

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016

Department of the Treasury  
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

**A** For the **2016** calendar year, or tax year beginning , **2016**, and ending , **20**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization ERIE COMMUNITY FOUNDATION Doing Business As			<b>D</b> Employer identification number 25-6032032		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 459 WEST 6TH STREET		<b>E</b> Telephone number (814) 454-0843			
	City or town, state or province, country, and ZIP or foreign postal code ERIE, PA 16507			<b>G</b> Gross receipts \$ 83,960,470.		
	<b>F</b> Name and address of principal officer: BARBARA F SAMBROAK, CPA 459 WEST 6TH ST ERIE, PA 16507			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527						
<b>J</b> Website: ▶ ERIECOMMUNITYFOUNDATION.ORG						
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶						
				<b>L</b> Year of formation: 1971		
				<b>M</b> State of legal domicile: PA		

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: PUBLIC CHARITY COMMUNITY FOUNDATION			
	2 Check this box <input type="checkbox"/> 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 2016 (Part V, line 2a) . . . . .	18.	
	6	Total number of volunteers (estimate if necessary) . . . . .	315.	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	-47,829.	
7b	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	-47,829.		
<b>Revenue</b>	<b>Revenue</b>		<b>Prior Year</b>	<b>Current Year</b>
	8	Contributions and grants (Part VIII, line 1h) . . . . .	20,592,067.	10,458,728.
	9	Program service revenue (Part VIII, line 2g) . . . . .	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	6,036,882.	2,366,831.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	317,359.	298,413.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	26,946,308.	13,123,972.
<b>Expenses</b>	<b>Expenses</b>		<b>Prior Year</b>	<b>Current Year</b>
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	12,291,809.	15,605,249.
	14	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .	1,143,056.	1,225,855.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 416,156.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	1,859,074.	2,332,323.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	15,293,939.	19,163,427.	
19	Revenue less expenses. Subtract line 18 from line 12 . . . . .	11,652,369.	-6,039,455.	
<b>Net Assets or Fund Balances</b>	<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>
	20	Total assets (Part X, line 16) . . . . .	191,032,913.	201,418,849.
	21	Total liabilities (Part X, line 26) . . . . .	3,956,062.	7,012,923.
22	Net assets or fund balances. Subtract line 21 from line 20 . . . . .	187,076,851.	194,405,926.	

**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.

<b>Sign Here</b>	Signature of officer BARBARA F SAMBROAK Type or print name and title			Date 10/31/2016 VP OF FINANCE		
	Print/Type preparer's name VINCENT HALUPCZYNSKI		Preparer's signature _____		Date _____	
<b>Paid Preparer Use Only</b>	Firm's name ▶ BKD, LLP			Firm's EIN ▶ 44-0160260		
	Firm's address ▶ 2402 W. 8TH STREET ERIE, PA 16505			Phone no. 814.454.4008		

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

**For Paperwork Reduction Act Notice, see the separate instructions.** Form **990** (2016)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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? No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? No

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 \$ 16,709,729. including grants of \$ 15,605,249. ) (Revenue \$ 298,413. )

THE ERIE COMMUNITY FOUNDATION, THROUGH DONATIONS FROM THE GENERAL PUBLIC, MADE GRANTS TO ORGANIZATIONS IN NORTHWEST PENNSYLVANIA FOR EDUCATION, ARTS, HEALTH SCIENCES, CIVIC SERVICES AND ECONOMIC DEVELOPMENT.

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

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 16,709,729.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows 1-19 with various questions regarding organizational requirements and financial reporting.

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

	Yes	No
<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	
<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? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .	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? <i>If "Yes," complete Schedule J.</i> . . . . .	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i> . . . . .		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</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>d</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? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		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, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .		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? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> . . . . .	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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		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? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [X]

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, and charitable trusts.

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (12), 1b (11), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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 (or 1024 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.
19 Describe in 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 459 WEST 6TH STREET ERIE, PA 16507 814-454-0843

**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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 dotted 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 (SEE SCH O)	50.00 0.	X		X				251,252.	0.	48,150.
(2)RUSSELL WARNER. ESQ CHAIRMAN	5.00 0.	X		X				0.	0.	0.
(3)MARYANN YOCHIM FLAHERTY SECRETARY	5.00 0.	X		X				0.	0.	0.
(4)SUSAN KEMENYFFY TRUSTEE	1.00 0.	X						0.	0.	0.
(5)CLEMONT AUSTIN TRUSTEE	1.00 0.	X						0.	0.	0.
(6)TIM SHUTTLEWORTH TRUSTEE	1.00 0.	X						0.	0.	0.
(7)THOMAS HAGEN TRUSTEE	1.00 0.	X						0.	0.	0.
(8)TIMOTHY HUNTER TRUSTEE	1.00 0.	X						0.	0.	0.
(9)LYNN MCBRIER TRUSTEE	1.00 0.	X						0.	0.	0.
(10)RON A STEELE TRUSTEE	1.00 0.	X						0.	0.	0.
(11)DR DONALD BAXTER TRUSTEE	1.00 0.	X						0.	0.	0.
(12)DEBORAH MURPHY TRUSTEE	1.00 0.	X						0.	0.	0.
(13)BARBARA SAMBROAK TREASURER,VP OF FINANCE	50.00 0.			X				100,314.	0.	8,031.
(14)										

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

Table with columns (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes sub-totals and totals for lines 1b, 1c, and 1d.

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 2

Table with 3 columns: Question number, Question text, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1 contains ATTACHMENT 2.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 4



