
	or more publicly supported or lines 12a through 12d that de	rganizations describe escribes the type of s	ed in <b>section 509(a)(1)</b> our upporting organization is	r <b>sectio</b> and com	<b>n 509(a</b> iplete lii	<b>)(2).</b> See <b>section 509(a</b> nes 12e, 12f, and 12g.	)(3). Check the box on				
а	Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	gularly appoint or elect	d, or controlled by its sup t a majority of the director	ported or rs or trus	rganizat tees of t	ion(s), typically by giving the supporting organizati	the supported on. <b>You must</b>				
b	Type II. A supporting organiz	ation supervised or o	controlled in connection	with its	support	ted organization(s), by	having control or				
	management of the supporting	organization vested in	the same persons that co	ontrol or	manage	the supported organizat	ion(s). <b>You</b>				
_	must complete Part IV, Secti										
С	Type III functionally integrated. organization(s) (see instruction	. A supporting organizations). <b>You must com</b> i	tion operated in connection plete Part IV. Sections	n with, ar <b>A. D. an</b> d	na tunctio <b>d E.</b>	onally integrated with, its	supported				
d	Type III non-functionally integr	•	'			supported organization(s	) that is not				
	functionally integrated. The o	rganization generally	must satisfy a distribu	tion requ	uiremen	t and an attentiveness	requirement (see				
е	Check this box if the organization		,	ha IDS :	that it is	s a Type I Type II Typ	o III functionally				
·	integrated, or Type III non-fu	nctionally integrated	supporting organization	iie iks i I.	נוומנ זנ וצ	s a туре i, туре ii, тур					
f	Enter the number of supported of	organizations									
			d organization(s).				-				
(	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is organizat	s the	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
			àbove (see instructions))	in your g	overning		Support (SSS IIIS IIIS IIIS)				
					1						
				Yes	No						
<b>(4)</b>											
(A)											
(D)											
(B)											
<b>(C)</b>											
<u>(C)</u>											
(D)											
(-)											
(E)											
Total											

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

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

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	<b>(e)</b> 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	849,097.	699,058.	985,201.	497,760.	147,067.	3,178,183.
2	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	849,097.	699,058.	985,201.	497,760.	147,067.	3,178,183.
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	<b>Public support.</b> Subtract line 5 from line 4						3,178,183.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	<b>(e)</b> 2023	(f) Total
7	Amounts from line 4	849,097.	699,058.	985,201.	497,760.	147,067.	3,178,183.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		7,030.	812.	185.	17,481.	25,508.
9	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						3,203,691.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.
13	<b>First 5 years.</b> If the Form 990 is organization, check this box and						
	tion C. Computation of Pul	blic Support P	ercentage				
	Public support percentage for 20						99.20 %
15	Public support percentage from	2022 Schedule A,	Part II, line 14			15	99.81 %
16a	<b>33-1/3% support test—2023.</b> If t and <b>stop here.</b> The organization	he organization di qualifies as a put	d not check the bolicly supported or	ox on line 13, and ganization	d line 14 is 33-1/3	% or more, check	this box
b	<b>33-1/3% support test—2022.</b> If the and <b>stop here.</b> The organization	ne organization did qualifies as a pul	I not check a box olicly supported o	on line 13 or 16a rganization	, and line 15 is 33	3-1/3% or more, o	check this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test, check this b	oox and stop here	. Explain in Part	VI how
	<b>10%-facts-and-circumstances te</b> 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 to ion qualifies as a	oox and <b>stop here</b> publicly supporte	LExplain in Part dorganization.	VI how the
18	Private foundation. If the organization	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	, or 17b, check thi	s box and see ins	structions

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.)

C	tion A. Dublic Company		•	· · · · · · · · · · · · · · · · · · ·			
	tion A. Public Support	4 > 0010	42.000	(-) 0001	4.0.000	4 3 0000	
	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	<b>Total.</b> Add lines 1 through 5 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.						
С	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	<b>(e)</b> 2023	(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.  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.)						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or	fifth tax year as a	section 501(c)(3)	<u> </u>
	tion C. Computation of Pul			10		T	
	Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •		• •		%
	Public support percentage from 2					16	olo
	tion D. Computation of Inv					1	
	Investment income percentage f	•		-			%
	Investment income percentage f						90
	<b>33-1/3% support tests—2023.</b> If is not more than 33-1/3%, check <b>33-1/3% support tests—2022.</b> If t	this box and <b>sto</b>	<b>p here.</b> The organ	ization qualifies	as a publicly supp	orted organization	n
	line 18 is not more than 33-1/3% <b>Private foundation.</b> If the organization is the organization of the orga	, check this box	and <b>stop here.</b> Th	e organization qu	ualifies as a public	ly supported orga	anization

