

EXTENDED TO NOVEMBER 16, 2020

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

**A** For the 2019 calendar year, or tax year beginning and ending

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
**ERIE COMMUNITY FOUNDATION**  
Doing business as  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**459 WEST 6TH STREET**  
City or town, state or province, country, and ZIP or foreign postal code  
**ERIE, PA 16507**  
**F** Name and address of principal officer **BARBARA F SAMBROAK, CPA**  
**459 WEST 6TH ST, ERIE, PA 16507**

**D** Employer identification number  
**25-6032032**

**E** Telephone number  
**814-454-0843**

**G** Gross receipts \$ **87,180,563.**

**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No  
**H(b)** Are all subordinates included? ☐ Yes ☐ No  
If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) (insert no ) ☐ 4947(a)(1) or ☐ 527

**J** Website ▶ **ERIECOMMUNITYFOUNDATION.ORG**

**K** Form of organization. ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation **1971** **M** State of legal domicile: **PA**

**(Part I) Summary**

**1** Briefly describe the organization's mission or most significant activities **THE ERIE COMMUNITY FOUNDATION WORKS TO IMPROVE THE QUALITY OF LIFE FOR ALL IN OUR REGION BY**

**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

**3** Number of voting members of the governing body (Part VI, line 1a) **12**

**4** Number of independent voting members of the governing body (Part VI, line 1b) **11**

**5** Total number of individuals employed in calendar year 2019 (Part V, line 2a) **20**

**6** Total number of volunteers (estimate if necessary) **387**

**7a** Total unrelated business revenue from Part VIII, column (C), line 12 **89,501.**

**7b** Net unrelated business taxable income from Form 990-T, line 39 **0.**

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	21,560,266.	20,626,293.
<b>9</b> Program service revenue (Part VIII, line 2g)	289,165.	277,879.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,519,342.	6,870,974.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	254.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	34,368,773.	27,775,400.
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	20,862,991.	21,461,560.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,427,661.	1,699,406.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>691,437.</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,073,692.	2,229,651.
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	24,364,344.	25,390,617.
<b>19</b> Revenue less expenses Subtract line 18 from line 12	10,004,429.	2,384,783.
<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 223,922,588.	End of Year 259,123,488.
<b>21</b> Total liabilities (Part X, line 26)	6,181,806.	7,209,461.
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	217,740,782.	251,914,027.

**(Part II) Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** Signature of officer **Barbara F Sambrook** Date **11/16/2020**

**Print/Type preparer's name** **BARBARA F SAMBROAK, CPA, CFO**  
Type or print name and title

**Paid** Print/Type preparer's name **VINCENT HALUPCZYNSKI** Preparer's signature **Vincent Halupczynski CPA** Date **11/16/2020** Check if self-employed ☐ PTIN **P00347533**

**Preparer** Firm's name ▶ **MCGILL, POWER, BELL & ASSOCIATES, LLP** Firm's EIN ▶ **25-1031405**

**Use Only** Firm's address ▶ **2402 W. 8TH STREET**  
**ERIE, PA 16505-4935** Phone no. (814) 453-6594

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

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**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission

THE ERIE COMMUNITY FOUNDATION WORKS TO IMPROVE THE QUALITY OF LIFE FOR ALL IN OUR REGION BY EVALUATING AND ADDRESSING COMMUNITY ISSUES, BUILDING PERMANENT CHARITABLE ENDOWMENTS, AND BY PROMOTING PHILANTHROPIC AND COMMUNITY LEADERSHIP.

**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 ☒ 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 ☒ 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 \$ 22,594,099. including grants of \$ 21,461,560.) (Revenue \$ 278,133.)  
 THE ERIE COMMUNITY FOUNDATION (FOUNDATION) IS A PUBLIC CHARITY PRIMARILY SERVING DONORS AND THE NONPROFIT SECTOR IN ERIE COUNTY, PENNSYLVANIA. THE FOUNDATION ENCOURAGES THE ESTABLISHMENT OF NEW CHARITABLE ENDOWMENT FUNDS AND PROVIDES COMPETITIVE, DONOR-ADVISED DESIGNATED AND SCHOLARSHIP GRANTS TO ARTS AND CULTURE, COMMUNITY DEVELOPMENT, EDUCATION, HEALTH, NEIGHBORHOOD REVITALIZATION AND HUMAN SERVICE ORGANIZATIONS. THE FOUNDATION ALSO PROVIDES A DONOR EDUCATION PROGRAM. SUBSTANTIALLY ALL CONTRIBUTIONS RECEIVED ARE FROM INDIVIDUALS WITH TIES TO ERIE COUNTY.

**4b** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**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 **22,594,099.**

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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
<b>18</b> 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 "Yes," complete Schedule G, Part II</i>		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**Part IV** Checklist of Required Schedules (continued)

	Yes	No
<b>22</b> 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	X	
<b>23</b> 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	X	
<b>24a</b> 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		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>25b</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		X
<b>26</b> 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		X
<b>27</b> 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		X
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
<b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
<b>c</b> 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		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> 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		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	20	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
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)?	X	
b	If "Yes," enter the name of the foreign country <b>CAYMAN ISLANDS</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	<b>Section 501(c)(7) organizations.</b> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	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? If "Yes," see instructions and file Form 4720, Schedule N	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16	X

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

☒**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year. 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>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	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?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13.	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.		
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed. **PA**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ 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, and financial 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. **BARBARA F SAMBROAK CPA - 814-454-0843**  
**459 WEST 6TH STREET, ERIE, PA 16507**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL BATCHELOR PRESIDENT	50.00	X		X				272,791.	0.	52,754.
(2) TIMOTHY HUNTER CHAIRMAN	5.00	X		X				0.	0.	0.
(3) MARCUS ATKINSON SECRETARY	5.00	X		X				0.	0.	0.
(4) CHARLES KNIGHT, CPA TRUSTEE	1.00	X						0.	0.	0.
(5) DR. DONALD BAXTER TRUSTEE	1.00	X						0.	0.	0.
(6) DIONNE WALLACE OAKLEY TRUSTEE	1.00	X						0.	0.	0.
(7) WILLIAM HILBERT, JR. TRUSTEE	1.00	X						0.	0.	0.
(8) SARAH HAGEN MCWILLIAMS TRUSTEE	1.00	X						0.	0.	0.
(9) DAVID TULLIO TRUSTEE	1.00	X						0.	0.	0.
(10) LYNN MCBRIER TRUSTEE	1.00	X						0.	0.	0.
(11) DEBRA MURPHY TRUSTEE	1.00	X						0.	0.	0.
(12) JAMES WALCZAK TRUSTEE	1.00	X						0.	0.	0.
(13) BARBARA SAMBROAK TREASURER, VP OF FINANCE	50.00			X				124,372.	0.	13,476.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

- 3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CAMBRIDGE ASSOCIATES, LLC PO BOX 72121, CHICAGO, IL 60691	INVESTMENT CONSULTING	193,971.
PNC 901 STATE STREET, ERIE, PA 16501	CUSTODIAL FEES	148,792.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶		2



**Part VIII** Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	20,626,293.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 8,843,486.			
	h	<b>Total.</b> Add lines 1a-1f		20,626,293.			
	<b>Program Service Revenue</b>	2 a	ADMINISTRATIVE FEES	Business Code	900099	277,879.	277,879.
b							
c							
d							
e							
f		All other program service revenue					
g		<b>Total.</b> Add lines 2a-2f		277,879.			
<b>Other Revenue</b>		3	Investment income (including dividends, interest, and other similar amounts)		3,677,924.		89,501.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	(ii) Personal			
	b	Less rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less cost or other basis and sales expenses	7b	62,598,213.			
	c	Gain or (loss)	7c	59,405,163.			
	d	Net gain or (loss)		3,193,050.			3,193,050.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	8a				
	b	Less direct expenses	8b				
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities See Part IV, line 19	9a				
b	Less direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	11 a	CLASS ACTION SETTLEMENTS	Business Code	900099	254.	254.	
	b						
	c						
	d	All other revenue					
	e	<b>Total.</b> Add lines 11a-11d		254.			
	12	<b>Total revenue.</b> See instructions		27,775,400.	278,133.	89,501.	6,781,473.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	20,805,469.	20,805,469.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	656,091.	656,091.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	531,150.	185,081.	188,369.	157,700.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	854,866.	364,178.	246,358.	244,330.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	54,454.	20,613.	16,810.	17,031.
9 Other employee benefits	173,621.	66,348.	46,656.	60,617.
10 Payroll taxes	85,315.	34,403.	28,191.	22,721.
11 Fees for services (nonemployees)				
a Management	8,905.	5,501.	1,730.	1,674.
b Legal	9,533.	6,088.	1,751.	1,694.
c Accounting	81,546.	31,866.	25,247.	24,433.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,389,510.		1,389,510.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	128,094.	42,545.	43,413.	42,136.
13 Office expenses	40,916.	16,857.	12,227.	11,832.
14 Information technology	56,996.	22,238.	17,664.	17,094.
15 Royalties				
16 Occupancy	71,153.	30,251.	20,786.	20,116.
17 Travel	2,507.	978.	777.	752.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	100,263.	46,538.	27,303.	26,422.
20 Interest	500.	195.	155.	150.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	206,283.	164,452.	22,461.	19,370.
23 Insurance	25,213.	9,833.	7,816.	7,564.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>DIRECT FUND EXPENSES</b>	95,226.	79,502.	3,825.	11,899.
b <b>DUES &amp; MEMBERSHIP</b>	13,006.	5,072.	4,032.	3,902.
c				
d				
e All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	25,390,617.	22,594,099.	2,105,081.	691,437.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**Part X** Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	2,793,071.	1	2,857,443.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	10,000.	3	0.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	28,180.	9	65,183.
	10a Land, buildings, and equipment - cost or other basis. Complete Part VI of Schedule D	10a 4,145,410.		
	10b Less: accumulated depreciation	10b 1,596,318.	10c	2,549,092.
	11 Investments - publicly traded securities	121,650,422.	11	137,675,294.
	12 Investments - other securities. See Part IV, line 11	96,088,885.	12	115,337,858.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	830,734.	15	638,618.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	223,922,588.	16	259,123,488.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	408,985.	17	559,645.
	18 Grants payable	4,000,812.	18	4,977,492.
	19 Deferred revenue	73,300.	19	0.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,698,709.	25	1,672,324.
	26 <b>Total liabilities.</b> Add lines 17 through 25	6,181,806.	26	7,209,461.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	27 Net assets without donor restrictions	217,483,010.	27	251,470,857.
	28 Net assets with donor restrictions	257,772.	28	443,170.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 <b>Total net assets or fund balances</b>	217,740,782.	32	251,914,027.
33 <b>Total liabilities and net assets/fund balances</b>	223,922,588.	33	259,123,488.	

