CHAR500 Online

For new annual filings, and amendments

Annual Filing for Charitable Organizations

New York State Office of the Attorney General Charities Bureau - Registration Section 28 Liberty Street New York, NY 10005 charitiesnys.com Open to Public Inspection

Filing Type:	New Filing	OAmendment	Filing Year: 2022	
General Info	ormation			

General Information			
Current Organization Name:	CHAUTAUQUA OPPORTUNITIES INC	Updated Name:	N/A
NY Registration Number:	03-35-60	Registration Category:	Dual
Organization Type:	Corporation	EIN:	160905222
Current Fiscal Year End:	10/31	Updated Fiscal Year End:	N/A
Organization Email:	dhewitt-Johnson@chautopp.org	Organization's Phone:	716-366-3333
Tax Exempt Status:	501(c)(3)	Website:	www.chautauquaopportunities.com

Organization Address

Mailing Address	Principal Address	NY State Address
17 West Courtney Street Dunkirk NY	17 West Courtney Street Dunkirk NY	NA
UNITED STATES	UNITED STATES	

Primary Contact Information

First Name: Michael Last Name: Michalski Title: Sr. Accounting Manager

Phone: 716-366-3333 Fmail: mmichalski@chautopp.org

Organization Type

Type of IRS document filed with IRS: IRS990 Organization Type: Public

Third Party Preparer Information

First Name: Lucinda Last Name: Saxton Title: CPA

Firm Name: Saxton, Kocur & Associates, LLP Phone: 7164836109 Email: kdenslow@jamestowncpa.com

Third Party Address

Street: 301 E. 2nd Street, Suite 303

City: Jamestown State: NY

Zip: 14701 Country: United States

Re	egistration Category
1.	Does the organization conduct activity in New York State other than soliciting? This may include, but is not limited to, maintaining an office, having employees or staff, or running a program. • Yes ONo
2.	Does the organization have assets in New York State? • Yes • No
3.	Is the organization incorporated or formed in New York State? • Yes • No
4.	Has the organization received more than \$25,000 in total contributions from New York State residents, foundations, corporations or government agencies or other entities in the period covered by this filing? • Yes ONo
5.	Does the organization plan to receive more than \$25,000 annually in total contributions from New York State residents
	foundations, corporations, government agencies or other entities?
6.	Does the organization use a professional fundraiser or fundraising counsel? OYes No
Ва	sed on your responses to the above questions, this organization's registration category remains as DUAL
Co	ontribution Information
	Did the organization solicit or receive contributions during the fiscal year in New York State? ONO
3.	Choose the total contributions in New York State this fiscal year: \$10,000,000-\$50,000,000
Ar	nnual Exemptions
1.	Were the total contributions from New York State, including residents, foundations, government agencies, etc. under \$25,000 during the fiscal year? OYes ONO N/A
2.	Did the organization use a professional fundraiser or fundraising counsel during the fiscal year? \bigcirc Yes \bigcirc No N/A
3.	Were the organization's gross receipts under \$25,000 and the market value of its assets under \$25,000 during the fiscal year? OYes No
	sed on your responses to annual exemption questions, this organization is required to file under <u>DUAL</u> during this cal year.

