TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

DECEMBER 31, 2019

Prepared for	CHAUTAUQUA BLIND ASSOCIATION, INC. 510 WEST FIFTH STREET JAMESTOWN, NY 14701
Prepared by	EFPR GROUP, CPAS, PLLC 6390 MAIN STREET SUITE 200 WILLIAMSVILLE, NY 14221
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

		PUE	BLIC DISCLOS	SURE COPY	7 - STATE	REGIS	TRATIC	N NO. ()3-19-	03
	Ο	00	Return of	of Organi	ization Ex	empt	From I	ncome	Tax	OMB No. 1545-0047
	Form JJU Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exce						cept private f	oundations	ZU19	
		of the Treasury	Do not	enter social se	curity numbers o	on this form	n as it may l	be made publ	ic.	Open to Public
Inter	nal Rev	enue Service			orm990 for inst	ructions an	d the lates	t information.		Inspection
Α	For th	e 2019 calend	lar year, or tax year b	eginning		and	lending	-		
B	Check if applicat	C Name o	of organization					D Employe	r identifica	tion number
	⊐Addr									
	_]chan ⊐Nam		JTAUQUA BLIN		REHABILIT.		SERVIC	4 ** 4	***274	٨
	lchan Initia	ge Doing b							- / -	4
	returi Final	510	r and street (or P.O. box WEST FIFTH		vered to street addre	SS)	Room/suite	E Telephon	e number - 6 6 4 – 6	660
	returı termi	n-				tal aada		G Gross receip		339,143.
	ated Amer	nded TAME	town, state or province	14701	LP or loreign pos	laicode		H(a) Is this a		
	returi Appli tion		and address of principa		ERT DAHLI	N			ordinates?	
	pend		AS C ABOVE					H(b) Are all sul		
<u> </u>	Tax-ex	kempt status:		01(c) () <	(insert no.)	4947(a)(1)	or 527	- · ·		t. (see instructions)
			CHAUTAUQUAE			/		H(c) Group		
ĸ	Form c	of organization:	X Corporation	Trust Ass	ociation 🔄 Otl	ner 🕨	L Year			State of legal domicile: NY
	art I	Summary	1							
e	1	Briefly describ	be the organization's n	nission or most s	significant activitie	es: SEE	SCHEDU	JLE O		
Governance										
erná	2	Check this bo	ox 🕨 🛄 if the orga	anization discon	tinued its operatio	ons or dispo	osed of more	e than 25% of	its net asse	
) v	3		ting members of the g	0,	, ,					13
	4		dependent voting men							13
Activities &	5		of individuals employe							4
ivit	6		of volunteers (estimat							20
Act			ed business revenue fro							0.
	b	Net unrelated	l business taxable inco	ome from Form 9	990-T, line 39		<u></u>			0.
		A A H H						Prior Yea	r 202.	Current Year 293,303.
Iue	8		and grants (Part VIII, I						547.	10,410.
Revenue	9	•	ice revenue (Part VIII, l come (Part VIII, colum	•	and 7d)			5,	189.	13,066.
Re	10		e (Part VIII, column (A),					17	900.	13,711.
	12		e (raft vill, coldinir (4),						838.	330,490.
	13		milar amounts paid (Pa			ry, iiric 12)		,	0.	0.
	14		to or for members (Pa	, (,, ,				0.	0.
Ś			er compensation, empl					242,	253.	249,555.
nse	16a		fundraising fees (Part I						0.	0.
Expenses	b		sing expenses (Part IX,				0.			
ш	17	Other expens	es (Part IX, column (A)	, lines 11a-11d,	11f-24e)				144.	70,757.
	18	Total expense	es. Add lines 13-17 (mu	ust equal Part IX	, column (A), line	25)			,397.	320,312.
	19	Revenue less	expenses. Subtract lin	ne 18 from line 1	2				,441.	10,178.
Net Assets or Fund Balances							Be	ginning of Curr		End of Year
sset	20								942.	883,784.
et A:	21		s (Part X, line 26)						022.	35,149.
			fund balances. Subtra	act line 21 from l	ine 20			169,	,920.	848,635.
	art II	-		ainad this rature		uing ochodul	on and state	anto and to the	haat of my l	nowledge and helief it is
			I declare that I have exan e. Declaration of preparer						-	nowledge and bellel, it is
	,				j is nastu uli ali lillu	n mation of W	men preparer	nas any KIIUWI	եսկե.	
ei~	n	Signatur	e of officer					Date		
Sig Hei		,	GOODELL, E	XECUTIVE	DIRECTO	R				
116	C		print name and title							
		Print/Type pre	-	1	Preparer's signature	<u>;</u>		Date	Check	PTIN

Paid	DAVID A. URBAN CPA	DAVID A. URBAN CP	A 08/12/20 ^{if} P00630018					
	Firm's name 🕨 EFPR GROUP, CPAS		Firm's EIN 🕨 **-***6160					
Use Only	Firm's address 🖕 6390 MAIN STREET	' SUITE 200						
	WILLIAMSVILLE, N	Y 14221	Phone no. (716) 634-0700					
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)							

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	1990 (2019) CHAUTAUQUA BLIND ASSOCIATION, INC. **-**2744 Page 2
	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
-	TO ENABLE VISUALLY IMPAIRED PEOPLE TO BE ACTIVE MEMBERS OF THEIR
	COMMUNITY AND TO PROVIDE EDUCATION AND SERVICES TO PREVENT VISION
	LOSS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 265,433. including grants of \$) (Revenue \$ 10,410.
	SERVICES PROVIDED TO VISUALLY IMPAIRED INDIVIDUALS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 265,433.