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII. X

				(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>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	10,458,728.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .		2,234,665.				
	<b>h Total.</b> Add lines 1a-1f . . . . .			10,458,728.			
<b>Program Service Revenue</b>	<b>2a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
	<b>g Total.</b> Add lines 2a-2f . . . . .			0.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 3 . . . . .			3,149,730.		-47,829.
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .				0.			
<b>5</b> Royalties . . . . .				0.			
<b>6a</b> Gross rents . . . . .		(i) Real	(ii) Personal				
<b>b</b> Less: rental expenses . . . . .							
<b>c</b> Rental income or (loss) . . . . .							
<b>d</b> Net rental income or (loss) . . . . .				0.			
<b>7a</b> Gross amount from sales of assets other than inventory . . . . .		(i) Securities	(ii) Other				
<b>b</b> Less: cost or other basis and sales expenses . . . . .							
<b>c</b> Gain or (loss) . . . . .							
<b>d</b> Net gain or (loss) . . . . .				-782,899.			-782,899.
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .		<b>a</b>		0.			
<b>b</b> Less: direct expenses . . . . .		<b>b</b>		0.			
<b>c</b> Net income or (loss) from fundraising events . . . . .				0.			
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .		<b>a</b>		0.			
<b>b</b> Less: direct expenses . . . . .		<b>b</b>		0.			
<b>c</b> Net income or (loss) from gaming activities . . . . .				0.			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .		<b>a</b>		0.			
<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>		0.				
<b>c</b> Net income or (loss) from sales of inventory . . . . .			0.				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b> ADMINISTRATIVE FEES . . . . .		900099	286,954.	286,954.			
<b>b</b> REFUND OF PY EXPENSES . . . . .		900099	5,749.	5,749.			
<b>c</b> CLASS ACTION SETTLEMENTS . . . . .		900099	803.	803.			
<b>d</b> All other revenue . . . . .		900099	4,907.	4,907.			
<b>e Total.</b> Add lines 11a-11d . . . . .			298,413.				
<b>12 Total revenue.</b> See instructions. . . . .			13,123,972.	298,413.	-47,829.	2,414,660.	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(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 . . . . .	15,113,309.	15,113,309.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	491,940.	491,940.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	434,987.	152,326.	152,004.	130,657.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	614,490.	303,958.	187,105.	123,427.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	24,944.	7,545.	9,713.	7,686.
9 Other employee benefits . . . . .	87,102.	40,854.	25,565.	20,683.
10 Payroll taxes . . . . .	64,332.	28,767.	22,037.	13,528.
11 Fees for services (non-employees):				
a Management . . . . .	13,900.	6,119.	4,601.	3,180.
b Legal . . . . .	9,047.	3,983.	2,994.	2,070.
c Accounting . . . . .	66,075.	29,086.	21,871.	15,118.
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees . . . . .	1,170,064.		1,170,064.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	0.			
12 Advertising and promotion . . . . .	120,942.	53,385.	39,945.	27,612.
13 Office expenses . . . . .	41,051.	18,407.	13,389.	9,255.
14 Information technology . . . . .	57,025.	25,103.	18,875.	13,047.
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	77,028.	33,908.	25,496.	17,624.
17 Travel . . . . .	866.	376.	290.	200.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	84,614.	37,247.	28,007.	19,360.
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	182,183.	27,409.	154,774.	
23 Insurance . . . . .	23,396.		23,396.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a LOSS ON IMPAIRMENT	288,967.	288,967.		
b DIRECT FUND EXPENSES	184,206.	41,335.	133,127.	9,744.
c DUES & MEMBERSHIPS	12,959.	5,705.	4,289.	2,965.
d _____				
e All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	19,163,427.	16,709,729.	2,037,542.	416,156.
<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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	1,878,964.	<b>1</b>	2,422,892.
	<b>2</b> Savings and temporary cash investments	0.	<b>2</b>	0.
	<b>3</b> Pledges and grants receivable, net	4,527,269.	<b>3</b>	651,129.
	<b>4</b> Accounts receivable, net	0.	<b>4</b>	0.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges	18,660.	<b>9</b>	23,998.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 3,401,335.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 948,045.	972,249.	<b>10c</b> 2,453,290.
	<b>11</b> Investments - publicly traded securities	<b>ATCH 4</b>	124,032,728.	<b>11</b> 124,693,008.
	<b>12</b> Investments - other securities. See Part IV, line 11		58,429,511.	<b>12</b> 70,222,301.
	<b>13</b> Investments - program-related. See Part IV, line 11		0.	<b>13</b> 0.
	<b>14</b> Intangible assets		0.	<b>14</b> 0.
	<b>15</b> Other assets. See Part IV, line 11		1,173,532.	<b>15</b> 952,231.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)		191,032,913.	<b>16</b> 201,418,849.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	316,091.	<b>17</b>	790,992.
	<b>18</b> Grants payable	1,292,802.	<b>18</b>	4,081,644.
	<b>19</b> Deferred revenue	0.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	299,480.	<b>23</b>	183,944.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0.	<b>24</b>	0.
	<b>25</b> 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	2,047,689.	<b>25</b>	1,956,343.
	<b>26 Total liabilities.</b> Add lines 17 through 25		3,956,062.	<b>26</b> 7,012,923.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	186,711,937.	<b>27</b>	194,043,951.
	<b>28</b> Temporarily restricted net assets	364,914.	<b>28</b>	361,975.
	<b>29</b> Permanently restricted net assets	0.	<b>29</b>	0.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	187,076,851.	<b>33</b>	194,405,926.
<b>34</b> Total liabilities and net assets/fund balances		191,032,913.	<b>34</b> 201,418,849.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	13,123,972.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	19,163,427.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-6,039,455.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	187,076,851.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	13,447,401.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-78,871.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	194,405,926.

**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 in 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 in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

**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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**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		
(A)						
(B)						
(C)						
(D)						
(E)						
<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

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support.

12 Gross receipts from related activities, etc. (see instructions) 12
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

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2016 (48.29%); 15 Public support percentage from 2015 Schedule A, Part II, line 14 (47.07%); 16a 33 1/3% support test - 2016; 16b 33 1/3% support test - 2015; 17a 10%-facts-and-circumstances test - 2016; 17b 10%-facts-and-circumstances test - 2015; 18 Private foundation.

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

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2016, 2015. Row 15: Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2015 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2016, 2015. Row 17: Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2015 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2016. 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

19b 33 1/3% support tests - 2015. 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> 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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<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?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer (a) and (b) below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer (a) and (b) below. Sub-rows a, b.

**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		

**7**  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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013. . . . .			
d From 2014. . . . .			
e From 2015. . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, 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 2016. 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 2017.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013. . . .			
c Excess from 2014. . . .			
d Excess from 2015. . . .			
e Excess from 2016. . . .			

**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.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
ADMIN FEES, REFUNDS, ETC.	283,184.	381,101.	335,945.	317,359.	298,413.	1,616,002.
<b>TOTALS</b>	<u>283,184.</u>	<u>381,101.</u>	<u>335,945.</u>	<u>317,359.</u>	<u>298,413.</u>	<u>1,616,002.</u>

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2016**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

ERIE COMMUNITY FOUNDATION

Employer identification number

25-6032032

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization **ERIE COMMUNITY FOUNDATION**

Employer identification number  
25-6032032

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,084,554.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,245,169.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 233,374.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 299,941.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 415,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 329,843.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **ERIE COMMUNITY FOUNDATION**

Employer identification number  
25-6032032

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 262,279.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 939,129.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ERIE COMMUNITY FOUNDATION

Employer identification number

25-6032032**Part II** **Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>2</u>	<u>50,000 KENTUCKY PUB TRANSPRTN INFRAS</u> <u>SUB-DOWN TO REV</u>	\$ <u>52,658.</u>	<u>03/08/2016</u>
<u>2</u>	<u>100,000 MINNESOTA ST PUBLIC FACS</u> <u>AUTH SER C REV</u>	\$ <u>106,826.</u>	<u>03/08/2016</u>
<u>2</u>	<u>750,000 NEW MEXICO ST FIN AUTH</u> <u>ST TRAN REF TRANSP REV</u>	\$ <u>830,174.</u>	<u>03/08/2016</u>
<u>2</u>	<u>590 T ROWE PRICE GROWTH STOCK FD # 40</u>	\$ <u>31,695.</u>	<u>08/11/2016</u>
<u>2</u>	<u>175,000 OHIO ST HIGHER ED GO</u>	\$ <u>203,408.</u>	<u>08/11/2016</u>
<u>2</u>	<u>100 JM SMUCKER CO</u>	\$ <u>15,408.</u>	<u>08/11/2016</u>



Name of organization ERIE COMMUNITY FOUNDATION

Employer identification number

25-6032032**Part II** **Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
4	573.136 AMERICAN GROWTH FD OF AMERICA	\$ 24,645.	11/02/2016
4	1383.126 AMERICAN INVEST CO OF AMERICA	\$ 49,530.	11/02/2016
4	1866.136 AMERICAN WASH MUT INV CL F	\$ 74,795.	11/02/2016
4	438 MERCK & CO.	\$ 26,714.	12/01/2016
4	479 ALTRIA GROUP INC.	\$ 30,603.	12/01/2016
4	50,000 RBC EQUITY (SPX) NOTE	\$ 83,600.	12/01/2016

Name of organization ERIE COMMUNITY FOUNDATION

Employer identification number

25-6032032**Part II** **Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
4	1,869 PRUDENTIAL HIGH YIELD FUND	\$ 10,054.	12/01/2016
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
6	240 ERIE INDEMNITY CO CL A CUSIP 29530P102	\$ 22,843.	06/20/2016
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
7	17,543.76 BNY MELLON MID CAP MULTI-STRATEGY	\$ 262,279.	11/17/2016
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____	\$ _____	_____

Name of organization **ERIE COMMUNITY FOUNDATION**

Employer identification number  
**25-6032032**

**Part III** *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

ERIE COMMUNITY FOUNDATION

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.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions.