46-1480852

# 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe			
	the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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 lines 3b and 3c 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 <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	: Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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 the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
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? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?  If "Yes," provide detail in <b>Part VI.</b>	9a		
b	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? <i>If "Yes," provide detail in <b>Part VI.</b></i>	9b		
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 <b>Part VI.</b>	9с		
l0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

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Pa	rt IV   Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
č	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
ŀ	<b>b</b> A family member of a person described on line 11a above?	11b		
	c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations		1	
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one		Yes	No
1	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 <b>Part VI</b> 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
	71 11 3 3		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees			
	of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction 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	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	_		
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 <b>Part VI</b> how 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			
3	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 <b>Part VI</b> the role the organization's supported organizations played			
	in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
;	The organization satisfied the Activities Test. Complete line 2 below.			
	<b>b</b> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
,	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	ıctions	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
i	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ļ	<b>b</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? <i>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.</i>	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>			
		3a		
	<b>b</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 <b>Part VI</b> the role played by the organization in this regard.	3b		

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Par					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on No	ov. 20, 1970 (explain ir st complete Sections A	Part VI). <b>See</b> through E.	
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Curren (option	
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			
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Curren (option	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
c	Total (add lines 1a, 1b, and 1c)	1d			
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):				
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			
Sec	tion C — Distributable Amount			Current \	⁄ear
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			

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

3 Minimum asset amount for prior year (from Section B, line 8, column A)

**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

4 Enter greater of line 2 or line 3.

5 Income tax imposed in prior year

BAA Schedule A (Form 990) 2023

3

**4** 5

6

8

9

10

in Part VI). See instructions.

10 Line 8 amount divided by line 9 amount

9 Distributable amount for 2023 from Section C, line 6

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (con	าtinued)	
Sec	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required — provide details in <b>Part VI</b> )	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 organization is responsive (provide details

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
f Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2023. 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 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
<b>b</b> Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			
DAA	•		000\ 2022

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Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section 4, 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.)

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#### SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

CHAUTAUQUA COUNTY LAND BANK CORPORATION 46-1480852 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... Aggregate value of contributions to (during year). . . . . . Aggregate value of grants from (during year)...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Yes 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 No impermissible private benefit?.... Yes 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 (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure 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 day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2a **b** Total acreage restricted by conservation easements..... 2b c Number of conservation easements on a certified historic structure included on line 2a...... d Number of conservation easements included on line 2c acquired after July 25, 2006, 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 vear 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, No 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 2d 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 FASB 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 FASB 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 FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1.....

**b** Assets included in Form 990, Part X.....

ı aı	CIII Organizations maint	anning Concent	ons of Art, ms	torical freasures, c	n Other Sillina A.	33013 (001111	mucuj
3	Using the organization's acquisition, items (check all that apply).	accession, and other			ske significant use of its	collection	
а			<u> </u>	or exchange program			
b			e Other				
с 4	<u> </u>		nd explain how they	further the organization's	exempt purpose in		
5	Part XIII.						
_	During the year, did the organization be sold to raise funds rather that			rganization's collection?		Yes	No
Par	Complete if the organ	nization answe e 21.	red "Yes" on F		·	n amount c	on
1a	Is the organization an agent, trust on Form 990, Part X?	ee, custodian, or	other intermediary	for contributions or othe	er assets not included	Yes	X No
b	If "Yes," explain the arrangement in	Part XIII and compl	ete the following ta	ble.			
						Amount	
	Beginning balance						
	Additions during the year						
	Distributions during the year						
	Ending balance						0.
	Did the organization include an ar				- 1		No
b	If "Yes," explain the arrangement	in Part XIII. Check	chere if the expla	nation has been provide	d in Part XIII		
Par	t V Endowment Funds						
	Complete if the organ	nization answe	red "Yes" on F	orm 990, Part IV, Iii	ne 10.		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four yea	rs back
1a	Beginning of year balance	(.,	(.,, ,	(0)	(,	(4)	
	Contributions						
c	Net investment earnings, gains,						
	and losses						
	Grants or scholarships  Other expenditures for facilities						
-	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage	of the current year	r end balance (lin	e 1g, column (a)) held a	is:		
а	Board designated or quasi-endow	ment	%				
b	Permanent endowment	%					
С	Term endowment	%					
	The percentages on lines 2a, 2b, and	d 2c should equal 1	00%.				
3a	Are there endowment funds not in th	e possession of the	organization that a	are held and administered	for the		
	organization by:					Yes	No
	(i) Unrelated organizations?					. 3a(i)	
	(ii) Related organizations?					3a(ii)	
	If "Yes" on line 3a(ii), are the rela	•	•			. 3b	
	Describe in Part XIII the intended		zation's endowme	ent funds.			
Par			F 000 Dt	IV E. 11 - O. F. F	0 Deal V Fac 10		
	Complete if the organization						
	Description of property		st or other basis investment)	<b>(b)</b> Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	alue
	Land						
	Buildings						
	Leasehold improvements						
	Equipment						
	Other						
	I. Add lines 1a through 1e. (Column	n (d) must equal F	orm 990, Part X, I	ine 10c, column (B))			0.
BAA					Sched	ule D (Form 99	0) 2023