**Part XI Reconciliation of Net Assets**

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	27,775,400.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,390,617.
3	Revenue less expenses Subtract line 2 from line 1	3	2,384,783.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	217,740,782.
5	Net unrealized gains (losses) on investments	5	31,423,992.
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	364,470.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	251,914,027.

**Part XII Financial Statements and Reporting**

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

☒

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ 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?  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed 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?  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2019)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

**ERIE COMMUNITY FOUNDATION**

Employer identification number

**25-6032032**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar 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.")	20592067.	10458728.	26411130.	21560266.	20626293.	99648484.
2 Tax revenues levied for the organization'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 <b>Total.</b> Add lines 1 through 3	20592067.	10458728.	26411130.	21560266.	20626293.	99648484.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						36035195.
6 <b>Public support.</b> Subtract line 5 from line 4						63613289.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	20592067.	10458728.	26411130.	21560266.	20626293.	99648484.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3456198.	3197559.	3804982.	3642039.	3588423.	17689201.
9 Net income from unrelated business activities, whether or not the business is regularly carried on					89,501.	89,501.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 <b>Total support.</b> Add lines 7 through 10						117427186
12 Gross receipts from related activities, etc. (see instructions)					12	1,475,801.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	54.17	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	54.62	%
16a <b>33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>			
b <b>33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
17a <b>10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
b <b>10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2019

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**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**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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 <b>Part VI</b> .		
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 <b>Part VI</b> .		
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 <b>Part VI</b> .		
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 <b>Part VI</b> .		
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.)		



**Part IV** Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b A family member of a person described in (a) above?
- c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

**Section E. Type III Functionally Integrated Supporting Organizations**

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

**2 Activities Test. Answer (a) and (b) below.**

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

	Yes	No
2a		
2b		
3a		
3b		

**3 Parent of Supported Organizations. Answer (a) and (b) below.**

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

**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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 <b>Total annual distributions.</b> Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (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	

Section 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 (reasonable cause required- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j <b>Remainder</b> Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2019 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c <b>Remainder</b> 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 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

## Part VI

**Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information (See instructions).

**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**  
Open to Public  
Inspection

Name of the organization

ERIE COMMUNITY FOUNDATION

Employer identification number

25-6032032

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the  
organization answered "Yes" on Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	202	202
2 Aggregate value of contributions to (during year)	8,133,526.	1,576,658.
3 Aggregate value of grants from (during year)	7,519,191.	3,573,389.
4 Aggregate value at end of year	66,135,096.	66,397,825.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- |   |   |
|---|---|
| <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat  | <input type="checkbox"/> Preservation of a certified historic structure     |
| <input type="checkbox"/> Preservation of open space   |   |
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
- |  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements   | 2a                              |
| b Total acreage restricted by conservation easements   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a)   | 2c                              |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d                              |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- |   |            |
|---|------------|
| (i) Revenue included on Form 990, Part VIII, line 1 | ▶ \$ _____ |
| (ii) Assets included in Form 990, Part X            | ▶ \$ _____ |
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items
- |   |            |
|---|------------|
| a Revenue included on Form 990, Part VIII, line 1 | ▶ \$ _____ |
| b Assets included in Form 990, Part X             | ▶ \$ _____ |

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply)

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	213,776,727.	228,052,709.	192,228,482.	185,767,648.	183,564,506.
b Contributions	13,854,810.	16,527,543.	19,915,808.	5,217,293.	16,991,507.
c Net investment earnings, gains, and losses	38,111,341.	-11,681,730.	31,673,810.	15,752,617.	-2,888,408.
d Grants or scholarships	15,209,075.	16,232,505.	12,896,188.	12,045,279.	9,636,115.
e Other expenditures for facilities and programs	1,392,382.	1,212,301.	1,340,921.	1,174,664.	953,163.
f Administrative expenses	1,686,070.	1,676,989.	1,528,282.	1,289,133.	1,310,679.
g End of year balance	247,455,351.	213,776,727.	228,052,709.	192,228,482.	185,767,648.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ☒ 100.00 %

b Permanent endowment ☐ %

c Term endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		128,575.		128,575.
b Buildings		2,671,123.	920,166.	1,750,957.
c Leasehold improvements				
d Equipment		942,024.	585,430.	356,594.
e Other		403,688.	90,722.	312,966.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,549,092.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) VARIOUS PARTNERSHIPS AND		
(B) ALTERNATIVE INVESTMENTS	115,337,858.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	115,337,858.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY OBLIGATIONS	1,672,324.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,672,324.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☐

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements		1	52,261,084.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	31,423,992.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c	159,396.	
d	Other (Describe in Part XIII)	2d	3,344,509.	
e	Add lines 2a through 2d	2e		34,927,897.
3	Subtract line 2e from line 1	3		17,333,187.
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	1,231,423.	
b	Other (Describe in Part XIII)	4b	9,210,790.	
c	Add lines 4a and 4b	4c		10,442,213.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		27,775,400.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements		1	21,770,206.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	1,019,065.	
e	Add lines 2a through 2d	2e		1,019,065.
3	Subtract line 2e from line 1	3		20,751,141.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,231,423.	
b	Other (Describe in Part XIII)	4b	3,408,053.	
c	Add lines 4a and 4b	4c		4,639,476.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		25,390,617.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

THE INTENDED USES OF THE ENDOWED FUNDS AT THE ERIE COMMUNITY FOUNDATION

ARE TO PROVIDE UNRESTRICTED OPERATIONAL SUPPORT TO LOCAL NON-PROFIT

ORGANIZATIONS AND SCHOLARSHIPS TO LOCAL STUDENTS.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

AFFILIATE ACTIVITY	3,139,434.
CHANGE IN VALUE OF SPLIT INTEREST TRUST	205,075.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	3,344,509.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

AGENCY ENDOWMENT REVENUE	9,210,790.
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**Part XIII** Supplemental Information *(continued)*

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

AFFILIATE EXPENSES 1,019,065.

## PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY EXPENSES 3,408,053.

## FORM 990, SCHEDULE D, PART X, LINE 2

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990.**

OMB No 1545-0047

# 2019

**Open to Public Inspection**

Employer identification number

25-6032032

**3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)**

**LHA** For Paperwork Reduction Act Notice, see the Instructions for Form 990.

932071 10-12-19





**Part IV Foreign Forms**

- 1** Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☒ Yes ☐ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☒ Yes ☐ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* ☐ Yes ☒ No

## Part V

Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

**ERIE COMMUNITY FOUNDATION**

Employer identification number  
**25-6032032**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AAUW- ERIE BRANCH PO BOX 9264 ERIE, PA 16505	82-1711676	501(C)(3)	8,366.	0.			VARIOUS PROJECTS
ABIDING HOPE LUTHERN CHURCH 2402 W. GRANDVIEW BLVD. ERIE, PA 16506	35-2182533	501(C)(3)	19,330.	0.			VARIOUS PROJECTS
ACES, INC. 1001 STATE STREET, SUITE 310 ERIE, PA 16501	26-2763757	501(C)(3)	6,482.	0.			VARIOUS PROJECTS
ACHIEVEMENT CENTER 4950 WEST 23RD ST. ERIE, PA 16506	25-0965336	501(C)(3)	29,618.	0.			VARIOUS PROJECTS
AHN SAINT VINCENT HOSPITAL 232 W. 25TH ST. ERIE, PA 16502	25-1406710	501(C)(3)	58,999.	0.			VARIOUS PROJECTS
AJO FOREVER FOUNDATION 5062 ELLINGTON DR. ERIE, PA 16506	47-3093914	501(C)(3)	15,730.	0.			VARIOUS PROJECTS