Part II Conservation Easements.

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

Form with multiple sections for conservation easements, including checkboxes for purposes, a table for held at end of tax year, and various questions about monitoring and expenses.

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.

Form with questions about reporting art and historical treasures, including revenue and asset amounts.

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

Schedule D (Form 990) 2016

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 are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment 100.0000 %
b Permanent endowment %
c Temporarily restricted 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
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
Table with columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**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) INVESTMENTS	70,222,301.	
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	70,222,301.	

**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> (Column (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	1,956,343.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,956,343.

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 FIN 48 (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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	21,588,927.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	13,447,401.	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	1,477,394.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	14,924,795.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	6,664,132.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	955,729.	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	5,504,111.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	6,459,840.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	13,123,972.

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	14,189,405.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	988,208.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	988,208.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	13,201,197.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	955,729.	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	5,006,501.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	5,962,230.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	19,163,427.

**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.

SEE PAGE 5

**Part XIII Supplemental Information** (continued)

FORM 990, SCHEDULE D, 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.

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.

FORM 990, SCHEDULE D, PART XI, LINE 2D:

AFFILIATE ACTIVITY	\$1,556,265
CHANGE IN VALUE OF SPLIT INTEREST TRUST	(\$78,871)
TOTAL TO SCHEDULE D, PART XI, LINE 2D:	\$1,477,394

FORM 990, SCHEDULE D, PART XI, LINE 4B:

AGENCY ENDOWMENT REVENUE	\$5,504,111
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FORM 990, SCHEDULE D, PART XII, LINE 2D:

AFFILIATE EXPENSES	\$988,208
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FORM 990, SCHEDULE D, PART XII, LINE 4B:

AGENCY EXPENSES	\$5,006,501
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**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

ERIE COMMUNITY FOUNDATION

Employer identification number

25-6032032

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		21,050,000.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .					21,050,000.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					21,050,000.

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

Schedule F (Form 990) 2016

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . .

3 Enter total number of other organizations or entities. . . . .

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**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; do not 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; do not file with Form 990)* . . . . .  Yes  No

**Part V** **Supplemental Information**

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).

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ERIE COMMUNITY FOUNDATION

**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.  Yes  No

**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
(1) ALBION AREA FAIR ASSOCIATION 11651 ROUTE 6N ALBION, PA 16401	25-1776400	501(C)(6)	11,468.				VARIOUS PROJECTS
(2) AMERICAN CANCER SOCIETY 2115 WEST 38TH STREET ERIE, PA 16508	13-1788491	501(C)(3)	13,667.				VARIOUS PROJECTS
(3) AMERICAN HEART ASSOCIATION 3505 EMBASSY PARKWAY, SUITE 100	13-5613797	501(C)(3)	26,058.				VARIOUS PROJECTS
(4) AMERICAN NATIONAL RED CROSS 4961 PITTSBURGH AVE. ERIE, PA 16509	53-0196605	501(C)(3)	25,495.				VARIOUS PROJECTS
(5) ANNA SHELTER 1555 EAST 10TH STREET ERIE, PA 16503	20-1512416	501(C)(3)	46,655.				VARIOUS PROJECTS
(6) ASBURY WOODS PARTNERSHIP 4105 ASBURY ROAD ERIE, PA 16506	26-0699998	501(C)(3)	134,718.				VARIOUS PROJECTS
(7) BAIR FOUNDATION 241 HIGH STREET NEW WILMINGTON, PA 16142	25-1840964	501(C)(3)	13,422.				VARIOUS PROJECTS
(8) BARBER NATIONAL INSTITUTE 100 BARBER PLACE ERIE, PA 16507	23-7447611	501(C)(3)	37,385.				VARIOUS PROJECTS
(9) BAYFRONT NATO, INC. 312 CHESTNUT STREET ERIE, PA 16507	25-6085619	501(C)(3)	14,212.				VARIOUS PROJECTS
(10) BECAUSE YOU CARE PO BOX 54 MCKEAN, PA 16426	25-1431378	501(C)(3)	40,818.				VARIOUS PROJECTS
(11) BETHANY OUTREACH CENTER 254 EAST 10TH STREET ERIE, PA 16503	27-1263023	501(C)(3)	21,069.				VARIOUS PROJECTS
(12) BLENDED SPIRITS RANCH 7401 MCCRAY ROAD FAIRVIEW, PA 16415	30-0447903	501(C)(3)	21,986.				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 ▲

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

Schedule I (Form 990) (2016)

**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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Employer identification number

25-6032032

**SCHEDULE I  
(Form 990)**

**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.

Department of the Treasury  
Internal Revenue Service

Name of the organization

ERIE COMMUNITY FOUNDATION

**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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Employer identification number

25-6032032

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

**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
(1) BOOKER T. WASHINGTON CENTER 1720 HOLLAND STREET ERIE, PA 16503	25-0989247	501(C)(3)	16,334.				VARIOUS PROJECTS
(2) BOY SCOUTS OF AMERICA COUNCIL 1815 ROBISON ROAD ERIE, PA 16509	25-0965265	501(C)(3)	17,339.				VARIOUS PROJECTS
(3) BOYS & GIRLS CLUB OF ERIE 1515 EAST LAKE ROAD ERIE, PA 16511	25-1265501	501(C)(3)	21,577.				VARIOUS PROJECTS
(4) BOY S TOWN 14100 CRAWFORD STREET BOYS TOWN, NE 68010	47-0376606	501(C)(3)	16,064.				VARIOUS PROJECTS
(5) CAFE CITY HALL, ROOM 500 ERIE, PA 16501	61-1428869	501(C)(3)	8,000.				VARIOUS PROJECTS
(6) CAMP NOTRE DAME PO BOX 74 FAIRVIEW, PA 16415	25-1093617	501(C)(3)	25,396.				VARIOUS PROJECTS
(7) CATHOLIC CHARITIES COUNSELING AND ADOPTION 329 WEST 10TH STREET ERIE, PA 16502	25-1041250	501(C)(3)	8,604.				VARIOUS PROJECTS
(8) CHAUTAUQUA FOUNDATION ONE AMES AVENUE CHAUTAUQUA, NY 14722	16-6028421	501(C)(3)	10,000.				VARIOUS PROJECTS
(9) COMMUNITY COUNTRY DAY SCHOOL 5800 OLD ZUCK RD. ERIE, PA 16506	25-1197199	501(C)(3)	31,892.				VARIOUS PROJECTS
(10) COMMUNITY OF CARING 245 EAST 8TH STREET ERIE, PA 16503	25-1449427	501(C)(3)	16,430.				VARIOUS PROJECTS
(11) COMMUNITY SHELTER SERVICES 655 W. 16TH ST. ERIE, PA 16502	25-1365966	501(C)(3)	33,207.				VARIOUS PROJECTS
(12) CORE 4909 JORDAN RD ERIE, PA 16563-1801	24-6000376	501(C)(3)	7,204.				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 ▶