Name of Firm: N/A

Contract Start: N/A

Amount Paid: N/A

Mailing Address: N/A

Type: N/A

inancial Information				
Type of IRS document filed with IRS	IRS990	Organiza	tion's total revenu	e: <u>20,429,175</u>
Organization's total contributions:	17,036,826	Organiza	tion's total assets:	N/A
Organization's net assets:	4,768,164		ation's total revenu	ie N/A
Organization's total liabilities:	N/A		tributions:	/ N/A
Organization's total income:	N/A	worth:	ation's total assets	/ IN/A
For this filing year, does your organ	ization plan to comp	lete any of the fo	lowing with the N	ew York State Charities Burea
□Closing □ Withdrawing	□ Dissolving	⊠ None		
s this your final filing with New Yor	rk State? OYes	ONO N/A		
Filing Information	ional fundraicor or fu	undraicing counce	I for fundraicing	ctivity in New York State?
	ional fundraiser or fu	indraising counse	I for fundraising a	ctivity in New York State?
Did your organization use a profess Oyes ●No General Informa		Descriptio	n of Services	Description of Compensation
Ores No General Informa Name of Firm: N/A	ation		n of Services	
Ores One organization use a profession of Pirm: No Ores One of Pirm: No Ores Organization use a profession of Pirm: No Organization use a profession of Pirm: Organization use a profession of Pirms Organization use	ation Number: <u>N/A</u>	Descriptio	n of Services	Description of Compensation
Ores No General Information Name of Firm: N/A Type: N/A Contract Start: N/A Contract Contract Start: N/A Contract Start: N/A Contract Start: N/A	Number: N/A ract End: N/A	Descriptio	n of Services	Description of Compensation
Ores One Organization use a profession of Firm: N/A Type: N/A Reg	ation Number: <u>N/A</u>	Descriptio	n of Services	Description of Compensation
Ores ONO General Information Name of Firm: N/A Type: N/A Contract Start: N/A Amount Paid: N/A	Number: N/A ract End: N/A	Descriptio	n of Services	Description of Compensation
Ores Ono General Information Name of Firm: N/A Type: N/A Contract Start: N/A Amount Paid: N/A	Number: N/A ract End: N/A	Descriptio	n of Services	Description of Compensation
Oyes ONO General Information Name of Firm: N/A Type: N/A Contract Start: N/A Amount Paid: N/A Mailing Address: N/A Name of Firm: N/A	Number: N/A ract End: N/A	Description N/A	n of Services	Description of Compensation
Oyes ONO General Information Name of Firm: N/A Type: N/A Contract Start: N/A Amount Paid: N/A Mailing Address: N/A Name of Firm: N/A Reg Reg Reg Reg Reg Reg Reg Re	Number: N/A ract End: N/A Phone : N/A	Description N/A	n of Services	Description of Compensation

N/A

Registration ID: N/A

Contract End: N/A

Phone : N/A

N/A

Did the organization receive government grants during this fiscal year?

Yes O No

Government Grant Agency	Grant Amount	
NYS Department of Education	\$208,809.00	
NYS Department of Health	\$924,908.00	
US Department of HUD	\$314,989.00	
NYS Division of HCR	\$1,586,209.00	
	To be continued in Appendix page 2	

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Attached organization's required documents	Attached	organization'	's required	l documents:
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- ☑ IRS document
- ☑ Certified Public Accountant's Audit Report
- ☐ Certified Public Accountant's Review Report
- ☐ Complete Certificate of Amendment or other document amending the name
- □ Other documents

Signatures

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

Role	First Name	Last Name	Email
Other Authorized Officer	Diane	Hewitt-Johnson	dhewitt-johnson@chautopp.org
Other	Michael	Michalski	mmichalski@chautopp.org

Signature of
Other Authorized Officer

DocuSigned by:

Date: 4/11/2024

Signature of Other

— Docusigned by:

MCHUEL MCHUSEL

Date: 4/11/2024

Filing Information

General Information	Description of Services	Description of Compensation
Name of Firm: N/A	N/A	N/A
Type: N/A Registration ID: N/A		
Contract Start: N/A Contract End: N/A		
Amount Paid: N/A Phone : N/A		
Mailing Address: N/A		
Name of Firm: N/A	N/A	N/A
Type: N/A Registration ID: N/A		
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Name of Firm: N/A	N/A	N/A
Type: N/A Registration ID: N/A		
Contract Start: N/A Contract End: N/A		
Amount Paid: N/A Phone : N/A		
Mailing Address: N/A		

Government Grant Agency	Grant Amount	
NYS ODTA	\$769,083.00	
US Department of Health & Human Services	\$9,012,384.00	
NYS Office of Children & Family Service	\$991,842.00	
Chautauqua County, NY	\$2,744,756.00	
NYS Department of State	\$375,747.00	
NYS Energy Research (NYSERDA)	\$8,200.00	
NYS Unified Court System	\$64,664.00	
NYS Homeless Housing & Assistance	\$4,769.00	
N/A	N/A	
N/A	N/A	