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

**3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2019)

ERIE COMMUNITY FOUNDATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL GOD'S CHILDREN MINISTRIES PO BOX 65 WEST SPRINGFIELD, PA 16443	27-1774666	501(C)(3)	12,989.	0.			VARIOUS PROJECTS
ALLEGHENY COLLEGE 520 NORTH MAIN STREET MEADVILLE, PA 16335	25-0965212	501(C)(3)	379.	0.			VARIOUS PROJECTS
ALZHEIMER'S ASSOC. OF NW PA 1600 PENINSULA DR. ERIE, PA 16505	25-1510692	501(C)(3)	20,133.	0.			VARIOUS PROJECTS
AMERICAN CANCER SOCIETY 2115 WEST 38TH ST. ERIE, PA 16508	13-1788491	501(C)(3)	24,048.	0.			VARIOUS PROJECTS
AMERICAN HEART ASSOCIATION- ERIE 1575 CORPORATE WOODS DR., SUITE 150 UNIONTOWN, OH 44685	13-5613797	501(C)(3)	11,926.	0.			VARIOUS PROJECTS
AMERICAN NATIONAL RED CROSS 4961 PITTSBURGH AVE. ERIE, PA 16509	53-0196605	501(C)(3)	18,700.	0.			VARIOUS PROJECTS
ANNA SHELTER 1555 EAST 10TH STREET ERIE, PA 16503	20-1512416	501(C)(3)	55,755.	0.			VARIOUS PROJECTS
ASBURY WOODS PARTNERSHIP 4105 ASBURY RD. ERIE, PA 16506	26-0699998	501(C)(3)	55,906.	0.			VARIOUS PROJECTS
AUTISM SOCIETY NORTHWESTERN PENNSYLVANIA - 1062 BROWN AVE., SUITE 200 B - ERIE, PA 16508	26-0699998	501(C)(3)	9,357.	0.			VARIOUS PROJECTS

Schedule I (Form 990)



Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAIR FOUNDATION 241 HIGH ST. NEW WILMINGTON, PA 16142	25-1840964	501(C)(3)	6,331.	0.			VARIOUS PROJECTS
BARBER NATIONAL INSTITUTE 100 BARBER PLACE ERIE, PA 16507	23-7447611	501(C)(3)	74,192.	0.			VARIOUS PROJECTS
BAYFRONT EAST SIDE TASKFORCE 420 PARADE ST ERIE, PA 16507	25-1871783	501(C)(3)	7,552.	0.			VARIOUS PROJECTS
BAYFRONT MARITIME CENTER 40 HOLLAND ST. ERIE, PA 16507	25-1812163	501(C)(3)	7,145.	0.			VARIOUS PROJECTS
BAYFRONT NATO, INC. 312 CHESTNUT ST. ERIE, PA 16507	25-6085619	501(C)(3)	6,626.	0.			VARIOUS PROJECTS
BECAUSE YOU CARE PO BOX 54 MCKEAN, PA 16426	25-1431378	501(C)(3)	43,532.	0.			VARIOUS PROJECTS
BENEDICTINE SISTERS OF ERIE 6101 EAST LAKE RD. ERIE, PA 16511	25-0965501	501(C)(3)	46,828.	0.			VARIOUS PROJECTS
BETHANY OUTREACH CENTER 254 E 10TH ST ERIE, PA 16503	27-1263023	501(C)(3)	7,781.	0.			VARIOUS PROJECTS
BLENDED SPIRITS RANCH 7401 MCCRAY RD FAIRVIEW, PA 16415-2401	30-0447903	501(C)(3)	12,389.	0.			VARIOUS PROJECTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							(h) Purpose of grant or assistance
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	
BOOKER T. WASHINGTON CENTER 1720 HOLLAND ST. ERIE, PA 16503	25-0989247	501(c)(3)	7,763.	0.			VARIOUS PROJECTS
BOY SCOUTS OF AMERICA COUNCIL 1815 ROBISON RD. W. ERIE, PA 16509-4905	25-0965265	501(c)(3)	27,968.	0.			VARIOUS PROJECTS
BOYS & GIRLS CLUBS OF ERIE 1515 EAST LAKE ROAD ERIE, PA 16511	25-1265501	501(c)(3)	28,679.	0.			VARIOUS PROJECTS
BOY'S TOWN NATIONAL HEADQUARTERS BOYS TOWN, NE 68010	47-0376606	501(c)(3)	17,748.	0.			VARIOUS PROJECTS
BREVILLIER VILLAGE 5416 EAST LAKE RD. ERIE, PA 16511	25-1311972	501(c)(3)	16,985.	0.			VARIOUS PROJECTS
CAMP JUDSON 398 HOLLIDAY RD. NORTH SPRINGFIELD, PA 16430	25-6012340	501(c)(3)	47,459.	0.			VARIOUS PROJECTS
CAMP NOTRE DAME PO BOX 74 FAIRVIEW, PA 16415	25-1093617	501(c)(3)	36,236.	0.			VARIOUS PROJECTS
CAREERCATCHERS, INC. 8720 GEORGIA AVENUE SILVER SPRING, MD 20877	61-1588740	501(c)(3)	7,000.	0.			VARIOUS PROJECTS
CATHEDRAL OF ST. PAUL 134 WEST 7TH STREET ERIE, PA 16501	25-0977888	501(c)(3)	26,790.	0.			VARIOUS PROJECTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990) Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHEDRAL PREPARATORY SCHOOL ADVANCEMENT OFFICE ERIE, PA 16501	27-2953927	501(C)(3)	20,884.	0.			VARIOUS PROJECTS
CHAUTAUQUA FOUNDATION P.O. BOX 28 CHAUTAUQUA, NY 14722	16-6028421	501(C)(3)	5,000.	0.			VARIOUS PROJECTS
CHILDREN'S ADVOCACY CENTER 1334 WEST 38TH STREET ERIE, PA 16508	33-0995418	501(C)(3)	18,171.	0.			VARIOUS PROJECTS
CHOSEN INC. 3638 WEST 26TH ST. ERIE, PA 16506	25-1451706	501(C)(3)	117,439.	0.			VARIOUS PROJECTS
CHURCH OF THE CROSS 5901 MILLFAIR RD. FAIRVIEW, PA 16415-2356	25-1676719	501(C)(3)	7,737.	0.			VARIOUS PROJECTS
COMMUNITY COUNTRY DAY SCHOOL 5800 OLD ZUCK RD. ERIE, PA 16506-5036	25-1197199	501(C)(3)	20,661.	0.			VARIOUS PROJECTS
COMMUNITY OF CARING 245 EAST 8TH STREET ERIE, PA 16503	25-1449427	501(C)(3)	18,867.	0.			VARIOUS PROJECTS
COMMUNITY SHELTER SERVICES 655 W. 16TH ST. ERIE, PA 16502	25-1365966	501(C)(3)	23,773.	0.			VARIOUS PROJECTS
CORRY HIGHER EDUCATION COUNCIL 221 NORTH CENTER ST. CORRY, PA 16407	25-1659759	501(C)(3)	9,631.	0.			VARIOUS PROJECTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990) Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORRY YMCA 906 NORTH CENTER ST. CORRY, PA 16407	25-1032621	501(C)(3)	46,558.	0.			VARIOUS PROJECTS
COUNTY OF ERIE 140 WEST 6TH ST. ERIE, PA 16501	25-6001027	501(C)(3)	26,400.	0.			VARIOUS PROJECTS
CRIME VICTIM CENTER 125 W. 18TH ST. ERIE, PA 16501	25-1296725	501(C)(3)	15,122.	0.			VARIOUS PROJECTS
DAFWARK DANCE THEATRE 1033 STATE STREET ERIE, PA 16501	25-1697936	501(C)(3)	5,760.	0.			VARIOUS PROJECTS
DIocese OF ERIE 429 EAST GRANDVIEW BLVD. ERIE, PA 16504	26-0725989	501(C)(3)	98,931.	0.			VARIOUS PROJECTS
DOOR STUDENT SERVICES, INC 77 ROBINSON ST. NORTHEAST, PA 16428	35-2422389	501(C)(3)	6,855.	0.			VARIOUS PROJECTS
EAGLE'S NEST LEADERSHIP CORPORATION - 1129 PENNSYLVANIA AVE. - ERIE, PA 16503	45-4708848	501(C)(3)	34,225.	0.			VARIOUS PROJECTS
EARLY CONNECTIONS, INC. 200 W. 11TH ST ERIE, PA 16501	25-0965635	501(C)(3)	10,363.	0.			VARIOUS PROJECTS
EASTWINSTER PRESBYTERIAN CHURCH 2320 EAST LAKE RD. ERIE, PA 16511	25-1425905	501(C)(3)	25,163.	0.			VARIOUS PROJECTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990) Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDINBORO AREA HISTORICAL SOCIETY P.O. BOX 18 EDINBORO, PA 16412	25-1827171	501(C)(3)	8,064.	0.			VARIOUS PROJECTS
EDINBORO UNIVERSITY OFFICE OF THE BURSAR- HAMILTON HALL EDINBORO, PA 16444	25-1819940	501(C)(3)	25,908.	0.			VARIOUS PROJECTS
EMMA'S FOOTPRINTS 11515 LAY RD EDINBORO, PA 16412	90-0936227	501(C)(3)	28,198.	0.			VARIOUS PROJECTS
EMMAUS MINISTRIES 345 E. 9TH ST. ERIE, PA 16503	25-0965501	501(C)(3)	185,040.	0.			VARIOUS PROJECTS
EMPOWER ERIE 1001 STATE ST. SUITE 1400 ERIE, PA 16501	81-3536558	501(C)(3)	355,240.	0.			VARIOUS PROJECTS
ENVIRONMENTERIE TOM RIDGE ENVIRONMENTAL CENTER ERIE, PA 16505	20-4439532	501(C)(3)	81,439.	0.			VARIOUS PROJECTS
ERIE ANIMAL NETWORK 5148 PEACH ST. #300 ERIE, PA 16509	45-4182348	501(C)(3)	8,982.	0.			VARIOUS PROJECTS
ERIE AREA RABBIT SOCIETY & RESCUE 2316 WEST 38TH ST. ERIE, PA 16506	46-4647610	501(C)(3)	77,549.	0.			VARIOUS PROJECTS
ERIE ART MUSEUM 20 E. 5TH ST. ERIE, PA 16507	25-1196748	501(C)(3)	209,811.	0.			VARIOUS PROJECTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ERIE ARTS & CULTURE 23 WEST 10TH ST. ERIE, PA 16501	25-6085617	501(C)(3)	108,228.	0.			VARIOUS PROJECTS
ERIE CENTER FOR ARTS & TECHNOLOGY P.O. BOX 6214 ERIE, PA 16512	82-4610477	501(C)(3)	137,876.	0.			VARIOUS PROJECTS
ERIE CITY MISSION 1017 FRENCH ST. ERIE, PA 16501	25-0987217	501(C)(3)	272,792.	0.			VARIOUS PROJECTS
ERIE COUNTY HISTORICAL SOCIETY AND MUSEUMS - 356 W. 6TH ST. - ERIE, PA 16507	25-1213025	501(C)(3)	227,445.	0.			VARIOUS PROJECTS
ERIE COUNTY TECHNICAL SCHOOL FOUNDATION - 8500 OLIVER ROAD - ERIE, PA 16509	23-2894500	501(C)(3)	7,500.	0.			VARIOUS PROJECTS
ERIE DAWN 2816 ELWOOD AVE.. ERIE, PA 16508	25-1789708	501(C)(3)	44,965.	0.			VARIOUS PROJECTS
ERIE DAY SCHOOL 1372 WEST 6TH ST. ERIE, PA 16505	25-0990582	501(C)(3)	51,755.	0.			VARIOUS PROJECTS
ERIE DOWNTOWN DEVELOPMENT CORPORATION - 417 STATE ST. - ERIE, PA 16501	82-0709054	501(C)(3)	29,092.	0.			VARIOUS PROJECTS
ERIE DOWNTOWN PARTNERSHIP 140 EAST 5TH ST. ERIE, PA 16507	45-0464988	501(C)(3)	30,022.	0.			VARIOUS PROJECTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ERIE HOMES FOR CHILDREN & ADULTS 226 EAST 27TH STREET ERIE, PA 16504	25-0967472	501(C)(3)	58,096.	0.			VARIOUS PROJECTS
ERIE HUMANE SOCIETY 2407 ZIMMERLY ROAD ERIE, PA 16506	25-1010297	501(C)(3)	85,263.	0.			VARIOUS PROJECTS
ERIE INDEPENDENCE HOUSE, INC. 1611 PEACH ST. ERIE, PA 16501	23-7439432	501(C)(3)	40,821.	0.			VARIOUS PROJECTS
ERIE JUNIOR PHILHARMONIC 23 WEST 10TH ST. ERIE, PA 16501	25-6065898	501(C)(3)	14,197.	0.			VARIOUS PROJECTS
ERIE PHILHARMONIC 23 WEST 10TH ST. ERIE, PA 16501	25-6065898	501(C)(3)	181,811.	0.			VARIOUS PROJECTS
ERIE PLAYHOUSE 13 WEST 10TH ST. ERIE, PA 16501-1402	25-1069562	501(C)(3)	217,477.	0.			VARIOUS PROJECTS
ERIE POLICE ATHLETIC LEAGUE 1001 STATE ST SUITE 1400 ERIE, PA 16501	20-1939904	501(C)(3)	6,528.	0.			VARIOUS PROJECTS
ERIE REGIONAL LIBRARY FOUNDATION 160 E. FRONT ST. ERIE, PA 16507	25-1880191	501(C)(3)	23,155.	0.			VARIOUS PROJECTS
ERIE SCHOOL DISTRICT 148 WEST 21ST ST. ERIE, PA 16502	01-0564622	501(C)(3)	26,500.	0.			VARIOUS PROJECTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ERIE UNITED METHODIST ALLIANCE 1033 EAST 26TH ST. ERIE, PA 16504	25-1494750	501(C)(3)	85,481.	0.			VARIOUS PROJECTS
ERIE YACHT CLUB FOUNDATION, INC. P.O. BOX 648 ERIE, PA 16512-0648	26-4788788	501(C)(3)	14,828.	0.			VARIOUS PROJECTS
ERIE ZOOLOGICAL SOCIETY PO BOX 3268 ERIE, PA 16508-0268	25-1114213	501(C)(3)	286,631.	0.			VARIOUS PROJECTS
ERIE-WESTERN PA PORT AUTHORITY 1 HOLLAND STREET ERIE, PA 16507	25-1261547	501(C)(3)	7,000.	0.			VARIOUS PROJECTS
EXPERIENCE CHILDREN'S MUSEUM 420 FRENCH STREET ERIE, PA 16507	25-1693861	501(C)(3)	80,063.	0.			VARIOUS PROJECTS
FAIRVIEW PRESBYTERIAN CHURCH 4264 AVONIA RD. FAIRVIEW, PA 16415	25-1857718	501(C)(3)	45,082.	0.			VARIOUS PROJECTS
FAIRVIEW SCHOOL FOUNDATION 7466 MCCRAY RD. FAIRVIEW, PA 16415	25-1678801	501(C)(3)	14,879.	0.			VARIOUS PROJECTS
FAMILY SERVICES OF NWPA 5100 PEACH ST. ERIE, PA 16509-2418	25-0987225	501(C)(3)	9,007.	0.			VARIOUS PROJECTS
FINDLEY LAKE VOLUNTEER FIREMANS ASSOCIATION - PO BOX 158 - FINDLEY LAKE, NY 14736	16-1582617	501(C)(3)	5,354.	0.			VARIOUS PROJECTS