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Part VII	Investments — Other Securities	Form 000 Port IV line	11h Can Form 000 Part V line 12	-
(a) Descrip	Complete if the organization answered "Yes" on tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	f-vear market value
	I derivatives	(b) book value	(C) Welliou of Valuation. Cost of enu-o	n-year market value
` '	neld equity interests			
(3) Other				
(B)				
(A) (B) (C)				
(D) (E)				
(F)				
(G) (H)				
(n) (l)				
	n (b) must equal Form 990, Part X, line 12, column (B))	517,481.		
Part VIII			N/A	
	Investments — Program Related Complete if the organization answered "Yes" on		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)				
<u>(4)</u> (5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, line 13, column (B))			
Part IX	Other Assets Complete if the organization answered "Yes" on	N/A Form 990 Part IV line		
		scription	Tru. Sec Form 550, Fart X, fine 15.	(b) Book value
(1)				
(2)				
(3)				
(5)				
(6)				
(7)				
(8)				
(9) (10)				
	mn (b) must equal Form 990, Part X, line 15, c	volumn (R))		
Part X	Other Liabilities	.oiuiiii ( <i>b))</i>		
I alt A	Complete if the organization answered "Yes" on	Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	25.
1.	(a) Descr	iption of liability		(b) Book value
	I income taxes			
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) (10)				
(10)				
	mn (b) must equal Form 990, Part X, line 25, co	olumn (B)) .		
	incertain tax positions. In Part XIII, provide the text of the fo			liability for uncertain
	der FASB ASC 740. Check here if the text of the footnote has			e Part XIII 🛛

Par	t XI Reconciliation of Revenue per Audited Financial Statement	ts With Revenue per R	eturn	
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	660,895.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d.		2e	
3	Subtract line 2e from line 1		3	660,895.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5	660,895.
Par	t XII Reconciliation of Expenses per Audited Financial Statemen		Return	
Par	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, F		Return	
	· ·	Part IV, line 12a.	Return 1	347,419.
1	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.	1 1	347,419.
1 2	Complete if the organization answered "Yes" on Form 990, F Total expenses and losses per audited financial statements	Part IV, line 12a.	1 1	347,419.
1 2 a	Complete if the organization answered "Yes" on Form 990, Form 990, Form 990, Form 990, Form 990, Part IX, line 25:	Part IV, line 12a.	1 1	347,419.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Form 990, Form 990, Form 990, Form 990, Part IX, line 25:  Donated services and use of facilities	Part IV, line 12a.  2a 2b	1 1	347,419.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Form 990, Form 990, Form 990, Form 990, Part IX, line 25:  Donated services and use of facilities	Part IV, line 12a.  2a 2b 2c	1 1	347,419.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Form 990, Form 990, Form 990, Form 990, Part IX, line 25:  Donated services and use of facilities.  Prior year adjustments.  Other losses.	Part IV, line 12a.  2a  2b  2c  2d	1 1	347,419.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Form 990, Form 990, Form 990, Form 990, Part IX, line 25:  Donated services and use of facilities.  Prior year adjustments.  Other losses.  Other (Describe in Part XIII.)	Part IV, line 12a.  2a 2b 2c 2d	1	347,419.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Form 990, Form 990, Form 990, Form 990, Part IX, line 25:  Donated services and use of facilities.  Prior year adjustments.  Other losses.  Other (Describe in Part XIII.)  Add lines 2a through 2d.	Part IV, line 12a.  2a 2b 2c 2d	1 2e	
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, F Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses. Other (Describe in Part XIII.) Add lines 2a through 2d. Subtract line 2e from line 1. Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b.	2a	1 2e	
1 2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Form 990, Form 990, Form 990, Form 990, Form 990, Part IX, Iine 25:  Donated services and use of facilities.  Prior year adjustments.  Other losses.  Other (Describe in Part XIII.)  Add lines 2a through 2d.  Subtract line 2e from line 1.  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b.  Other (Describe in Part XIII.)	2a	1 2e	
1 2 a b c d e 3 4 a b c	Complete if the organization answered "Yes" on Form 990, F Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses. Other (Describe in Part XIII.) Add lines 2a through 2d. Subtract line 2e from line 1. Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b.	2a	2e 3	

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 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.

BAA Schedule D (Form 990) 2023

### SCHEDULE O (Form 990)

## 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 Form 990-EZ.

rm 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization

CHAUTAUQUA COUNTY LAND BANK CORPORATION

Employer identification number

46-1480852

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

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.