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Schedule I (Form 990) (2016)

**SCHEDULE I  
(Form 990)**

**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.  
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OMB No. 1545-0047

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Internal Revenue Service

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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
<b>(1)</b> CORY COMMUNITY FOUNDATION 1524 ENTERPRISE ROAD CORRY, PA 16407	25-1850006	501(C)(3)	27,514.				VARIOUS PROJECTS
<b>(2)</b> COUNTY OF ERIE 140 W. 6TH STREET ERIE, PA 16501	25-6001027	501(C)(3)	73,200.				VARIOUS PROJECTS
<b>(3)</b> CRIME VICTIM CENTER 125 W. 18TH ST. ERIE, PA 16501	25-1296725	501(C)(3)	22,781.				VARIOUS PROJECTS
<b>(4)</b> DIOCESE OF ERIE 429 EAST GRANDVIEW BLVD. ERIE, PA 16504	26-0725989	501(C)(3)	81,425.				VARIOUS PROJECTS
<b>(5)</b> DONORSCHOOSE.ORG 134 W. 37TH ST NEW YORK, NY 10018	13-4129457	501(C)(3)	10,000.				VARIOUS PROJECTS
<b>(6)</b> EAGLE'S NEST LEADERSHIP CORPORATION 1129 PENNSYLVANIA AVE ERIE, PA 16503	45-4708848	501(C)(3)	26,737.				VARIOUS PROJECTS
<b>(7)</b> EASTMINSTER PRESBYTERIAN CHURCH 2320 EAST LAKE ROAD ERIE, PA 16511	25-1425905	501(C)(3)	30,955.				VARIOUS PROJECTS
<b>(8)</b> ECONOMIC RESEARCH INSTITUTE OF ERIE 5101 JORDAN ROAD ERIE, PA 16563	24-6000376	501(C)(3)	40,000.				VARIOUS PROJECTS
<b>(9)</b> EDINBORO UNIVERSITY FOUNDATION 210 MEADVILLE STREET EDINBORO, PA 16412	25-1819940	501(C)(3)	229,689.				VARIOUS PROJECTS
<b>(10)</b> EMWAS FOOTPRINTS 11515 LAY ROAD EDINBORO, PA 16412	90-0936227	501(C)(3)	13,943.				VARIOUS PROJECTS
<b>(11)</b> EMMAUS MINISTRIES 345 E. 9TH ST. ERIE, PA 16503	25-0965501	501(C)(3)	127,052.				VARIOUS PROJECTS
<b>(12)</b> EMPower ERIE 1001 STATE ST. SUITE 1400 ERIE, PA 16501	81-3536558	501(C)(3)	270,000.				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 ▶

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Schedule I (Form 990) (2016)



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ERIE COMMUNITY FOUNDATION

**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
(1) ENVIRONMENTERIE 301 PENINSULA DR ERIE, PA 16505	20-4439532	501(C)(3)	6,040.				VARIOUS PROJECTS
(2) ERIE ANIMAL NETWORK 5148 PEACH ST. #300 ERIE, PA 16509	45-4182348	501(C)(3)	5,719.				VARIOUS PROJECTS
(3) ERIE AREA RABBIT SOCIETY & RESCUE 2316 WEST 38TH STREET ERIE, PA 16506	46-4647610	501(C)(3)	11,454.				VARIOUS PROJECTS
(4) ERIE ART MUSEUM 411 STATE STREET ERIE, PA 16501	25-1196748	501(C)(3)	111,289.				VARIOUS PROJECTS
(5) ERIE CITY MISSION 1017 FRENCH STREET ERIE, PA 16501	25-0987217	501(C)(3)	117,878.				VARIOUS PROJECTS
(6) ERIE COUNTY DEPARTMENT OF HEALTH 606 WEST SECOND STREET ERIE, PA 16507	25-6001027	501(C)(3)	13,000.				VARIOUS PROJECTS
(7) ERIE COUNTY GAMING REVENUE AUTHORITY 5340 FRYLING ROAD, SUITE 201 ERIE, PA 16510	80-0306348		772,069.				VARIOUS PROJECTS
(8) ERIE COUNTY HISTORICAL SOCIETY AND MUSEUMS 356 W. 6TH STREET ERIE, PA 16507	25-1213025	501(C)(3)	102,363.				VARIOUS PROJECTS
(9) ERIE COUNTY TECHNICAL SCHOOL FOUNDATION 8500 OLIVER ROAD ERIE, PA 16509	23-2894500	501(C)(3)	8,882.				VARIOUS PROJECTS
(10) ERIE DAWN 2549 WEST 8TH STREET ERIE, PA 16505	25-1789708	501(C)(3)	30,564.				VARIOUS PROJECTS
(11) ERIE DAY SCHOOL 1372 WEST 6TH STREET ERIE, PA 16505	25-0990582	501(C)(3)	205,288.				VARIOUS PROJECTS
(12) ERIE HOMES FOR CHILDREN & ADULTS 226 EAST 27TH STREET ERIE, PA 16504	25-0967472	501(C)(3)	55,605.				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 ▲

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Schedule I (Form 990) (2016)

**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.  
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Employer identification number

25-6032032

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ERIE COMMUNITY FOUNDATION

**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
(1) ERIE INDEPENDENCE HOUSE, INC. 1611 PEACH ST. ERIE, PA 16501	23-7439432	501(C)(3)	38,664.				VARIOUS PROJECTS
(2) ERIE JUNIOR PHILHARMONIC 23 WEST 10TH ST. ERIE, PA 16501	25-6065898	501(C)(3)	12,641.				VARIOUS PROJECTS
(3) ERIE MUSIC TEACHERS ASSOCIATION 5912 CREST DRIVE ERIE, PA 16509	25-1354957	501(C)(3)	8,500.				VARIOUS PROJECTS
(4) ERIE PHILHARMONIC 23 WEST 10TH ST. ERIE, PA 16501	25-6065898	501(C)(3)	112,346.				VARIOUS PROJECTS
(5) ERIE PLAYHOUSE 13 WEST 10TH ST. ERIE, PA 16501	25-1069562	501(C)(3)	121,519.				VARIOUS PROJECTS
(6) ERIE REGIONAL CHAMBER & GROWTH PARTNERSHIP 208 E BAYFRONT PKWY ST 100 ERIE, PA 16507	25-1231891	501(C)(3)	6,198.				VARIOUS PROJECTS
(7) ERIE REGIONAL LIBRARY FOUNDATION 160 EAST FRONT STREET ERIE, PA 16507	25-1880191	501(C)(3)	16,552.				VARIOUS PROJECTS
(8) ERIE SCHOOL DISTRICT 148 WEST 21ST STREET ERIE, PA 16502	01-05664622	501(C)(3)	1,365,000.				VARIOUS PROJECTS
(9) ERIE YACHT CLUB FOUNDATION, INC. PO BOX 648 ERIE, PA 16512	26-4788788	501(C)(3)	8,447.				VARIOUS PROJECTS
(10) ERIE ZOOLOGICAL SOCIETY PO BOX 3268 ERIE, PA 16508	25-1114213	501(C)(3)	62,886.				VARIOUS PROJECTS
(11) EXPERIENCE CHILDREN'S MUSEUM 420 FRENCH STREET ERIE, PA 16507	25-1693861	501(C)(3)	17,618.				VARIOUS PROJECTS
(12) FAIRVIEW PRESBYTERIAN CHURCH 4264 AVONIA ROAD FAIRVIEW, PA 16415	25-1857718	501(C)(3)	35,215.				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 ▲