Form	aan	(2019)	

Form 990 (2019) CHAUTAUQUA BLIND ASSOCIATION, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		x
Ч	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		- 23
u	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)? 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	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	15		x
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	- 10		<u> </u>
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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		X

Form	aan	(2019)
	990	(2013)

Form 990 (2019) CHAUTAUQUA BLIND ASSOCIATION, INC.
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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, 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		X
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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? If "Yes," complete Schedule L, Part II	26		X
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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
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
	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 lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash 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			37
	contributions? If "Yes," complete Schedule M	30		X
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? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			- v
	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	30		L
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
19	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3		103	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2019)	CHAUTAUQUA	BLIND	ASSOCIATION,	INC.
Part V Sta	atements Regarding Other	IRS Filings	s and Tax Compliar	1Ce (continued)

			Yes	No
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 24			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	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		X
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).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	60		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		- 23
D		6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
-	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
a L	Gross income from members or shareholders 11a	-		
a	Gross income from other sources (Do not net amounts due or paid to other sources against			
122	amounts due or received from them.) [11b] 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	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	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			
с	Enter the amount of reserves on hand			
	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		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

Part VI

Form 990 (2019)

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

X

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.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	3		
	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 1b 1.	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ũ	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion 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	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
C	in Schedule O how this was done	12c	x	
12		13	X	
13 14	Did the organization have a written whistleblower policy?	14		x
14 15		14		
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?	15a	x	
	The organization's CEO, Executive Director, or top management official		X	
D	Other officers or key employees of the organization	15b	- 23	
40-				
10a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10-		x
h	taxable entity during the year?	16a		- 11
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
800	exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright NY)	A	- h-l -
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(ojs only	/) avai	elapie
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
•	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	LISA GOODELL - $716-664-6660$			
	510 WEST FIFTH STREET, JAMESTOWN, NY 14701			

Part VII	Co	mpensation of O	fficers, Direc	tors, Trustees	, Key Employees,	Highest	Compensated
	່ Em	ployees, and Ind	lependent Co	ntractors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do		Pos		1 than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	amount of
	week		er ar		lirecto	or/trus	lee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		/ee	mpen		(00-2/1033-10130)		and related
	below	d ual 1	nstitutional trustee	L_	mplo	est co oyee	5			organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			0
(1) ROBERT DAHLIN	0.50									
PRESIDENT		X		X				0.	0.	0.
(2) MEGAN GREENE	0.50									
SECRETARY		X		X				0.	0.	0.
(3) COREY HUDSON	0.50									
TREASURER		X		X				0.	0.	0.
(4) MICHELE JOHNSON	0.50									
DIRECTOR		X						0.	0.	0.
(5) ANDREW ROBINSON	0.50									
DIRECTOR		X						0.	0.	0.
(6) PAT KINNEY	0.50									
DIRECTOR		X						0.	0.	0.
(7) MEGAN BARONE	0.50									
DIRECTOR		Х						0.	0.	0.
(8) KELLY FIORELLA	0.50									
DIRECTOR		Х						0.	0.	0.
(9) PETER R. JOHNSON	0.50									
DIRECTOR		Х						0.	0.	0.
(10) KURT MEEKINS	0.50								_	_
DIRECTOR		X						0.	0.	0.
(11) DIANA PANTALL	0.50								_	_
DIRECTOR		X						0.	0.	0.
(12) JOHNNY STEIN	0.50									
DIRECTOR		X						0.	0.	0.
(13) AMBER GREKALSKI	0.50									
DIRECTOR		X						0.	0.	0.
(14) LISA GOODELL	40.00							50.011		
EXECUTIVE DIRECTOR				х				70,311.	0.	0.
		-								
						<u> </u>				
										- 000 (00 (0)

	990 (2019) CHAUTAUQU	JA BLINI		125	500		AT]	[0]	N, INC.	**_**	*27	744	Pa	ge 8
Par	t VII Section A. Officers, Directors, Trust	tees, Key Em	ploy	ees,	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box offic	not cl , unle:	ss pe	ition ^{more} rson	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatior from related	ı	Est amo	(F) imated ount o other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fro orga and	ensat m the nizatio relate nizatio	on d
											\rightarrow			
											\dashv			
											+			
											-+			
											+			
											-			
1b	Subtotal						1		70,311.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
d	Total (add lines 1b and 1c)								70,311.		0.			0.
2	Total number of individuals (including but no	ot limited to th	iose	liste	ed al	bove	e) wł	no re	received more than \$100	0,000 of reportable	÷			0
	compensation from the organization											,	Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for se</i>							-				3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportab	le co	ompe	ensa	atior	n and	d otl	her compensation from	the organization		4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>	ccrue comper	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv			5		x
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest con the organization. Report compensation for t	=	-								pensa	ation fr	om	
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	Co	(C) ompen		
2	Total number of independent contractors (ir	ncluding but n	ot lii	nite	d to	tho	se lis	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organiz						0							

		Check if Schedule O	containe a ro	snoneo	or note to any lin	e in this Part VIII			1
		oncok il ochedale o		.300130		(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue exclu
2	1 a	Federated campaigns	-	a	24,390.				00010110 0 12
				lb					
Į.		Fundraising events							
		B · · · · · · · ·		d					
Ē		Government grants (cont		le	219,625.				
2		All other contributions, gifts,	· · -						
E		similar amounts not include	d above f	f	49,288.				
	g	Noncash contributions included i	n lines 1a-1f	l g \$					
	h	Total. Add lines 1a-1f			▶	293,303.			
					Business Code				
	2 a	CASE SERVICES			624310	7,224.	7,224.		
Ð	b	ADAPTIVE AID	S		624120	3,186.	3,186.		
anliavan	с								
	d				ļļ				
	е								
	f	All other program service				10 /10			
+	g					10,410.			
	3	Investment income (inclu	-			15,401.			15,4
		other similar amounts)				13,401.			15,4
	4 5	Income from investment			· · ·				
	5	Royalties		Real	(ii) Personal				
	6 2	Gross rents							
		Gross rents Less: rental expenses	6b						
		Rental income or (loss)	6c						
		Net rental income or (loss							
		Gross amount from sales of	,	urities	(ii) Other				
		assets other than inventory	7a 1,	196.					
	b	Less: cost or other basis							
		and sales expenses	7b 3,	531.					
	с	Gain or (loss)	⁊c −2,	335.					
	d	Net gain or (loss)				-2,335.			-2,3
	8 a	Gross income from fundrais							
			(
		contributions reported or			10 765				
		Part IV, line 18							
		Less: direct expenses			· · · · · · · · · · · · · · · · · · ·	13,643.			13,6
		Net income or (loss) from Gross income from gamin	-		<u></u> ►	±3,0±3.			13,0
	Ja	Part IV, line 19	-						
	h	Less: direct expenses							
		Net income or (loss) from							
		Gross sales of inventory,							
		and allowances		10a					
	b	Less: cost of goods sold							
		Net income or (loss) from			>				
T					Business Code				
Ð	11 a	MISCELLANEOU	S		624100	68.			
	b								
нечепие	с								
-	d	All other revenue							
		Total. Add lines 11a-11d				68.			