Schedule I (Form 990)



ERIE COMMUNITY FOUNDATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990) Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
FIRST BAPTIST CHURCH OF NORTH EAST 43 SOUTH LAKE STREET NORTH EAST, PA 16428	25-1002938	501(C)(3)	6,345.	0.			VARIOUS PROJECTS
FIRST PRESBYTERIAN CHURCH OF GIRARD - 260 MAIN ST. EAST, P.O. - GIRARD, PA 16417	25-1424177	501(C)(3)	10,246.	0.			VARIOUS PROJECTS
FIRST PRESBYTERIAN CHURCH OF NORTH EAST - 25 WEST MAIN ST. - NORTH EAST, PA 16428	25-1126723	501(C)(3)	30,534.	0.			VARIOUS PROJECTS
FIRST PRESBYTERIAN CHURCH OF THE COVENANT - 250 WEST SEVENTH STREET - ERIE, PA 16501	25-0965296	501(C)(3)	67,722.	0.			VARIOUS PROJECTS
FIRST UNITED METHODIST CHURCH OF ERIE - 707 SASSAFRAS ST. - ERIE, PA 16501-1062	25-1068794	501(C)(3)	60,115.	0.			VARIOUS PROJECTS
FLAGSHIP NIAGARA LEAGUE 150 EAST FRONT ST., STE. 100 ERIE, PA 16507	25-1422309	501(C)(3)	113,352.	0.			VARIOUS PROJECTS
FORT LEBOEUF FOUNDATION 34 E.9TH ST. WATERFORD, PA 16441	25-1777291	501(C)(3)	12,532.	0.			VARIOUS PROJECTS
FOUNDATION FOR BOYERTOWN EDUCATION 911 MONTGOMERY AVE. BOYERTOWN, PA 19512	46-2487831	501(C)(3)	10,000.	0.			VARIOUS PROJECTS
FOUNDATION FOR ERIE'S PUBLIC SCHOOLS - 148 W. 21ST ST. - ERIE, PA 16502	46-1062651	501(C)(3)	27,893.	0.			VARIOUS PROJECTS

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FOUNDATION FOR FREE ENTERPRISE EDUCATION - 3076 WEST 12TH STREET - ERIE, PA 16505	25-1394365	501(C)(3)	359,506.	0.			VARIOUS PROJECTS
FOUNDATION FOR SUSTAINABLE FOREST FIRTH FAMILY FOUNDATION SPARTANSBURG, PA 16434	30-0276631	501(C)(3)	168,102.	0.			VARIOUS PROJECTS
FRENCH CREEK VALLEY CONSERVANCY PO BOX 434 MEADVILLE, PA 16335	25-1459333	501(C)(3)	80,855.	0.			VARIOUS PROJECTS
FRIENDS OF ERIE COUNTY LIBRARY 160 EAST FRONT ST. ERIE, PA 16507	25-1355213	501(C)(3)	10,075.	0.			VARIOUS PROJECTS
GANNON UNIVERSITY 109 UNIVERSITY SQUARE ERIE, PA 16541	25-0496976	501(C)(3)	46,739.	0.			VARIOUS PROJECTS
GECAC 18 WEST 9TH ST. ERIE, PA 16501	25-6068246	501(C)(3)	19,073.	0.			VARIOUS PROJECTS
GENERAL MCLANE FOUNDATION EDUCATION CENTER EDINBORO, PA 16412	20-2910382	501(C)(3)	9,560.	0.			VARIOUS PROJECTS
GIRL SCOUTS WESTERN PENNSYLVANIA 30 ISABELLA STREET PITTSBURGH, PA 15212	25-1126094	501(C)(3)	10,781.	0.			VARIOUS PROJECTS
GOODELL GARDENS & HOMESTEAD PO BOX 156 EDINBORO, PA 16412	25-1895695	501(C)(3)	136,142.	0.			VARIOUS PROJECTS