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Schedule I (Form 990) (2016)

**Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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OMB No. 1545-0047

2016

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ERIE COMMUNITY FOUNDATION

**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
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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
(1) FAIRVIEW SCHOOL FOUNDATION 7466 MCCRAY ROAD FAIRVIEW, PA 16415	25-1678801	501(C)(3)	13,511.				VARIOUS PROJECTS
(2) FLAGSHIP NIAGARA LEAGUE 150 EAST FRONT ST., STE. 100 ERIE, PA 16507	25-1422309	501(C)(3)	17,219.				VARIOUS PROJECTS
(3) FORT LEBOEUF FOUNDATION 34 EAST 9TH STREET WATERFORD, PA 16441	25-1777291	501(C)(3)	17,818.				VARIOUS PROJECTS
(4) GANNON UNIVERSITY 109 UNIVERSITY SQUARE ERIE, PA 16541	25-0496976	501(C)(3)	481,852.				VARIOUS PROJECTS
(5) GAUDENZIA ERIE, INC. 414 WEST 5TH STREET ERIE, PA 16507	23-3083410	501(C)(3)	21,107.				VARIOUS PROJECTS
(6) GECAC 18 WEST 9TH STREET ERIE, PA 16501	25-6068246	501(C)(3)	611,501.				VARIOUS PROJECTS
(7) GENERAL MCLANE FOUNDATION 11771 EDINBORO ROAD EDINBORO, PA 16412	20-2910382	501(C)(3)	12,845.				VARIOUS PROJECTS
(8) GIRL SCOUTS OF WESTERN PA 30 ISABELLA STREET PITTSBURGH, PA 15212	25-1126094	501(C)(3)	7,083.				VARIOUS PROJECTS
(9) GODELL GARDENS & HOWESTEAD PO BOX 156 EDINBORO, PA 16412	25-1895695	501(C)(3)	130,593.				VARIOUS PROJECTS
(10) H.A.N.D.S. 7 EAST 7TH ST. ERIE, PA 16501	25-1209938	501(C)(3)	20,993.				VARIOUS PROJECTS
(11) HAMOT HEALTH FOUNDATION 302 FRENCH ST. ERIE, PA 16507	25-1400999	501(C)(3)	94,649.				VARIOUS PROJECTS
(12) HARBORCREEK YOUTH SERVICES 5712 IROUOIS AVE HARBORCREEK, PA 16421	25-0993380	501(C)(3)	19,778.				VARIOUS PROJECTS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▲
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

**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.

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

**2016**

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Name of the organization

ERIE COMMUNITY FOUNDATION

Employer identification number

25-6032032

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

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(1) HOLY TRINITY ROMAN CATHOLIC CHURCH 2220 REED STREET ERIE, PA 16503	25-1091810	501(C)(3)	5,750.				VARIOUS PROJECTS
(2) HOSPICE OF METROPOLITAN ERIE 202 EAST 10TH STREET ERIE, PA 16503	25-1382621	501(C)(3)	15,984.				VARIOUS PROJECTS
(3) IMMANUEL LUTHERAN CHURCH 1002 POWELL AVENUE ERIE, PA 16506	25-6012473	501(C)(3)	14,406.				VARIOUS PROJECTS
(4) INNOVATION COLLABORATIVE 1001 STATE STREET, SUITE 907 ERIE, PA 16501	47-1501676	501(C)(3)	252,377.				VARIOUS PROJECTS
(5) INSPIRATION TIME INC WCTL FM 10912 PEACH STREET WATERFORD, PA 16441	25-1203214	501(C)(3)	14,144.				VARIOUS PROJECTS
(6) JEWISH COMMUNITY COUNCIL OF ERIE PO BOX 3120 ERIE, PA 16508	25-0984608	501(C)(3)	18,823.				VARIOUS PROJECTS
(7) JFK CENTER 2021 EAST 20TH STREET ERIE, PA 16510	23-7063735	501(C)(3)	10,378.				VARIOUS PROJECTS
(8) JUNIOR ACHIEVEMENT OF ERIE REGION 5101 JORDAN ROAD ERIE, PA 16563	25-0983059	501(C)(3)	22,079.				VARIOUS PROJECTS
(9) LAKE ERIE ARBORETUM AT FRONTIER 1501 WEST 6TH STREET ERIE, PA 16505	25-1899882	501(C)(3)	18,244.				VARIOUS PROJECTS
(10) LAKE ERIE BALLET/ERIE CIVIC BALLET 1020 HOLLAND STREET ERIE, PA 16501	23-7043971	501(C)(3)	35,507.				VARIOUS PROJECTS
(11) LUTHER MEMORIAL CHURCH & LEARNING CENTER 225 WEST 10TH STREET ERIE, PA 16501	25-0969415	501(C)(3)	130,353.				VARIOUS PROJECTS
(12) MAKE-A-WISH FOUNDATION 1001 STATE STREET ERIE, PA 16501	25-1464177	501(C)(3)	11,184.				VARIOUS PROJECTS

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Department of the Treasury  
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(1) MARIA HOUSE PROJECT PO BOX 10682 ERIE, PA 16514	23-7397914	501(C)(3)	50,462.				VARIOUS PROJECTS
(2) MARTIN LUTHER KING CENTER 312 CHESTNUT STREET ERIE, PA 16507	25-6085619	501(C)(3)	10,470.				VARIOUS PROJECTS
(3) MERCY CENTER FOR WOMEN 1039 EAST 27 STREET ERIE, PA 16504	25-1695659	501(C)(3)	183,797.				VARIOUS PROJECTS
(4) MERCYHURST PREPARATORY SCHOOL 538 EAST GRANDVIEW BLVD. ERIE, PA 16504	25-1143199	501(C)(3)	161,609.				VARIOUS PROJECTS
(5) MERCYHURST UNIVERSITY 501 EAST 38TH STREET ERIE, PA 16546	25-0965430	501(C)(3)	480,005.				VARIOUS PROJECTS
(6) NEIGHBORHOOD ART HOUSE 201 EAST 10TH STREET ERIE, PA 16503	25-1773391	501(C)(3)	51,320.				VARIOUS PROJECTS
(7) NEW HOPE PRESBYTERIAN CHURCH OF ERIE 5440 WASHINGTON AVENUE ERIE, PA 16509	94-3453403	501(C)(3)	11,190.				VARIOUS PROJECTS
(8) NWPA AREA HEALTH EDUCATION CENTER, INC. 8425 PEACH STREET ERIE, PA 16509-4788	25-1735863	501(C)(3)	16,500.				VARIOUS PROJECTS
(9) ORPHAN ANGELS CAT SANCTUARY AND ADOPTION CE 5439 WEST LAKE ROAD ERIE, PA 16505	27-0246645	501(C)(3)	19,180.				VARIOUS PROJECTS
(10) PARTNERSHIP FOR ERIE'S PUBLIC SCHOOLS 3848 STATE ST. ERIE, PA 16508	46-1062651	501(C)(3)	22,226.				VARIOUS PROJECTS
(11) PARTNERSHIP OF WOMEN RELIGIOUS 6101 EAST LAKE ROAD ERIE, PA 16511	51-0516590	501(C)(3)	7,843.				VARIOUS PROJECTS
(12) PENN STATE ERIE, THE BEHREND COLLEGE 201 LOGAN HOUSE ERIE, PA 16563	24-6000376	501(C)(3)	257,252.				VARIOUS PROJECTS