Part IX Statement of Functional Expenses

CHAUTAUQUA BLIND ASSOCIATION, INC.

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 respons ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ū	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	70,311.	59,764.	10,547.	
	Compensation not included above to disqualified				
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	152,678.	129,777.	22,901.	
	Pension plan accruals and contributions (include		-		
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	8,367.	7,112.	1,255.	
10	Payroll taxes	18,199.	15,469.	2,730.	
11	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	9,725.	1,530.	8,195.	
12	Advertising and promotion				
13	Office expenses	4,250.	3,995.	255.	
14	Information technology				
15	Royalties				
16	Occupancy	5,041.	3,781.	1,260.	
17	Travel	2,317.	2,085.	232.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	340.	289.	51.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,822.	14,298.	2,524.	
23	Insurance	10,615.	7,961.	2,654.	
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)				
а	amount, list line 24e expenses on Schedule 0.)	9,273.	9,273.		
a b	REPAIRS & MAINTENANCE	4,946.	3,710.	1,236.	
b c	SUPPLIES	4,162.	3,123.	1,039.	
d	MISCELLANEOUS	2,022.	2,022.	_,	
	All other expenses	1,244.	1,244.		
25	Total functional expenses. Add lines 1 through 24e	320,312.	265,433.	54,879.	0
26	Joint costs. Complete this line only if the organization				
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here b if following SOP 98-2 (ASC 958-720)				

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CHAUTAUQUA	BLIND	ASSOCIATION,	INC
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-2744 Page 11

Cash - non-interest-bearing CAI Beginning of year End of year 1 Cash - non-interest-bearing 617.1 1 529.2 2 Savings and temporary cash investments 237, 213.2 228, 0556. 3 Program and ther receivable, net 3 4 4 Accounts receivable, net 4 4 5 controlled entity or family member of any of these persons 5 5 6 Loans and other receivable, net 7 7 8 9 Prograd corpanse 5 5 5 9 Prograd corpanse 5 5 5 9 Prograd corpanse 5 7 7 8 7 9 Prograd corpanse and cost or other basis. Complete Part N of Schedule D 10a 437, 255. 1 148, 710.1 10c 138, 908.4 10 Investments - other scuttles. See Part N, line 11 10a 14 1440.557.7 12 Investments - other scuttles. See Part N, line 11 13 14 148, 908.4			Check if Schedule O contains a response or not	te to any li	ne in this Part X			
Beginning of year End of year 1 Cash - non-interest bearing 617.1 1 529.7 2 Savings and temporary cash investments 237,213.2 2 228,058.3 3 Piedges and grants receivable, net 3 4 4 4 Accounts receivable, net 4 4 5 Loans and other receivables from any current or former officer, director, furuste, key employee, restor or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 6 Loans and other receivable, net 7 7 7 8 Inventories for safe or use 5, 319.8 7, 859.7 9 Propaid expenses and deterred charges 1, 641.9 2, 984.1 10a Land, buildings, and equipment: cost or other tas 36, 023.15 148, 710.1 10c 138, 908.1 11 Investments - publicly traded securities 36, 023.15 64, 889.7 144 400, 557.12 11 Investments - publicly traded securities 36, 023.15 64, 889.7 14 140, 557.12 11<			·	,				
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2 Savings and temporary cash investments 237,213.2 228,058. 3 Predges and grams receivable, net 3 4 4 Accounts receivable, net 4 5 Loans and other receivables from ther officer, director, trustes, key employee, creator of founder, substantial contributor, or 35% controlled entity or family member of any of these persons (a defined of supulind persons (as defined of under section 49580)(11), and persons described in section 49580(c)(3)(B) 7 7 Notes and class receivable, net 5, 319.8 7, 859. 9 Prepaid expenses and deferred charges 1, 641.9 2, 984. 10a 437, 259.1 1 1 138, 908.1 11 Investments - publicly traded securities 369, 419.11 1 440, 557.1 12 Investments - publicly traded securities 369, 023.15 64, 889.7 13 Investments - publicly traded securities 36, 023.15 64, 889.7 14 Intrastents - publicly traded securities 29, 022.17 35, 149.11 14 Intrastents - publicly traded securities 20 22 15 Other assets. See Part IV, line 11 13 14 16 Total assets. Add lines 1 t		1	Cash - non-interest-bearing				1	529.
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 (as defined under section 4958)((1)), and persons described in section 4958)((3)(5) 6 6 Loans and other receivable, net 5 7 Notes and loans receivable, net 7 8 Inventories for sale or use 7 9 Prepaid expenses and deferred charges 1,641.9 2,984. 10a Lad, 437,259.1 148,710.10c 10a 138,908.1 11 Investments- publicly traded securities 10a 238,351.1 148,710.10c 138,908.3 11 Investments- publicly traded securities 10a 238,731.1 148,710.10c 138,908.3 11 Investments- publicly traded securities 10a 238,784.1 14 4400,557.1 12 Investments- publicly traded securities 36,023.15 64,889.1 16 64,889.1 13 Investments- publicly traded securities 29,022.17 35,149.1 19 10a 138,784.1 14 Itangable assets		2				237,213.	2	228,058.
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 (as defined under section 4958)((1)), and persons described in section 4958)((3)(5) 6 6 Loans and other receivable, net 5 7 Notes and loans receivable, net 7 8 Inventories for sale or use 7 9 Prepaid expenses and deferred charges 1,641.9 2,984. 10a Lad, 437,259.1 148,710.10c 10a 138,908.1 11 Investments- publicly traded securities 10a 238,351.1 148,710.10c 138,908.3 11 Investments- publicly traded securities 10a 238,731.1 148,710.10c 138,908.3 11 Investments- publicly traded securities 10a 238,784.1 14 4400,557.1 12 Investments- publicly traded securities 36,023.15 64,889.1 16 64,889.1 13 Investments- publicly traded securities 29,022.17 35,149.1 19 10a 138,784.1 14 Itangable assets		3					3	
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generation 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 5, 319, 8 7, 859. 9 Prepaid expenses and deferred charges 1, 641. 9 2, 984. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 437, 259. b Less: accumulated depreciation 10a 437, 259. 148, 710. 10c 138, 908. 11 Investments - publicly traded securities 369, 419. 11 440, 557. 11 Investments - program-related. See Part IV, line 11 13 14 13 14 Intagible assets 366, 023. 15 64, 889. 15 Other assets. See Part IV, line 11 13 14 14 16 Total assets. Add lines 1 through 15 (must equal line 33) 798, 942. 16 64, 889. 16 Total assets. Add lines 1 through 15 (must equal line 33) 798, 942. 16 83, 784. 17 Accounts payable and accrued expenses 29, 022. 17 35, 149. 18			controlled entity or family member of any of the	se persons	s		5	
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2 9 Prepaid expenses and deferred charges 1,641.9 2,984. 10 Land, buildings, and equipment: cost or other basis: Complete Part V of Schedule D 100 298,351. 148,710.100 100 138,908. 11 Investments - publicly traded securities 369,419.11 4400,557. 12 100 298,351.1 148,710.100 100 138,908. 12 Investments - program-related. See Part IV, line 11 11 13 14 14 14 14 14 14 64,889. 16 64,889.784. 16 64,889.784. 17 35,149. 18 64,889.784. 19 029,022.17 35,149. 18 64,889.784. 19 029,022.17 35,149. 19 19 10 20 10 20 10 20 10 20 10 20 11 10 12 10 20 10 20 11 12 12 11 12 12 11 12 12 12 11 13 11 14 11 11 11 11 11 12 13 11	ţ	7	Notes and loans receivable, net				7	
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	Net	32					32	848,635.
		33				798,942.	33	883,784.