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GRADY'S DECISION 5390 CRAY RD ERIE, PA 16509	27-0617329	501(C)(3)	10,948.	0.			VARIOUS PROJECTS
GREATER ERIE ALLIANCE FOR EQUALITY 301 WEST 10TH ST. ERIE, PA 16502	22-3935364	501(C)(3)	7,099.	0.			VARIOUS PROJECTS
GREATER ERIE AREA HABITAT FOR HUMANITY - 4922 PITTSBURGH AVENUE - ERIE, PA 16509	25-1606631	501(C)(3)	20,522.	0.			VARIOUS PROJECTS
H.A.N.D.S 7 EAST 7TH ST. ERIE, PA 16501-1105	25-1209938	501(C)(3)	54,335.	0.			VARIOUS PROJECTS
HAMOT HEALTH FOUNDATION 302 FRENCH ST. ERIE, PA 16507	25-1400999	501(C)(3)	5,076,478.	0.			VARIOUS PROJECTS
HARBORCREEK YOUTH SERVICES 5712 IROQUOIS AVE. HARBORCREEK, PA 16421	25-0993380	501(C)(3)	21,263.	0.			VARIOUS PROJECTS
HARRISBURG ACADEMY 10 ERFORD RD. WORMLEYSBURG, PA 17043	23-2119591	501(C)(3)	48,050.	0.			VARIOUS PROJECTS
HEADSTRONG FOUNDATION 232 GREEN AVENUE HOLMES, PA 19043	26-0283021	501(C)(3)	6,500.	0.			VARIOUS PROJECTS
HERMITAGE HOUSE P.O. BOX 748 EDINBORO, PA 16412	25-1711516	501(C)(3)	5,084.	0.			VARIOUS PROJECTS

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HOOKED ON BOOKS FOR KIDS PO BOX 3059 ERIE, PA 16508	13-3539811	501(C)(3)	7,265.	0.			VARIOUS PROJECTS
HOPE ON HORSEBACK 8342 PLATZ RD. FAIRVIEW, PA 16415	25-1455810	501(C)(3)	20,287.	0.			VARIOUS PROJECTS
HOPE RESCUE 32708 FOREST HOME RD. UNION CITY, PA 16438	47-1529846	501(C)(3)	5,072.	0.			VARIOUS PROJECTS
HORSE THRIVE 365 30 GALLANT OAK PLACE THE WOODLANDS, TX 77381	84-2440649	501(C)(3)	15,000.	0.			VARIOUS PROJECTS
HOSPICE OF METROPOLITAN ERIE 202 EAST 10TH STREET ERIE, PA 16503	25-1382621	501(C)(3)	18,078.	0.			VARIOUS PROJECTS
HOUSE OF MERCY 2005 WOODLAWN AVE. ERIE, PA 16510	45-0566406	501(C)(3)	7,624.	0.			VARIOUS PROJECTS
IMMANUEL LUTHERAN CHURCH 1002 POWELL AVE. ERIE, PA 16506	25-6012473	501(C)(3)	16,322.	0.			VARIOUS PROJECTS
IMPACT CORRY 221 N. CENTER STREET CORRY, PA 16407	25-1849375	501(C)(3)	48,990.	0.			VARIOUS PROJECTS
INTERLOCHEN CENTER FOR THE ARTS PO BOX 199 INTERLOCHEN, MI 48643	38-1689022	501(C)(3)	23,719.	0.			VARIOUS PROJECTS

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JEWISH COMMUNITY COUNCIL OF ERIE PO BOX 3120 ERIE, PA 16508	25-0984608	501(C)(3)	5,120.	0.			VARIOUS PROJECTS
JFK CENTER 2021 EAST 20TH STREET ERIE, PA 16510	23-7063735	501(C)(3)	12,660.	0.			VARIOUS PROJECTS
LAKE ERIE ARBORETUM AT FRONTIER 1501 WEST 6TH STREET ERIE, PA 16505	25-1899882	501(C)(3)	26,812.	0.			VARIOUS PROJECTS
L'ARCHE ERIE 3745 WEST 12TH ST. ERIE, PA 16505	23-7322321	501(C)(3)	13,209.	0.			VARIOUS PROJECTS
LAKESHORE COMMUNITY SERVICES 1350 WEST 26TH ST. ERIE, PA 16508	25-1577930	501(C)(3)	14,397.	0.			VARIOUS PROJECTS
LECOM 1858 WEST GRANDVIEW BLVD. ERIE, PA 16509	25-1698677	501(C)(3)	75,912.	0.			VARIOUS PROJECTS
LUCY'S FIRST STEP P.O. BOX 9372 ERIE, PA 16505	47-3741977	501(C)(3)	17,673.	0.			VARIOUS PROJECTS
LUTHER MEMORIAL CHURCH & LEARNING CENTER - 225 WEST 10TH STREET - ERIE, PA 16501	25-0969415	501(C)(3)	141,435.	0.			VARIOUS PROJECTS
M.H.E.D.S. 2928 PEACH ST. ERIE, PA 16508	25-1313134	501(C)(3)	15,991.	0.			VARIOUS PROJECTS

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MAKE-A-WISH FOUNDATION 1001 STATE STREET ERIE, PA 16501	25-1464177	501(C)(3)	29,993.	0.			VARIOUS PROJECTS
MARIA HOUSE PROJECT PO BOX 10682 ERIE, PA 16514	23-7397914	501(C)(3)	103,451.	0.			VARIOUS PROJECTS
MARTIN LUTHER KING CENTER 312 CHESTNUT ST. ERIE, PA 16507	25-6085619	501(C)(3)	10,250.	0.			VARIOUS PROJECTS
MCCORD MEMORIAL LIBRARY 32 WEST MAIN ST. NORTH EAST, PA 16428	25-1021791	501(C)(3)	7,917.	0.			VARIOUS PROJECTS
MCLANE CHURCH 12511 EDINBORO RD EDINBORO, PA 16412	25-1385314	501(C)(3)	169,303.	0.			VARIOUS PROJECTS
MEMBER TO MEMBER, INC. PO BOX 207 CAMBRIDGE SPRINGS, PA 16403	20-4718145	501(C)(3)	84,611.	0.			VARIOUS PROJECTS
MENTAL HEALTH ASSOC. OF NW PA 1039 EAST 27 STREET ERIE, PA 16504	25-1695659	501(C)(3)	8,175.	0.			VARIOUS PROJECTS
MERCY CENTER FOR WOMEN 1039 EAST 27 STREET ERIE, PA 16504	25-1695659	501(C)(3)	122,192.	0.			VARIOUS PROJECTS
MERCYHURST PREPARATORY SCHOOL 538 EAST GRANDVIEW BLVD. ERIE, PA 16504	25-1143199	501(C)(3)	190,347.	0.			VARIOUS PROJECTS

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MERCYHURST UNIVERSITY OFFICE OF ADVANCEMENT ERIE, PA 16546	25-0965430	501(C)(3)	23,977.	0.			VARIOUS PROJECTS
MERCYHURST UNIVERSITY CIVIC INSTITUTE - 501 EAST 38TH STREET - ERIE, PA 16546	25-0965430	501(C)(3)	28,574.	0.			VARIOUS PROJECTS
MERCYHURST UNIVERSITY NORTH EAST 16 W. DIVISION NORTH EAST, PA 16428	25-0965430	501(C)(3)	1,000.	0.			VARIOUS PROJECTS
METRO ERIE MEALS ON WHEELS 4408 PEACH ST, SUITE 102 ERIE, PA 16509	51-0200640	501(C)(3)	10,735.	0.			VARIOUS PROJECTS
MILLCREEK EDUCATION FOUNDATION 2614 COLONIAL AVE. ERIE, PA 16506	25-1437926	501(C)(3)	6,898.	0.			VARIOUS PROJECTS
MILLER-KEYSTONE BLOOD CENTER 1465 VALLEY CENTER PARKWAY BETHLEHEM, PA 18017	23-1731796	501(C)(3)	7,045.	0.			VARIOUS PROJECTS
MOTHER TERESA ACADEMY 160 WEST 11TH ST. ERIE, PA 16501	27-2953927	501(C)(3)	8,830.	0.			VARIOUS PROJECTS
MULTICULTURAL COMMUNITY RESOURCE CENTER - 554 E. 10TH ST. - ERIE, PA 16503	25-1271293	501(C)(3)	7,991.	0.			VARIOUS PROJECTS
MYSTIC MOUNTAIN TRAINING CENTER 14520 MYSTIC RD. CAMBRIDGE SPRINGS, PA 16403	23-3085244	501(C)(3)	6,280.	0.			VARIOUS PROJECTS