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Employer identification number

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(1) PRESBYTERIAN HOMES 1225 SCHOOL ROAD ERIE, PA 16505	25-0979369	501(C)(3)	46,026.				VARIOUS PROJECTS
(2) PRESERVATION ERIE 10 EAST 5TH ST- BOX 3 ERIE, PA 16507	26-2782049	501(C)(3)	16,630.				VARIOUS PROJECTS
(3) PRESQUE ISLE LIGHT STATION 301 PRESQUE ISLE DRIVE ERIE, PA 16505	46-4865726	501(C)(3)	35,359.				VARIOUS PROJECTS
(4) PRESQUE ISLE PARTNERSHIP 301 PENINSULA DR., SUITE #2 ERIE, PA 16505	25-1737521	501(C)(3)	20,094.				VARIOUS PROJECTS
(5) REGIONAL CANCER CENTER FOUNDATION 2500 WEST 12TH STREET ERIE, PA 16505	25-1631855	501(C)(3)	20,678.				VARIOUS PROJECTS
(6) ROYAL FAMILY KIDS CAMP 8150 OLIVER RD ERIE, PA 16509	23-7347838	501(C)(3)	6,250.				VARIOUS PROJECTS
(7) SAFENET 1702 FRENCH STREET ERIE, PA 16501	25-1269524	501(C)(3)	52,698.				VARIOUS PROJECTS
(8) SAINT JAMES AME CHURCH 236 EAST 11TH STREET ERIE, PA 16503	25-1790198	501(C)(3)	17,500.				VARIOUS PROJECTS
(9) SAINT MARY'S HOME OF ERIE 607 E. 26TH ST. ERIE, PA 16504	25-1073144	501(C)(3)	77,913.				VARIOUS PROJECTS
(10) SAINT VINCENT HEALTH FOUNDATION 232 WEST 25TH ST. ERIE, PA 16544	25-16669168	501(C)(3)	104,226.				VARIOUS PROJECTS
(11) SARAH A REED RETIREMENT CENTER 227 WEST 22ND STREET ERIE, PA 16502	25-1215527	501(C)(3)	16,478.				VARIOUS PROJECTS
(12) SECOND HARVEST FOOD BANK 1507 GRIMM DRIVE ERIE, PA 16501	25-1405798	501(C)(3)	80,248.				VARIOUS PROJECTS

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<b>(1)</b> SHRINERS HOSPITALS FOR CHILDREN 1645 WEST 8TH ST ERIE, PA 16505	36-2193608	501(C)(3)	257,137.				VARIOUS PROJECTS
<b>(2)</b> SISTERS OF MERCY OF THE AMERICAS 625 ABBOTT ROAD BUFFALO, NY 14220	45-05666406	501(C)(3)	180,662.				VARIOUS PROJECTS
<b>(3)</b> SISTERS OF ST. JOSEPH 5031 WEST RIDGE ROAD ERIE, PA 16506	25-0965595	501(C)(3)	105,025.				VARIOUS PROJECTS
<b>(4)</b> SISTERS OF ST. JOSEPH NEIGHBORHOOD NETWORK 425 WEST 18TH STREET ERIE, PA 16502	25-1853673	501(C)(3)	28,717.				VARIOUS PROJECTS
<b>(5)</b> SOUTH HARBORCREEK UNITED METHODIST CHURCH 7929 MCGILL RD. HARBORCREEK, PA 16421	25-1439635	501(C)(3)	23,769.				VARIOUS PROJECTS
<b>(6)</b> ST PATRICK CHURCH 130 EAST 4TH STREET ERIE, PA 16507	25-1021801	501(C)(3)	35,186.				VARIOUS PROJECTS
<b>(7)</b> ST PATRICK'S HAVEN 5031 WEST RIDGE ROAD ERIE, PA 16506	25-1712342	501(C)(3)	33,055.				VARIOUS PROJECTS
<b>(8)</b> ST. JOHN THE BAPTIST CHURCH 509 EAST 26TH STREET ERIE, PA 16504	25-1072147	501(C)(3)	57,326.				VARIOUS PROJECTS
<b>(9)</b> ST. MARTIN CENTER, INC. 1701 PARADE ST. ERIE, PA 16503	25-1211464	501(C)(3)	27,430.				VARIOUS PROJECTS
<b>(10)</b> ST. PAUL'S CLINIC FOUNDATION 1608 WALNUT STREET ERIE, PA 16502	20-2752128	501(C)(3)	56,064.				VARIOUS PROJECTS
<b>(11)</b> ST. VINCENT COLLEGE 300 FRASER PURCHASE ROAD LATROBE, PA 15650	25-0964126	501(C)(3)	10,000.				VARIOUS PROJECTS
<b>(12)</b> STAIRWAYS BEHAVIORAL HEALTH 2185 WEST 8TH ST. ERIE, PA 16505	25-1271559	501(C)(3)	15,534.				VARIOUS PROJECTS

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(1) THE GEORGIANA FOUNDATION 1250 TOWER LANE ERIE, PA 16505	46-0911678	501(C)(3)	12,516.				VARIOUS PROJECTS
(2) THE HUMANE SOCIETY OF NORTHWESTERN PENNSYLV 2407 ZIMMERLY ROAD ERIE, PA 16506	25-1010297	501(C)(3)	37,548.				VARIOUS PROJECTS
(3) THE NONPROFIT PARTNERSHIP 609 WALNUT ST. ERIE, PA 16502	20-5616727	501(C)(3)	245,447.				VARIOUS PROJECTS
(4) THE REFUGEE 1027 EAST 26TH STREET ERIE, PA 16504	25-1494750	501(C)(3)	7,980.				VARIOUS PROJECTS
(5) THE SALVATION ARMY 1022 LIBERTY ST. ERIE, PA 16502	13-5562351	501(C)(3)	32,768.				VARIOUS PROJECTS
(6) THE SIGHT CENTER OF NORTHWEST PENNSYLVANIA 2545 WEST 26TH STREET ERIE, PA 16506	25-0965454	501(C)(3)	32,474.				VARIOUS PROJECTS
(7) THE TOM RIDGE ENVIRONMENTAL CENTER FOUNDATI 301 PENINSULA DRIVE ERIE, PA 16505	20-0183785	501(C)(3)	33,379.				VARIOUS PROJECTS
(8) THE UPPER ROOM 1024 PEACH STREET ERIE, PA 16501	26-2631368	501(C)(3)	12,027.				VARIOUS PROJECTS
(9) THE YOUNG PEOPLE'S CHORUS OF ERIE 4213 STATION RD ERIE, PA 16563	24-6000376	501(C)(3)	19,034.				VARIOUS PROJECTS
(10) THERAPEUTIC RIDING OF ERIE COUNTY 8342 PLATZ ROAD FAIRVIEW, PA 16415	25-1455810	501(C)(3)	45,275.				VARIOUS PROJECTS
(11) TURNER YOUTH FOUNDATION PO BOX 255 MURDO, SC 57559	26-1680050	501(C)(3)	7,500.				VARIOUS PROJECTS
(12) UNITED WAY OF ERIE COUNTY 420 WEST 6TH ST., SUITE 200 ERIE, PA 16507	25-1053091	501(C)(3)	1,104,632.				VARIOUS PROJECTS