Part X Balance Sheet

Form	990	(2019)

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Form	1990 (2019) CHAUTAUQUA BLIND ASSOCIATION, INC.	**_***	2744	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			90.
2	Total expenses (must equal Part IX, column (A), line 25)	2			12.
3	Revenue less expenses. Subtract line 2 from line 1	3	10),1	78.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			20.
5	Net unrealized gains (losses) on investments	5	59	9,6	71.
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	1	3,8	66.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	848	8,6	35.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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 in 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 reviewed	l 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 separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e 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 Sch	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			-	000	(0010)

Form **990** (2019)

SCHEDULE A	
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1	Form	990	or	990-EZ	1
1		000	U 1		۰,

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.

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

	Open to Public Inspection
over	identification number

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service
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Name of the	organization	

Nar	ne of t	the organization						Employer	identification number
		CHAU	TAUQUA BLI	ND ASSOCIATI	ON, I	NC.			*-**2744
Pa	nrt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instruction	S.	
The	organ	ization is not a private found	lation because it is:	(For lines 1 through 12, o	check only	one box.)			
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	on 170(b)(*	1)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service org	anization described in s	ection 170)(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owne	d or operat	ted by a g	overnmental	unit descrik	bed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	Illy receives a substa	antial part of its support	from a gov	ernmental	l unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	l in section 170(b)(1)(A)((ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-g	grant college of agric	culture (see instructions)	. Enter the	name, city	y, and state o	f the colleg	e or
		university:							
10		An organization that norma	Illy receives: (1) more	e than 33 1/3% of its sup	oport from	contributi	ons, member	ship fees, a	and gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	, and (2) no	o more tha	an 33 1/3% of	its support	t from gross investment
		income and unrelated busir		e (less section 511 tax) fr	om busine	esses acqu	uired by the o	rganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sa	afety. See s	section 50	09(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	o perform 1	the function	ons of, or to c	arry out the	e purposes of one or
		more publicly supported or	-						Check the box in
	_	lines 12a through 12d that				-		-	
а		Type I. A supporting orga	-	-	•				
		the supported organization		• • • •	a majority o	of the dire	ctors or truste	ees of the s	supporting
		organization. You must o	-						
b		Type II. A supporting org	-				-		-
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported
	_	organization(s). You mus	-						
c		☐ Type III functionally inte						illy integrate	ed with,
		its supported organization							
c		☐ Type III non-functionally		• • •				-	
		that is not functionally int			-		-	d an attent	iveness
		requirement (see instruct Check this box if the orga							
e		functionally integrated, or					а турет, туре	in, rype in	
	Ento	er the number of supported of		, , ,	0 0				
ç		vide the following information							
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount o	fmonetary	(vi) Amount of other
	•	organization		(described on lines 1-10	Yes	ing document? No	support (see in	nstructions)	support (see instructions)
				above (see instructions))					
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Schedule A (Form 990 or 990-EZ) 2019 CHAUTAUQUA BLIND ASSOCIATION, INC.

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	306,134.	405,901.	318,445.	329,202.	293,303.	1,652,985.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	306,134.	405,901.	318,445.	329,202.	293,303.	1,652,985.
5		-	,		-	,	, ,
č	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6							1,652,985.
	Public support. Subtract line 5 from line 4.						1,052,505.
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(a) 2017	(4) 2019	(a) 2010	
		(a)2015 306,134.	405,901.	(c) 2017 318,445.	(d) 2018 329,202.	(e) 2019 293,303.	(f) Total 1,652,985.
	Amounts from line 4	500,1540	405,5010	510,445.	525,202.	255,505.	1,052,505.
8	,						
	dividends, payments received on						
	securities loans, rents, royalties,	104.	97.	114.	189.	15 401	15 005
_	and income from similar sources	104.	97.	114.	109.	15,401.	15,905.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	4 5 6 5					
	assets (Explain in Part VI.)	1,727.	772.	593.	474.	68.	3,634.
11	Total support. Add lines 7 through 10						1,672,524.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	28,897.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stor						▶∟
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2019 (line 6, column (f) d	vided by line 11, c	olumn (f))		14	98.83 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	99.74 %
16 a	33 1/3% support test - 2019. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets tl						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						
				.,,,,	,		· · · · · · · · · · · · · · · · · · ·