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NAMI OF PA, ERIE COUNTY AFFILIATE 1611 PEACH ST., SUITE 105 ERIE, PA 16501	25-1630714	501(C)(3)	8,439.	0.			VARIOUS PROJECTS
NEIGHBORHOOD ART HOUSE 201 EAST 10TH ST. ERIE, PA 16503-1007	25-1773391	501(C)(3)	71,130.	0.			VARIOUS PROJECTS
NEW BLOSSOMS, NEW LIFE FOUNDATION 12251 EUREKA ROAD FAIRVIEW, PA 16412	26-0402498	501(C)(3)	13,301.	0.			VARIOUS PROJECTS
NEW HOPE PRESBYTERIAN CHURCH OF ERIE - 5440 WASHINGTON AVE. - ERIE, PA 16509	94-3453403	501(C)(3)	14,581.	0.			VARIOUS PROJECTS
NWPA CLEFT PALATE INSTITUTE 4950 W. 23RD ST. SUITE 100 ERIE, PA 16506	25-1288261	501(C)(3)	51,294.	0.			VARIOUS PROJECTS
OLEAN PUBLIC LIBRARY 134 N 2ND ST. OLEAN, NY 14760	16-6000661	501(C)(3)	10,000.	0.			VARIOUS PROJECTS
ORCHARD BEACH ASSEMBLY P. O. BOX 714 NORTH EAST, PA 16428	25-1464469	501(C)(3)	17,628.	0.			VARIOUS PROJECTS
ORPHAN ANGELS CAT SANCTUARY AND ADOPTION CENTER - 5439 WEST LAKE ROAD - ERIE, PA 16505	27-0246645	501(C)(3)	27,686.	0.			VARIOUS PROJECTS
OUR LADY OF MOUNT CARMEL PARISH 1531 EAST GRANDVIEW BLVD. ERIE, PA 16510	25-1125384	501(C)(3)	8,401.	0.			VARIOUS PROJECTS

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OUR LADY OF PEACE CAMPUS 2401 WEST 38TH STREET ERIE, PA 16506	81-3075121	501(C)(3)	4,856.	0.			VARIOUS PROJECTS
OUR LADY OF PEACE CHURCH 2401 WEST 38TH STREET ERIE, PA 16506	25-1064377	501(C)(3)	9,688.	0.			VARIOUS PROJECTS
OUR LADY OF THE LAKE PARISH 128 SUNSET DR. EDINBORO, PA 16412	25-1457337	501(C)(3)	23,791.	0.			VARIOUS PROJECTS
PARK UNITED METHODIST CHURCH 30 N. LAKE ST. NORTH EAST, PA 16428	25-6057238	501(C)(3)	67,905.	0.			VARIOUS PROJECTS
PARKINSON PARTNERS OF NW PA PO BOX 10547 ERIE, PA 16511-0547	25-1738740	501(C)(3)	8,765.	0.			VARIOUS PROJECTS
PARTNERSHIP OF WOMEN RELIGIOUS 6101 EAST LAKE RD ERIE, PA 16511	51-0516590	501(C)(3)	8,143.	0.			VARIOUS PROJECTS
PENN STATE ERIE, THE BEHREND COLLEGE - 201 LOGAN HOUSE - ERIE, PA 16563	24-6000376	501(C)(3)	106,508.	0.			VARIOUS PROJECTS
PEOPLE FOR LIFE 1625 WEST 26TH ST. ERIE, PA 16512	25-1311880	501(C)(3)	5,755.	0.			VARIOUS PROJECTS
PERFORMING ARTISTS COLLECTIVE ALLIANCE - 1505 STATE ST. - ERIE, PA 16501	80-0544629	501(C)(3)	5,425.	0.			VARIOUS PROJECTS

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PERSEUS HOUSE 1511 PEACH ST. ERIE, PA 16501	23-7123683	501(C)(3)	6,625.	0.			VARIOUS PROJECTS
PRESBYTERIAN HOMES 1225 SCHOOL ROAD ERIE, PA 16505	25-0979369	501(C)(3)	53,314.	0.			VARIOUS PROJECTS
PRESQUE ISLE LIGHT STATION 301 PRESQUE ISLE DR. ERIE, PA 16505	46-4865726	501(C)(3)	12,221.	0.			VARIOUS PROJECTS
PRESQUE ISLE LIGHTHOUSE 301 PRESQUE ISLE DR. ERIE, PA 16505	45-4865726	501(C)(3)	5,370.	0.			VARIOUS PROJECTS
PRESQUE ISLE PARTNERSHIP 301 PENINSULA DR., SUITE #2 ERIE, PA 16505-2042	25-1737521	501(C)(3)	14,690.	0.			VARIOUS PROJECTS
RECENTER 3816 FANNIN ST. HOUSTON, TX 77004	74-1326185	501(C)(3)	5,000.	0.			VARIOUS PROJECTS
ROBERT H. JACKSON CENTER 305 EAST FOURTH ST. JAMESTOWN, NY 14701	16-1605121	501(C)(3)	25,552.	0.			VARIOUS PROJECTS
ROBERT MORRIS UNIVERSITY 6001 UNIVERSITY BOULEVARD MOON TOWNSHIP, PA 15108	25-1120678	501(C)(3)	1,000.	0.			VARIOUS PROJECTS
ROYAL FAMILY KIDS CAMP 8150 OLIVER RD ERIE, PA 16509	23-7347838	501(C)(3)	10,393.	0.			VARIOUS PROJECTS

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SAFENET 1702 FRENCH ST. ERIE, PA 16501	25-1269524	501(C)(3)	62,591.	0.			VARIOUS PROJECTS
SAINT JUDE SCHOOL 606 LOWELL AVE. ERIE, PA 16505	25-1087395	501(C)(3)	7,465.	0.			VARIOUS PROJECTS
SAINT MARY'S HOME OF ERIE 607 E. 26TH ST. ERIE, PA 16504	25-1073144	501(C)(3)	84,672.	0.			VARIOUS PROJECTS
SAINT VINCENT HEALTH FOUNDATION 232 WEST 25TH ST. ERIE, PA 16544-0002	25-1669168	501(C)(3)	8,320.	0.			VARIOUS PROJECTS
SAINT VINCENT HOSPITAL 232 W. 25TH ST. ERIE, PA 16502	25-1406710	501(C)(3)	234,419.	0.			VARIOUS PROJECTS
SARAH A. REED RETIREMENT CENTER 227 WEST 22ND STREET ERIE, PA 16502	25-1215527	501(C)(3)	5,401.	0.			VARIOUS PROJECTS
SARAH REED CHILDREN'S CENTER 2445 WEST 34TH ST. ERIE, PA 16506	25-0965486	501(C)(3)	14,275.	0.			VARIOUS PROJECTS
SECOND HARVEST FOOD BANK 1507 GRIMM DRIVE ERIE, PA 16501	25-1405798	501(C)(3)	128,893.	0.			VARIOUS PROJECTS
SERVERIE PO BOX 9818 ERIE, PA 16505	82-0819172	501(C)(3)	27,308.	0.			VARIOUS PROJECTS

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SHRINERS HOSPITALS FOR CHILDREN 1645 WEST 8TH ST. ERIE, PA 16505	36-2193608	501(C)(3)	278,700.	0.			VARIOUS PROJECTS
SISTERS OF MERCY OF THE AMERICAS 625 ABBOTT ROAD BUFFALO, NY 14220-2092	45-0566406	501(C)(3)	232,298.	0.			VARIOUS PROJECTS
SISTERS OF ST. JOSEPH 5031 WEST RIDGE RD. ERIE, PA 16506-1249	25-0965595	501(C)(3)	89,058.	0.			VARIOUS PROJECTS
SISTERS OF ST. JOSEPH NEIGHBORHOOD NETWORK - 425 WEST 18TH STREET - ERIE, PA 16502	25-1853673	501(C)(3)	61,914.	0.			VARIOUS PROJECTS
SOUTH HARBORCREEK UNITED METHODIST CHURCH - 7929 MCGILL RD. - HARBORCREEK, PA 16421	25-1439635	501(C)(3)	30,734.	0.			VARIOUS PROJECTS
SPRINGHILL SENIOR LIVING COMMUNITY 2323 EDINBORO RD. ERIE, PA 16509	52-0607956	501(C)(3)	104,151.	0.			VARIOUS PROJECTS
ST. GEORGE CATHOLIC CHURCH 5145 PEACH ST. ERIE, PA 16509	25-1055326	501(C)(3)	12,025.	0.			VARIOUS PROJECTS
ST. GREGORY SCHOOL 140 WEST MAIN NORTH EAST, PA 16428	25-1239218	501(C)(3)	8,224.	0.			VARIOUS PROJECTS
ST. JOHN THE BAPTIST CHURCH 509 EAST 26TH ST. ERIE, PA 16504	25-1072147	501(C)(3)	64,914.	0.			VARIOUS PROJECTS

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ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	27,812.	0.			VARIOUS PROJECTS	
ST. LUKE CHURCH 421 EAST 38TH ST. ERIE, PA 16504	25-1044104	501(C)(3)	14,925.	0.			VARIOUS PROJECTS	
ST. LUKE SCHOOL 425 EAST 38TH STREET ERIE, PA 16504	25-1044104	501(C)(3)	11,351.	0.			VARIOUS PROJECTS	
ST. MARTIN CENTER, INC. 1701 PARADE ST. ERIE, PA 16503	25-1211464	501(C)(3)	33,695.	0.			VARIOUS PROJECTS	
ST. PATRICK CHURCH 130 E. 4TH ST. ERIE, PA 16507	25-1021801	501(C)(3)	27,899.	0.			VARIOUS PROJECTS	
ST. PATRICK'S HAVEN 5031 W. RIDGE RD. ERIE, PA 16506	25-1712342	501(C)(3)	18,554.	0.			VARIOUS PROJECTS	
ST. PAUL'S CLINIC FOUNDATION 1608 WALNUT STREET ERIE, PA 16502-1750	20-2752128	501(C)(3)	836,670.	0.			VARIOUS PROJECTS	
ST. PAUL'S EVANGELICAL LUTHERAN CHURCH - 3108 STERRETTANIA RD. - ERIE, PA 16506	25-1429296	501(C)(3)	5,647.	0.			VARIOUS PROJECTS	
ST. PAUL'S UNITED CHURCH OF CHRIST 1024 PEACH STREET ERIE, PA 16501	25-6002859	501(C)(3)	14,318.	0.			VARIOUS PROJECTS	