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(1) URBAN ERIE COMMUNITY DEVELOPMENT CORP 2046 EAST 19TH STREET ERIE, PA 16510	31-1605969	501(C)(3)	15,750.				VARIOUS PROJECTS
(2) VETERAN'S MIRACLE CENTER OF ERIE 1573 W. 39TH STREET ERIE, PA 16509	47-2295973	501(C)(3)	19,294.				VARIOUS PROJECTS
(3) VILLA MARIA ELEMENTARY 2551 WEST 8TH STREET ERIE, PA 16505	23-7011193	501(C)(3)	6,522.				VARIOUS PROJECTS
(4) VISION FOR THE POOR 300 STATE STREET ERIE, PA 16507	23-2920978	501(C)(3)	402,827.				VARIOUS PROJECTS
(5) VISITING NURSE ASSOCIATION 2253 WEST GRANDVIEW BLVD. ERIE, PA 16506	25-0969488	501(C)(3)	13,794.				VARIOUS PROJECTS
(6) WARNER THEATRE PRESERVATION TRUST 811 STATE STREET ERIE, PA 16501	25-1743074	501(C)(3)	1,392,497.				VARIOUS PROJECTS
(7) WATERFORD COMMUNITY FAIR ASSOC. PO BOX 498 WATERFORD, PA 16441	23-7319958	501(C)(3)	10,000.				VARIOUS PROJECTS
(8) WAITSBURG ERIE COUNTY FAIR PO BOX 266 WAITSBURG, PA 16442	25-1150435	501(C)(3)	7,500.				VARIOUS PROJECTS
(9) WAYSIDE PRESBYTERIAN 1208 ASBURY ROAD ERIE, PA 16505	25-6011067	501(C)(3)	6,500.				VARIOUS PROJECTS
(10) WESTERN NEW YORK SECTION PGA FOUNDATION 8265 SHERIDAN DR. WILLIAMSVILLE, NY 14221	27-2351964	501(C)(3)	22,500.				VARIOUS PROJECTS
(11) WOLN 8425 PEACH STREET ERIE, PA 16509	25-1154116	501(C)(3)	57,692.				VARIOUS PROJECTS
(12) ACHIEVEMENT CENTER 4950 WEST 23RD STREET ERIE, PA 16506	25-0965336	501(C)(3)	27,678.				VARIOUS PROJECTS

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<b>(1)</b> ALL GOD'S CHILDREN MINISTRIES PO BOX 65 WEST SPRINGFIELD, PA 16443	27-1774666	501(C)(3)	7,564.				VARIOUS PROJECTS
<b>(2)</b> ALZHEIMER'S ASSOC. OF NW PA 1600 PENINSULA DRIVE ERIE, PA 16505	25-1510692	501(C)(3)	7,917.				VARIOUS PROJECTS
<b>(3)</b> BAYFRONT EAST SIDE TASKFORCE 420 PARADE STREET ERIE, PA 16507	25-1871783	501(C)(3)	12,702.				VARIOUS PROJECTS
<b>(4)</b> BAYFRONT MARITIME CENTER 40 HOLLAND STREET ERIE, PA 16507	25-1812163	501(C)(3)	9,546.				VARIOUS PROJECTS
<b>(5)</b> BENEDICTINE SISTERS OF ERIE 6101 EAST LAKE ROAD ERIE, PA 16511	25-0965501	501(C)(3)	20,205.				VARIOUS PROJECTS
<b>(6)</b> BREVILLIER VILLAGE 5416 EAST LAKE ROAD ERIE, PA 16511	25-1311972	501(C)(3)	7,610.				VARIOUS PROJECTS
<b>(7)</b> CAMP JUDSON 398 HOLLIDAY RD NORTH SPRINGFIELD, PA 16430	25-6012340	501(C)(3)	38,037.				VARIOUS PROJECTS
<b>(8)</b> CATHEDRAL OF ST. PAUL 134 WEST 7TH STREET ERIE, PA 16501	25-0977888	501(C)(3)	38,552.				VARIOUS PROJECTS
<b>(9)</b> CATHEDRAL PREPARATORY SCHOOL 225 WEST 9TH STREET ERIE, PA 16501	27-2953927	501(C)(3)	17,109.				VARIOUS PROJECTS
<b>(10)</b> CHILDREN'S ADVOCACY CENTER 1334 WEST 38TH STREET ERIE, PA 16508	33-0995418	501(C)(3)	17,472.				VARIOUS PROJECTS
<b>(11)</b> CHURCH OF THE CROSS 5901 MILLFAIR ROAD FAIRVIEW, PA 16415	25-1676719	501(C)(3)	12,363.				VARIOUS PROJECTS
<b>(12)</b> COMMON GROUND YOUTH CENTER 5 EAST MAIN STREET NORTH EAST, PA 16428	20-4719223	501(C)(3)	7,427.				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 ▲

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

Schedule I (Form 990) (2016)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ERIE COMMUNITY FOUNDATION

**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
(1) CORY HIGH EDUCATION COUNCIL 221 NORTH CENTER ST CORRY, PA 16407	25-1659759	501(C)(3)	11,690.				VARIOUS PROJECTS
(2) CORY YMCA 906 NORTH CENTER STREET CORRY, PA 16407	25-1032621	501(C)(3)	29,462.				VARIOUS PROJECTS
(3) DOORKEEPERS CHRISTIAN OUTREACH CENTER PO BOX 94 SPRING CREEK, PA 16436	25-1315891	501(C)(3)	8,327.				VARIOUS PROJECTS
(4) EARLY CONNECTIONS, INC. 200 W. 11TH STREET ERIE, PA 16501	25-0965635	501(C)(3)	11,366.				VARIOUS PROJECTS
(5) EDINBORO AREA HISTORICAL SOCIETY PO BOX 18 EDINBORO, PA 16412	25-1827171	501(C)(3)	5,853.				VARIOUS PROJECTS
(6) ERIE ARTS & CULTURE 23 WEST 10TH STREET ERIE, PA 16501	25-6085617	501(C)(3)	15,948.				VARIOUS PROJECTS
(7) ERIE CHAMBER ORCHESTRA 109 UNIVERSITY SQUARE ERIE, PA 16541	25-0496976	501(C)(3)	5,989.				VARIOUS PROJECTS
(8) ERIE CONTEMPORARY BALLET THEATRE 8335 EDINBORO ROAD ERIE, PA 16509	86-1090862	501(C)(3)	7,244.				VARIOUS PROJECTS
(9) ERIE COUNTY DIABETES ASSOC. 1128 STATE STREET, SUITE 302 ERIE, PA 16501	25-1299059	501(C)(3)	6,437.				VARIOUS PROJECTS
(10) ERIE DRUM AND BUGLE CORPS ASSOCIATION 4509 WEST RIDGE ROAD ERIE, PA 16506	26-3519726	501(C)(3)	6,663.				VARIOUS PROJECTS
(11) ERIE UNITED METHODIST ALLIANCE 1033 EAST 26TH STREET ERIE, PA 16504	25-1494750	501(C)(3)	34,462.				VARIOUS PROJECTS
(12) FAMILY SERVICES OF NWPFA 5100 PEACH STREET ERIE, PA 16509	25-0987225	501(C)(3)	6,475.				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