Schedule A (Form 990 or 990-EZ) 2019 CHAUTAUQUA BLIND ASSOCIATION, INC. 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019) (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
4							
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
-	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
•	the organization without charge						
	Total. Add lines 1 through 5						
78	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019) (f) Total
	Amounts from line 6	(4) 2010		(0) 2011	(4) 2010	(0) 2010	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization':	s first. second. thi	d. fourth. or fifth t	tax vear as a section	n 501(c)(3) or	rganization.
	check this box and stop here	e e					
Sec	ction C. Computation of Publ						
	Public support percentage for 2019 (I			column (f))		15	%
	Public support percentage from 2018					16	%
_	ction D. Computation of Invest					1.51	,,,
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2019. If the						
	more than 33 1/3%, check this box a						
F	33 1/3% support tests - 2018. If the						
i.	line 18 is not more than 33 1/3%, che						
20				•		•	
20	Private foundation. If the organizatio	n did hot check a	557 011 11110 14, 19	a, or red, check l	INS DUN AND SEE IN	30000015	····· 🔽

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? *If "Yes," provide detail in* Part VI.
- 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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in 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.**
- **10a** 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 10b below.*
 - **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.)

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10b		

Schedule A (Form 990 or 990-EZ) 2019 CHAUTAUQUA BLIND ASSOCIATION, INC. Part IV Supporting Organizations (continued)

11 Has the organization accepted a glift contribution from any of the following persons? 11a 1 2 A person wide directly or informative controls, where selence or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a 1 5 A family member of a parson described in (g) or (g) above?/f 'Yes' to a, b, or c, provide detail in Part VI. 11c 1 Section B. Type I Supporting Organizations above?/f 'Yes' to a, b, or c, provide detail in Part VI. Section B. Type I Supporting organization above?/f 'Yes' to a, b, or c, provide detail in Part VI. Section B. Type I Supporting organization above?/f 'Yes' to a, b, or c, provide detail in Part VI. We shall be apported organization above?/f 'Yes' to a, b, or c, provide detail in Part VI. Of the directors, trustees, or mothership of one or more supported organization, down that the supported organization of the targe instance, or controlled the supported organization above?/f 'Yes' to a, b, or c, provide detail in Part VI. Of the directors, trustees, or trustees during the tax yes? Of the erganization advector or trustee during the tax yes? Of the erganization supported organization?				Yes	No
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b A family member of a presen described in fig above? c A 35% controlled mity of a presen described in fig a tob above? for the second of the second second of fig a tob above? for the directors, it usites, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? for the organization's activities, if any, applied to such powers during the tax year? for or controlled the organization can derive or directors or trustees are all times during the supported organization, describe how the powers to append dorganization of directors or powers. for the organization or set for the borefit of any supported organization, describe how the powers to apported organization of the supported organization, describe how the powers to append address or trustees were allocated anong the supported organization, describe how the powers to apport address or trustees were allocated among the supported organization, describe how the powers to append organization? for the organization operated is upervised, or controlled the supporting organization operated is upervised, or controlled the supporting organization operated is upporting organization operated is upported organizations at the support operated appresent operated is upported organization operated is upporting organization operated is upported organization operated is uppor	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
e A 35% controlled emily of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations Ves No Tagularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tay spar? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tay spar? If "No," describe in Part VI how the supported organization at the organization and what controlled the upported organization at the organization and/or enrove directors or trustees were allocated among the supported organization(b) that operated, supervised, or controlled the organization a supporting organization at the trustees were allocated among the supported organization(b) that operated, supervised, or controlled the supporting organization at the trustees were allocated among the supported organization(b) that operated, supervised, or controlled the supporting organization at the trustees were allocated among the supported organization(b) that operated, supervised, or controlled the supporting organization the providing such banefit came? Supporting organization The providing such banefit came? Supporting organization The providing organization are supported organization at the supported organization the supporting organization are supported organizations The description or supported organizations The description or supported organizations The organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees at all times during the provided The organization provide to each of its supported organization, by the list day of the fifth month of the organization's fax year, (i) a written notice description provided organization's the date of notification, no the extent not previously provided? Were any of the organ		below, the governing body of a supported organization?	11a		
Section B. Type I Supporting Organizations Yes No 1 Did the directors, trustees, or membership of one or more supported organization is directors or trustees of trustees at lines during the tax year. If Wo, ' describe not the support of directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or member directors or trustees were allocated among the support of organization and starts expendent or appoint and/or member directors or trustees were allocated among the supported organization is the support of organization of the support of appoint and/or member directors or trustees were allocated among the supported organization is the support of organization of the support of appoint and/or member directors or trustees were allocated among the support of organization is directors or trustees of a support of organization is the support of organization is directors or trustees of a support of organization is the support of organization is directors or trustees or all of the organization is directors or trustees or substance in Part VI how were controlled or managed the support of organization is support of organization is support provided organization is support of organizations. By the last day of the fifth month of the organization provide to each of the support of the support of organization is supported organization? Yes No 1 Did the organization support and organization is supported organization? Yes No 2 Ves No Yes No 3 Section C. Type II Supporting Organizations. By the last day of the	b	A family member of a person described in (a) above?	11b		
Section B. Type I Supporting Organizations Yes No 1 Did the directors, trustees, or membership of one or more supported organization is directors or trustees of trustees at lines during the tax year. If Wo, ' describe not the support of directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or member directors or trustees were allocated among the support of organization and starts expendent or appoint and/or member directors or trustees were allocated among the supported organization is the support of organization of the support of appoint and/or member directors or trustees were allocated among the supported organization is the support of organization of the support of appoint and/or member directors or trustees were allocated among the support of organization is directors or trustees of a support of organization is the support of organization is directors or trustees of a support of organization is the support of organization is directors or trustees or all of the organization is directors or trustees or substance in Part VI how were controlled or managed the support of organization is support of organization is support provided organization is support of organizations. By the last day of the fifth month of the organization provide to each of the support of the support of organization is supported organization? Yes No 1 Did the organization support and organization is supported organization? Yes No 2 Ves No Yes No 3 Section C. Type II Supporting Organizations. By the last day of the	с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization of the supported organization, and what conditions or redrictions, if any, applied to such power adout of "Yes," explain in Part VI how providing such banefit carried out the purposes of the supported organization of the "Yes," explain in Part VI how providing such banefit carried out the purposes of the supported organization of "Yes," explain in Part VI how providing such banefit carried out the purposes of the supported organization or managed the supporting Organizations. 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 supported organization, by the support of or managed the support of organization was vested in the same parsons that controlled or managed the support of organization or support provided the support of prognizations. Did the organization provide to each of its support of a support of a support of organization, by the tast day of the fifth month of the organization maintend a do such and or support of organization of the support of organization of the support of organization of the support of organization and the support of prognization. Did the organization maintend a do also and contrins support of organization of the organization of the support of organization support of organization was responsive in the organizati					
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			Зb		