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. PETER CATHEDRAL 230 WEST 10TH ST. ERIE, PA 16501	25-0965537	501(C)(3)	15,682.	0.			VARIOUS PROJECTS
ST. STEPHEN EPISCOPAL CHURCH 1070 WEST DUTCH ROAD FAIRVIEW, PA 16415	25-1195394	501(C)(3)	27,804.	0.			VARIOUS PROJECTS
STAIRWAYS BEHAVIORAL HEALTH 2185 WEST 8TH ST. ERIE, PA 16505	25-1271559	501(C)(3)	18,304.	0.			VARIOUS PROJECTS
SUSAN HIRT HAGEN CORE 4909 JORDAN RD ERIE, PA 16563	24-6000376	501(C)(3)	6,783.	0.			VARIOUS PROJECTS
TAMARACK WILDLIFE REHABILITATION AND EDUCATION CENTER - 21601 STULL ROAD - SAEGERTOWN, PA 16433	25-1612626	501(C)(3)	20,786.	0.			VARIOUS PROJECTS
THE GEORGIANA FOUNDATION 1250 TOWER LANE ERIE, PA 16505	46-0911678	501(C)(3)	8,395.	0.			VARIOUS PROJECTS
THE NONPROFIT PARTNERSHIP 609 WALNUT ST. ERIE, PA 16502	20-5616727	501(C)(3)	5,316.	0.			VARIOUS PROJECTS
THE REFUGE 1027 EAST 26TH ST. ERIE, PA 16504	25-1494750	501(C)(3)	40,490.	0.			VARIOUS PROJECTS
THE SALVATION ARMY 1022 LIBERTY ST. ERIE, PA 16502	13-5562351	501(C)(3)	58,220.	0.			VARIOUS PROJECTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SIGHT CENTER OF NORTHWEST PENNSYLVANIA - 2545 WEST 26TH STREET - ERIE, PA 16506	25-0965454	501(C)(3)	51,599.	0.			VARIOUS PROJECTS
THE UPPER ROOM 1024 PEACH ST ERIE, PA 16501	26-2631368	501(C)(3)	16,251.	0.			VARIOUS PROJECTS
THE YOUNG PEOPLE'S CHORUS OF ERIE PENN STATE ERIE, THE BEHREND COLLEGE ERIE, PA 16563	24-6000376	501(C)(3)	22,138.	0.			VARIOUS PROJECTS
THERAPY DOGS UNITED, INC. 1940 WEST 8TH ST. ERIE, PA 16505	26-1998711	501(C)(3)	23,739.	0.			VARIOUS PROJECTS
TOWN OF MINA 2883 NORTH RD FINDLEY LAKE, NY 14736	16-6002313	501(C)(3)	5,849.	0.			VARIOUS PROJECTS
TREC FOUNDATION 301 PENINSULA DR, SUITE 1 ERIE, PA 16505	20-0183785	501(C)(3)	59,761.	0.			VARIOUS PROJECTS
UNION CITY FIRST UNITED METHODIST CHURCH - 42 E. HIGH ST. - UNION CITY, PA 16438	25-1139407	501(C)(3)	18,689.	0.			VARIOUS PROJECTS
UNION CITY PUBLIC LIBRARY 2 STRANAHAN ST. UNION CITY, PA 16438	25-0999197	501(C)(3)	7,408.	0.			VARIOUS PROJECTS
UNION CITY VOLUNTEER FIRE CO. PO BOX 67 UNION CITY, PA 16438	25-1656913	501(C)(3)	8,487.	0.			VARIOUS PROJECTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990) Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITARIAN UNIVERSALIST CONGREGATION OF ERIE - PO BOX 3495 - ERIE, PA 16508	25-1285972	501(C)(3)	27,659.	0.			VARIOUS PROJECTS
UNITED WAY OF ERIE COUNTY 420 WEST 6TH ST., SUITE 200 ERIE, PA 16507-3210	25-1053091	501(C)(3)	1,084,675.	0.			VARIOUS PROJECTS
UNITED WAY OF THE GREATER LEHIGH VALLEY - 1110 AMERICAN PARKWAY NE - ALLENTOWN, PA 18109	23-2657933	501(C)(3)	14,020.	0.			VARIOUS PROJECTS
UNIVERSITY OF DAYTON 300 COLLEGE PARK DAYTON, OH 45469	31-0536715	501(C)(3)	2,000.	0.			VARIOUS PROJECTS
UNIVERSITY OF NOTRE DAME 115 MAIN BUILDING NOTRE DAME, IN 46556	35-0868188	501(C)(3)	5,000.	0.			VARIOUS PROJECTS
UPMC HAMOT 201 STATE ST. ERIE, PA 16550	25-0965387	501(C)(3)	73,329.	0.			VARIOUS PROJECTS
VILLA MARIA ACADEMY 2403 WEST EIGHTH ST. ERIE, PA 16505	27-2953927	501(C)(3)	13,465.	0.			VARIOUS PROJECTS
VISITING NURSE ASSOCIATION 2253 WEST GRANDVIEW BLVD. ERIE, PA 16506	25-0969488	501(C)(3)	13,406.	0.			VARIOUS PROJECTS
WAYSIDE PRESBYTERIAN 1208 ASBURY ROAD ERIE, PA 16505	25-6011067	501(C)(3)	200,816.	0.			VARIOUS PROJECTS

Schedule I (Form 990)



Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WCTL FM RADIO 10912 PEACH STREET WATERFORD, PA 16441	25-1203214	501(C)(3)	22,799.	0.			VARIOUS PROJECTS
WELLFIT, INC. 550 W. 10TH ST. ERIE, PA 16505	75-3147883	501(C)(3)	8,833.	0.			VARIOUS PROJECTS
WESLEY UNITED METHODIST CHURCH 3308 SOUTH ST. ERIE, PA 16510	25-1041259	501(C)(3)	50,155.	0.			VARIOUS PROJECTS
WEST LAKE FIRE DEPARTMENT 3762 WEST LAKE RD. ERIE, PA 16505	25-6064651	501(C)(3)	7,039.	0.			VARIOUS PROJECTS
WESTSIDE COMMUNITY CENTER 430 HANNUN AVE. WEST CHESTER, PA 19380	46-0764528	501(C)(3)	12,000.	0.			VARIOUS PROJECTS
WHITEHALL-COPLAY HUNGER INITIATIVE 1080 SHADT AVENUE WHITEHALL, PA 18052	37-1871680	501(C)(3)	5,000.	0.			VARIOUS PROJECTS
WLD RANCH 7351 WOOLSEY ROAD GIRARD, PA 16417	25-1185580	501(C)(3)	22,592.	0.			VARIOUS PROJECTS
WOMAN'S CLUB OF ERIE 259 WEST 6TH ST. ERIE, PA 16507	25-0889300	501(C)(3)	5,885.	0.			VARIOUS PROJECTS
WOMEN'S CARE CENTER 4402 PEACH ST., SUITE 101 ERIE, PA 16509	25-1433389	501(C)(3)	81,172.	0.			VARIOUS PROJECTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD WAR II MEMORIAL 2415 WEST GRANDVIEW BLVD. ERIE, PA 16506	25-6032032	501(C)(3)	10,000.	0.			VARIOUS PROJECTS
WQLN 8425 PEACH STREET ERIE, PA 16509	25-1154116	501(C)(3)	42,786.	0.			VARIOUS PROJECTS
YMCA 31 WEST 10TH ST. ERIE, PA 16501	25-0965621	501(C)(3)	66,084.	0.			VARIOUS PROJECTS
YOUNG ARTISTS DEBUT ORCHESTRA 538 MONTMARC DR. ERIE, PA 16504	57-1165652	501(C)(3)	10,074.	0.			VARIOUS PROJECTS

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	449	656,091.	0.		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

PART I, LINE 2:

FORM 990, SCHEDULE I, PART II &amp; III:

OUR GRANT MAKING FALLS INTO 3 CATEGORIES:

GRANTS WHICH ARE RECOMMENDED BY THE ORIGINAL DONOR OR FUND ADVISORS:

WHEN THE RECOMMENDATIONS ARE SUBMITTED, A MEMBER OF THE FOUNDATION'S STAFF

RESEARCHES THE ORGANIZATION AND VERIFIES 501(C)3 STATUS. OUR SUGGESTION

FORM INCLUDES THE VERY SPECIFIC LANGUAGE: AS A DONOR ADVISOR TO THE ERIE

**Part IV** Supplemental Information

COMMUNITY FOUNDATION, I RECOMMEND MAKING THIS GRANT FROM THE ABOVE NAMED FUND. I ACKNOWLEDGE THAT THE GRANT RECOMMENDATION MUST RECEIVE APPROVAL BY THE ERIE COMMUNITY FOUNDATION. IN ACCORDANCE WITH IRS REGULATIONS, THIS RECOMMENDATION DOES NOT REPRESENT THE PAYMENT OF ANY PERSONAL PLEDGE OR OTHER FINANCIAL OBLIGATION OF THE UNDERSIGNED. NO GOODS OR SERVICES OR TAX DEDUCTIBLE BENEFITS WILL BE RECEIVED BY PAYMENT OF THIS GRANT.

**SCHOLARSHIP:**

EACH OF OUR SCHOLARSHIP FUNDS HAS AN INDEPENDENT COMMITTEE ESTABLISHED FOR THE REVIEW OF THE SCHOLARSHIP APPLICATION AND THE AWARDING DECISIONS. THE COMMITTEES ARE ESTABLISHED WITH AN EYE TOWARDS INDEPENDENCE AND MOST HAVE A LOCAL HIGH SCHOOL OFFICIAL ON THE COMMITTEE. SCHOLARSHIP CHECKS ARE USUALLY MADE PAYABLE TO THE SCHOOL.

**COMPETITIVE:**

OUR COMPETITIVE GRANT MAKING RESPONDS TO THE NEEDS OF THE COMMUNITY THROUGH AN APPLICATION AND REVIEW PROCESS. A GRANTS COMMITTEE REVIEWS ALL APPLICATIONS, AND THE FINANCE DEPARTMENT REVIEWS THE FINANCIAL DOCUMENTATION SUBMITTED WITH THE APPLICATION. THE GRANTS COMMITTEE RECOMMENDS THE GRANTS TO THE BOARD OF DIRECTORS, WHO DELIBERATE AND GIVE FINAL APPROVAL. SIX MONTHS AFTER THE GRANT HAS BEEN DISBURSED, THE PROGRAM OFFICER SENDS AN EVALUATION FORM TO THE GRANTEE ORGANIZATION. SPECIFIC CRITERIA REGARDING THE GRANT REPORT ARE APPROVED TO THE GRANTEE. ADDITIONALLY, THE PROGRAM OFFICER WILL MAKE BOTH SCHEDULED AND PERIODIC UNANNOUNCED SITE VISITS TO ASSES THE VIABILITY AND EFFECTIVENESS OF THE GRANTEE'S PROGRAM.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

ERIE COMMUNITY FOUNDATION

Employer identification number

25-6032032

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)        |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019



**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**PART I, LINE 1A:**

IT IS THE POLICY OF THE FOUNDATION TO CONSIDER MEMBERSHIP IN ORGANIZATIONS

THAT WOULD PROMOTE THE ADVANCEMENT OF THE FOUNDATION, ENHANCE THE

PROFESSIONAL STANDING OF ITS SENIOR PERSONNEL, AND FACILITATE FAVORABLE

COMMUNITY RELATIONS. COSTS IN RELATION TO BENEFITS SHALL BE CONSIDERED.

MEMBERSHIP IN AN ORGANIZATION MUST BE USED PRIMARILY FOR BUSINESS PURPOSES.

MICHAEL BATCHELOR IS THE ONLY PERSON WHO RECEIVES THE SOCIAL CLUB BENEFIT.

THIS BENEFIT IS INCLUDED IN MICHAEL BATCHELOR'S TAXABLE COMPENSATION.

**PART I, LINE 4B:**

THE FOUNDATION MATCHED/CONTRIBUTED \$17,990 TO THE 401(K) PLAN AND \$10,280

TO THE DEFERRED COMPENSATION PLAN FOR MICHAEL BATCHELOR.

FORM 990, SCHEDULE J, PART II, COLUMN C

THE FOUNDATION MATCHED/CONTRIBUTED \$17,990 TO THE 401(K) PLAN AND

\$10,280 TO THE DEFERRED COMPENSATION PLAN FOR MICHAEL BATCHELOR.

FORM 990, SCHEDULE J, PART II, COLUMN B(I)

MICHAEL BATCHELOR'S BASE COMPENSATION IS \$227,000.

<b>Part III</b>	<b>Supplemental Information</b>
-----------------	---------------------------------

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

[illegible]



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

**2019**

**Open to Public  
Inspection.**

Name of the organization

ERIE COMMUNITY FOUNDATION

Employer identification number

25-6032032

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	100	8,843,486	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2019

## Part II

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

Open to Public  
Inspection

Employer identification number  
25-6032032

ERIE COMMUNITY FOUNDATION

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

EVALUATING AND ADDRESSING COMMUNITY ISSUES, BUILDING PERMANENT

CHARITABLE ENDOWMENTS, AND BY PROMOTING PHILANTHROPIC AND COMMUNITY

LEADERSHIP.

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

INTERNAL REVIEWS OF THE FORM 990 ARE DONE BY THE VP OF FINANCE AND THE

PRESIDENT. THIS REVIEW CONSISTS OF TRACING ALL FIGURES FROM INTERNALLY

DEVELOPED SCHEDULES TO THE 990 AND REVIEWING ALL

DISCREPANCIES WITH THE TAX PREPARERS. NOTE THAT THE FULL BOARD OF TRUSTEES

RECEIVE COPIES OF THE 990 BEFORE FILING FOR THEIR REVIEW AND COMMENT. A

FINAL REVIEW IS CONDUCTED BY THE FINANCE COMMITTEE.

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

BOARD OF TRUSTEE MEMBERS MUST ANNUALLY DISCLOSE, IN FULL, THE NAME OF EACH

BUSINESS OR NONPROFIT ORGANIZATION THAT HAS OR REASONABLY EXPECTS TO HAVE A

MATERIAL INTEREST IN ANY PROPOSED EXISTING CONTRACT, TRANSACTION OR

ARRANGEMENT WITH THE FOUNDATION AND IN WHICH HE/SHE, HIS/HER SPOUSE OR ANY

MEMBER OF THEIR IMMEDIATE FAMILY IS A MEMBER, DIRECTOR, OFFICER,

EMPLOYEE OR PARTNER. BOARD OF TRUSTEE MEMBERS ARE PROVIDED A FORM EACH YEAR

FOR THIS PURPOSE.

FOUNDATION STAFF FOLLOW-UP WITH TRUSTEES AS NECESSARY TO MAKE SURE THAT ALL

FORMS ARE EXECUTED AND RETURNED. IN ADDITION TO THE ANNUAL DISCLOSURE, THE

FOUNDATION'S CONFLICT OF INTEREST POLICY, WHICH ALL TRUSTEES MUST SIGN EACH

YEAR, PROVIDES THAT TRUSTEES HAVING A CONTINUING OBLIGATION TO REPORT

CONFLICTS AND MUST PROMPTLY REPORT ANY CONFLICT THAT HAS NOT BEEN

Name of the organization

ERIE COMMUNITY FOUNDATION

Employer identification number

25-6032032

PREVIOUSLY REPORTED.

TRUSTEES THAT ARE DEEMED TO HAVE A CONFLICT OF INTEREST BASED ON THE ABOVE  
PROCESS ARE RECUSED FROM PARTICIPATING IN VOTING.

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

AN INDEPENDENT ORGANIZATION IS HIRED PERIODICALLY TO REVIEW THE  
COMPENSATION OF THE PRESIDENT. THIS ORGANIZATION COLLECTED DATA FROM  
PUBLISHED SURVEY SOURCES, BASED ON ASSET SIZE, OPERATING BUDGET AND  
DONATION FOCUS. THESE SOURCES ARE: COUNCIL ON FOUNDATIONS GRANTMAKERS  
SALARY AND BENEFITS REPORT, TOTAL COMPENSATION SOLUTIONS-NOT-FOR-PROFIT  
COMPENSATION SURVEY, PRM CONSULTING-MANAGEMENT COMPENSATION REPORT FOR NOT  
FOR PROFIT ORGANIZATIONS, WATSON WYATT SURVEY REPORT ON EMPLOYEE BENEFITS,  
AND VARIOUS 990 TAX RETURNS FROM COMPARABLE COMMUNITY  
FOUNDATIONS. IN ADDITION, THE EXECUTIVE/COMPENSATION COMMITTEE ANNUALLY  
REVIEWS AND APPROVES THE PRESIDENT'S COMPENSATION. OTHER OFFICERS OR KEY  
EMPLOYEES' SALARIES ARE DETERMINED BY THE PRESIDENT, USING THE COUNCIL ON  
FOUNDATIONS GRANTMAKERS SALARY AND BENEFITS REPORT. IN 2018 THE PRESIDENT'S  
COMPENSATION WAS REVIEWED BY AN OUTSIDE SOURCE.

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

THE ERIE COMMUNITY FOUNDATION'S ORGANIZATIONAL DOCUMENTS ARE AVAILABLE TO  
THE PUBLIC UPON REQUEST.

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

REFUND OF PRIOR YEAR GRANTS	159,395.
CHANGE IN VALUE OF SPLIT INTERESTS	205,075.
TOTAL TO FORM 990, PART XI, LINE 9	364,470.

Name of the organization

ERIE COMMUNITY FOUNDATION

Employer identification number

25-6032032

FORM 990, PART XII, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.





**Part V** Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CORRY COMMUNITY FOUNDATION	L	101,941.FMV	
(2) CORRY COMMUNITY FOUNDATION	B	33,981.FMV	
(3) UNION CITY COMMUNITY FOUNDATION	L	33,835.FMV	
(4) NORTH EAST COMMUNITY FOUNDATION	L	62,690.FMV	
(5)			
(6)			





<b>Part VII</b>	<b>Supplemental Information</b>
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Provide additional information for responses to questions on Schedule R. See instructions.

Provide additional information for responses to questions on Schedule A. See instructions.