Schedule A (Form 990 or 990-EZ) 2019 CHAUTAUQUA BLIND ASSOCIATION, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All

other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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		
7	Check here if the current year is the organization's first as a non-functional	v intears	ted Type III supporting or	

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

Schedule A (Form 990 or 990-EZ) 2019 CHAUTAUQUA BLIND ASSOCIATION, INC. **-**2744 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

	Type in Non-1 unctionally integrated 509	(a)(e) eapperaise erg		1
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
-	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
с	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

Schedule A	(Form 990 or 990-EZ) 2019	CHAUTAUQU	A BLIND	ASSOCIA	TION,	INC.	**-**2744 r	- Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	mation. Provide th , 2, 3b, 3c, 4b, 4c, 5a lines 2 and 3; Part IV	e explanation: a, 6, 9a, 9b, 9c , Section E, lin	s required by Pa , 11a, 11b, and les 1c, 2a, 2b, 3	art II, line 10 11c; Part IV a, and 3b; F	; Part II, line 17a o /, Section B, lines ⁻ Part V, line 1; Part V	r 17b; Part III, line 12; I and 2; Part IV, Section (/, Section B, line 1e; Part	C,

Schedule B (Form 990, 990-EZ,

or 990-PF Department of the Treasury Internal Revenue Service

Nam

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

ion number

Name of the organizat	lon	Employer identificat
	CHAUTAUQUA BLIND ASSOCIATION, INC.	**-***2744
Organization type(ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organiza	tion is covered by the General Rule or a Special Rule.	
Note: Only a section 5	i01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	Ile. See instructions.
General Rule		

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year 🕨 \$ _

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

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-2744

CHAUTAUQUA BLIND ASSOCIATION, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>219,625.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$20,850.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$21,168.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

-*2744

CHAUTAUQUA BLIND ASSOCIATION, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule E	B (Form 990, 990-EZ, or 990-PF) (2019)		Page 4
Name of or	rganization		Employer identification number
CHAUT	AUQUA BLIND ASSOCIATION	, INC.	**-***2744
Part III		tions to organizations described in so) through (e) and the following line ent charitable, etc., contributions of \$1,000 or I	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year ry. For organizations ess for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			— ———
Ī		(e) Transfer of gift	
-	Transferee's name, address, a 	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	[
-	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		e) Transfer of gift	I
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE D

(Form 990)

932051 10-02-19

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



Department of the Treasury Internal Revenue Service Name of the organization

CHAUTAUQUA BLIND ASSOCIATION, INC.

Employer identification number **-***2744

Pa	t I Organizations Maintaining Donor Advised	I Funds or Other Similar Fund	s or Ao	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	sed func	ls
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be	e used o	nly
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	e conferr	ing
Pa	t II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990,	Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreation	on or education)	f a histor	ically important land area
	Protection of natural habitat	Preservation of	f a certifi	ed historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form	of a cor	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic struct	ture	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by th	e organi	zation during the tax
	year ►			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing con	iservatio	n easements during the year
	►			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserva	ation eas	sements during the year
	►\$			
8	Does each conservation easement reported on line 2(d) above			(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservatio			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statem	nents tha	at describes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of		other S	Similar Assets.
	Complete if the organization answered "Yes" on Form S			
1 a	If the organization elected, as permitted under FASB ASC 958			
	of art, historical treasures, or other similar assets held for publ			ice of public
_	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance	of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			► \$
_				► \$
2	If the organization received or held works of art, historical trea		al gain, p	provide
	the following amounts required to be reported under FASB AS	-		
	Revenue included on Form 990, Part VIII, line 1			► \$
	Assets included in Form 990, Part X			► \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2019

Sche	dule D (Form 990) 2019 CHAUTAU	QUA BLIND	ASSO		N, INC	•	* *	*_**	*2744	Page 2	
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures, o	or Other					
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following tha	t make sig	nificant us	e of its			
	collection items (check all that apply):										
а	Public exhibition	c			hange progra						
b	Scholarly research	e	• 🗆 (Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	in how th	ey further th	ne organizati	on's exem	pt purpose	in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, his	storical treas	sures, or oth	er similar a	issets				
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered '	'Yes" on F	orm 990, F	Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for o	contribution	s or other as	sets not ir	ncluded		_		
	on Form 990, Part X?							L	Yes	X No	
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F						/?	L	Yes	No No	
b	If "Yes," explain the arrangement in Part XIII										
Par	t V Endowment Funds. Complete	if the organization ar	nswered	"Yes" on Fo	orm 990, Part	IV, line 10).				
		(a) Current year	(b) Pi	rior year	(c) Two year	rs back (d) Three year	rs back	(e) Four	years back	
	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		ce (line 1o	g, column (a	ı)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held a	nd administe	red for the	e organizati	ion			
	by:									Yes No	
	(i) Unrelated organizations								3a(i)	X	
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	ired on Se	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipn	nent.									
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV	, line 11a. S	See Form 990), Part X, lii	ne 10.				
	Description of property	(a) Cost or o		(b) Cost		• •	umulated		(d) Book	value	
	L	basis (investi	nent)	basis		depr	eciation				
	Land			10	8,831.	1 /	06,220		0) <u>611</u>	
	Buildings				0, 031. 0, 753.		55,319			2,611. 5,434.	
	Leasehold improvements				0,753. 7,675.		36,812),863.	
	Equipment			10	1,013.	<u>ـ</u> ــ	50,012	••	20	,003.	
	Other			(D) // 1	0-1				120	3,908.	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	x, colum	іп (В), line 1	UC.)				100	, , , , 000	

Schedule D (Form 990) 2019

	ete if the organization answered "Yes"			
(a) Description of se	CURITY OF Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivat	tives			
(2) Closely held equ	uity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	qual Form 990, Part X, col. (B) line 12.) 🕨 🛛			
Part VIII Inves	tments - Program Related.			
Comple	ete if the organization answered "Yes"		11c. See Form 990, Part X, line 13.	
(a) De	escription of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must e	qual Form 990, Part X, col. (B) line 13.) 🕨			
Part IX Othe	r Assets.			
Comple	ete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	
		Description		(b) Book value
(1) BENEFI	CIAL INTEREST IN AS	SETS HELD		64,889.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) n	nust equal Form 990, Part X, col. (B) line	9 15.)		64,889.
Part X Other	r Liabilities.			
Comple	ete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	5.
1.	(a) Description of liability			(b) Book value
(1) Federal inco	ome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) n	nust equal Form 990, Part X, col. (B) line	25.)	>	

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... X

Schedule D (Form 990) 2019 CHAUTAUQUA BLIND ASSOCIATION, INC. Part VII Investments - Other Securities.

	t XI Reconciliation of Revenue per Audited Financial Stateme		-	oturn	2744 Pa	ge -
га	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		nevenue per n	etum	•	
1	Total revenue, gains, and other support per audited financial statements			1	399,02	27.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			-	000,01	
ے a	Net unrealized gains (losses) on investments	2a	59,671.			
b	Donated services and use of facilities	·				
c	Recoveries of prior year grants					
ч 0	Other (Describe in Part XIII.)		8,866.			
e	Add lines 2a through 2d		-	2e	68,53	37.
3	Subtract line 2e from line 1			3	330,49	
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				
h	Other (Describe in Part XIII.)					
c c	Add lines 4a and 4b			4c		Ο.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			5	330,49	
Pa				Retu		_
Pa	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	nents With		Retur		_
Pa 1	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	nents With	Expenses per	Retur		
	rt XII Reconciliation of Expenses per Audited Financial Statem	nents With	Expenses per		'n.	
1	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	nents With	Expenses per		'n.	
1 2	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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	nents With 	Expenses per		'n.	
1 2 a	T XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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	2a 2b	Expenses per		'n.	
1 2 a	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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	2a 2b 2c	Expenses per		'n.	
1 2 a b c	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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.)	2a 2b 2c 2d	I Expenses per		n. 320,31	0.
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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	2a 2b 2c 2d	I Expenses per	1	'n.	0.
1 2 b c d e	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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.)	2a 2b 2c 2d	I Expenses per	1 2e	n. 320,31	0.
1 2 a b c d 3	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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	2a 2b 2c 2d	I Expenses per	1 2e	n. 320,31	0.
1 2 a b c d 3	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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:	2a 2b 2c 2d	I Expenses per	1 2e	n. 320,31	0.
1 2 a b c d e 3 4 a	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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 2b 2c 2d	Expenses per	1 2e	n. 320,31 320,31	0. 2.
1 2 d e 3 4 b c 5	Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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 Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	Expenses per	1 2e 3	n. 320,31	0. 2.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

AN ENDOWMENT FUND HAS BEEN ESTABLISHED WITH THE CHAUTAUQUA REGION

COMMUNITY FOUNDATION. THE TRANSFER OF ASSETS TO CRCF IS IRREVOCABLE.

HOWEVER, CRCF WILL MAKE ANNUAL DISTRIBUTIONS OF INCOME EARNED ON THE

ENDOWMENT FUND, SUBJECT TO CRCF'S SPENDING POLICY.

PART X, LINE 2:

THE ASSOCIATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE); THEREFORE, NO PROVISION

FOR INCOME TAXES IS REFLECTED IN THE FINANCIAL STATEMENTS. THE ASSOCIATION

HAS BEEN CLASSIFIED AS A PUBLICLY SUPPORTED ORGANIZATIONS THAT IS NOT A

PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE. THE ASSOCIATION

**07//

Schedule D (Form 990) 2019 CHAUTAUQUA BLIND ASSOCIATION, INC. **-**2744 Page 5
Part XIII Supplemental Information (continued)
PRESENTLY DISCLOSES OR RECOGNIZES INCOME TAX POSITIONS BASED ON
MANAGEMENT'S ESTIMATE OF WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE
THAT A LIABILITY HAS BEEN INCURRED FOR UNRECOGNIZED INCOME TAXES.
MANAGEMENT HAS CONCLUDED THAT THE ASSOCIATION HAS TAKEN NO UNCERTAIN TAX
POSITIONS THAT REQUIRE ADJUSTMENT IN ITS FINANCIAL STATEMENTS. U.S. FORMS
990 FILED BY THE ASSOCIATION ARE SUBJECT TO EXAMINATION BY TAXING
AUTHORITIES.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS 8,866.

SCHEDULE G	Suppleme	ntal Informati	on Regarding	Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)						Part IV, line 17, 18, o rm 990-EZ, line 6a.	or 19,	or if the	2019
Department of the Treasury		-	tach to Form 990			-			Open to Public
Internal Revenue Service	► Go	to www.irs.gov/F	orm990 for instr	uction	s and	the latest informat	ion.		Inspection
Name of the organization	СНАПТАП	QUA BLIND	ASSOCTAT	TON	т	NC.		**_**	dentification numbe
Part I Fundraisir						n Form 990, Part IV,	line 1		
	omplete this par		rgamzation anowa	, iou i	00 01	in one ooo, r arriv,			
1 Indicate whether the	0	ed funds through		•		,	-		
a Mail solicitatio					•	overnment grants			
b Internet and e c Phone solicita	mail solicitations	;			-	nment grants			
d In-person solic			g 📖 Special	Tunura	asing	events			
2 a Did the organization		or oral agreement v	vith any individual	(inclu	ding o	fficers, directors, tru	stees	, or	
key employees listed	d in Form 990, P	art VII) or entity in	connection with p	rofess	ional f	undraising services?	?	<u> </u>	′es 🗌 No
b If "Yes," list the 10 h	•		fundraisers) pursu	uant to	agree	ements under which	the fi	undraiser is t	o be
compensated at leas	st \$5,000 by the	organization.							
(i) Name and address	of individual			(iii) fundi	Did	(iv) Gross receipts		Amount paid	
or entity (fundra		(ii) Ac	tivity	have c	ustody trol of	from activity	· ·	or retained b fundraiser	y) to (or retained by)
				contributions?			lis	ted in col. (i)	organization
				Yes	No	-			
Total									
3 List all states in which or licensing.				contrik	outions	s or has been notified	d it is	exempt fror	n registration

-*2744 Page 2 Schedule G (Form 990 or 990-EZ) 2019 CHAUTAUQUA BLIND ASSOCIATION, INC. Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

of fundraising event contributions and gross income on Form 990.F7 lines 1 and 6b. List events with gross receipts greater than \$5,000

5	 					
		ere any of the organization's gaming licenses re Yes," explain:	evoked, suspended, or t	erminated during the tax	year?	Yes No
а	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming a No," explain:		states?		Yes No
	8	Net gaming income summary. Subtract line 7	' from line 1, column (d)		►	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		►	
	6	Volunteer labor	No	No	No	
	5	Other direct expenses	Yes %	Yes %	Yes %	
Direc	4	Rent/facility costs				
Direct Expenses	3	Noncash prizes				
ses	2	Cash prizes				
Rev	1	Gross revenue				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Fa		\$15,000 on Form 990-EZ, line 6a.	answered res on Form		reported more than	
Pa	11 rt	Net income summary. Subtract line 10 from li III Gaming. Complete if the organization				13,643.
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)	·		5,122.
	8 9	Entertainment Other direct expenses		117.		5,122.
Direct Expenses	7	Food and beverages				
kpenses	6	Rent/facility costs				
	5	Noncash prizes				
	4	Cash prizes				
	3	Gross income (line 1 minus line 2)	14,466.	4,299.		18,765.
	2	Less: Contributions				
Revenue	1	Gross receipts	14,466.	4,299.		18,765.
Ð			(event type)	(event type)	(total number)	col. (c))
			DINING IN THE DARK	ART & WINE AUCTION	NONE	(d) Total events (add col. (a) through
		or fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	1

Sch	edule G (Form 990 or 990-EZ) 2019 CHAUTAUQUA BLIND ASSOCIATION, INC. **-*	**2	744	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	·	Yes	No No
12	Indicate the percentage of gaming activity conducted in:		103	
		13a		%
	a The organization's facility An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100		/0
14				
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	`	Yes	L No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party \blacktriangleright \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	L `	Yes	└── No
b	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			
Ра	ITT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	rt III, lir.	nes 9,	9b, 10b,

Schedule G	(Form 990 or 990-EZ) Supplemental Infor	CHAUTAUQUA	BLIND	ASSOCIATION,	INC.	**-**2744 F	Page 4
Part IV	Supplemental Infor	mation (continued)					

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

CHAUTAUQUA BLIND ASSOCIATION, INC.

Employer identification number **-***2744

FORM 990, PART I, DOING BUSINESS AS:

CBA VISION REHABILITATION SERVICES

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO ENABLE VISUALLY IMPAIRED PEOPLE TO BE ACTIVE MEMBERS OF THEIR

COMMUNITY AND TO PROVIDE EDUCATION AND SERVICES TO PREVENT VISION LOSS.

FORM 990, PART VI, SECTION B, LINE 11B:

NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, SECTION B, LINE 12C:

INDIVIDUALS ARE REQUIRED TO SIGN A FORM AT THE BEGINNING OF EACH FISCAL

YEAR.

FORM 990, PART VI, SECTION B, LINE 15:

PERFORMANCE EVALUATIONS ARE PERFORMED ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS

8,866.

FORM 990, PART XII, LINE 2C:

NO CHANGE FOR THE YEAR ENDED DECEMBER 31, 2019.

(Rev. January 2020)

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

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

► Go to www.irs.gov/Form8868 for the latest information.

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	r Name of exempt organization or other filer, see instructions.			Taxpaye	axpayer identification number (TIN)	
print						
File by the	CHAUTAUQUA BLIND ASSOCIATION, INC. **-**2744					
due date fo filing your return. See	vate for Number, street, and room or suite no. If a P.O. box, see instructions.					
instruction	City, town or post office, state, and ZIP code. For a for JAMESTOWN, NY 14701	own or post office, state, and ZIP code. For a foreign address, see instructions. ESTOWN, NY 14701				
Enter the Return Code for the return that this application is for (file a separate application for each return)					0 1	
Application		Return	Application			Return
Is For		Code	Is For			Code
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07
Form 990-BL		02	Form 1041-A			08
Form 4720 (individual)		03	Form 4720 (other than individual)			09
Form 990-PF		04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11
Form 990-T (trust other than above) LISA GOODELL		06	Form 8870			12
 The books are in the care of ▶ 510 WEST FIFTH STREET - JAMESTOWN, NY 14701 Telephone No. ▶ 716-664-6660 Fax No. ▶ If the organization does not have an office or place of business in the United States, check this box						
3a lf	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less					•
	any nonrefundable credits. See instructions.			<u>3a</u>	\$	0.
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					0
	estimated tax payments made. Include any prior year overpayment allowed as a credit.			3b	\$	0.
						0
	ing EFTPS (Electronic Federal Tax Payment System). See			30	\$	0.
Caution instructi	: If you are going to make an electronic funds withdrawal ons.	(direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 8879-E0) for payment

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

Form 8868 (Rev. 1-2020)