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

Schedule I (Form 990) (2016)

**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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

2016

Open to Public Inspection

Employer identification number

25-6032032

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ERIE COMMUNITY FOUNDATION

**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
(1) FIRST PRESBYTERIAN CHURCH OF THE COVENANT 250 WEST 7TH STREET ERIE, PA 16501	25-0965296	501(C)(3)	17,875.				VARIOUS PROJECTS
(2) FIRST UNITED METHODIST CHURCH OF ERIE 707 SASSAFRAS STREET ERIE, PA 16501	25-1068794	501(C)(3)	13,589.				VARIOUS PROJECTS
(3) FOUNDATION FOR FREE ENTERPRISE EDUCATION 3076 WEST 12TH STREET ERIE, PA 16505	25-1394365	501(C)(3)	348,095.				VARIOUS PROJECTS
(4) FOUNDATION FOR SUSTAINABLE FOREST 22418 FIRTH ROAD SPARTANSBURG, PA 16434	30-0276631	501(C)(3)	8,678.				VARIOUS PROJECTS
(5) FRENCH CREEK VALLEY CONSERVANCY PO BOX 434 MEADVILLE, PA 16335	25-1459333	501(C)(3)	17,746.				VARIOUS PROJECTS
(6) FRIENDS OF ERIE COUNTY LIBRARY 160 EAST FRONT STREET ERIE, PA 16507	25-1355213	501(C)(3)	5,553.				VARIOUS PROJECTS
(7) GREATER ERIE AREA HABITAT FOR HUMANITY 413 EAST 9TH STREET ERIE, PA 16503	25-1606631	501(C)(3)	19,359.				VARIOUS PROJECTS
(8) HARVARD LAW SCHOOL 1563 MASSACHUSETTS AVE CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	13,500.				VARIOUS PROJECTS
(9) HOLY FAMILY SCHOOL 1134 E. 12TH STREET ERIE, PA 16503	25-1038792	501(C)(3)	12,739.				VARIOUS PROJECTS
(10) L'ARCHE ERIE 3745 WEST 12TH STREET ERIE, PA 16505	23-7322321	501(C)(3)	13,810.				VARIOUS PROJECTS
(11) LECOM 1858 WEST GRANDVIEW BLVD ERIE, PA 16509	25-1698677	501(C)(3)	42,053.				VARIOUS PROJECTS
(12) LINKED BY PINK PO BOX 8177 ERIE, PA 16505	80-0230207	501(C)(3)	8,038.				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 ▲

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

Schedule I (Form 990) (2016)

**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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ERIE COMMUNITY FOUNDATION

**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
(1) MCCORD MEMORIAL LIBRARY 32 WEST MAIN STREET NORTH EAST, PA 16428	25-1021791	501(C)(3)	5,523.				VARIOUS PROJECTS
(2) MERCY HILLTOP CENTER 444 E. GRANDVIEW BLVD ERIE, PA 16504	25-1248329	501(C)(3)	5,992.				VARIOUS PROJECTS
(3) MILLCREEK YOUTH ATHLETIC ASSOC. 2614 COLONIAL AVE ERIE, PA 16506	25-1631924	501(C)(3)	5,157.				VARIOUS PROJECTS
(4) MULTICULTURAL COMMUNITY RESOURCE CENTER 554 E. 10TH STREET ERIE, PA 16503	25-1271293	501(C)(3)	9,577.				VARIOUS PROJECTS
(5) NAMI OF PA, ERIE COUNTY AFFILIATE 1611 PEACH ST., SUITE 105 ERIE, PA 16501	25-1630714	501(C)(3)	6,440.				VARIOUS PROJECTS
(6) NATIONAL MULTIPLE SCLEROSIS SOCIETY 2115 W. 8TH STREET ERIE, PA 16505	16-0812067	501(C)(3)	8,625.				VARIOUS PROJECTS
(7) NEW BLOSSOMS, NEW LIFE FOUNDATION 12251 EUREKA ROAD FAIRVIEW, PA 16412	26-0402498	501(C)(3)	12,574.				VARIOUS PROJECTS
(8) OUR LADY OF PEACE PARISH & SCHOOL 2401 WEST 38TH ST ERIE, PA 16506	25-6367301	501(C)(3)	14,425.				VARIOUS PROJECTS
(9) OUR LADY'S CHRISTIAN SCHOOL 606 LOWELL AVE ERIE, PA 16505	25-1087395	501(C)(3)	9,581.				VARIOUS PROJECTS
(10) PARK UNITED METHODIST CHURCH 30 N. LAKE STREET NORTH EAST, PA 16428	25-6057238	501(C)(3)	97,884.				VARIOUS PROJECTS
(11) SARAH REED CHILDREN'S CENTER 2445 WEST 34TH STREET ERIE, PA 16506	25-0965486	501(C)(3)	5,861.				VARIOUS PROJECTS
(12) SPRINGHILL SENIOR LIVING COMMUNITY 2323 EDINBORO ROAD ERIE, PA 16509	25-1577728	501(C)(3)	86,183.				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 ▲

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

Schedule I (Form 990) (2016)

**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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Employer identification number

25-6032032

**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.

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Name of the organization

ERIE COMMUNITY FOUNDATION

Employer identification number

25-6032032

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

- 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
- 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
(1) ST. GEORGE SCHOOL 1612 BRYANT STREET ERIE, PA 16509	25-1119560	501(C)(3)	9,253.				VARIOUS PROJECTS
(2) ST. JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST. JUDE PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	16,064.				VARIOUS PROJECTS
(3) ST. JUDE CHURCH 2801 W. 6TH STREET ERIE, PA 16505	25-1254102	501(C)(3)	8,143.				VARIOUS PROJECTS
(4) ST. LUKE SCHOOL 425 EAST 38TH STREET ERIE, PA 16504	25-1044104	501(C)(3)	23,724.				VARIOUS PROJECTS
(5) ST. MARK'S EPISCOPAL CHURCH 4701 OLD FRENCH ROAD ERIE, PA 16509	25-1536954	501(C)(3)	38,985.				VARIOUS PROJECTS
(6) ST. MATTHEW'S LUTHERAN CHURCH 950 WEST 7TH STREET ERIE, PA 16502	25-1240530	501(C)(3)	6,340.				VARIOUS PROJECTS
(7) ST. PAUL'S UNITED CHURCH OF CHRIST 1024 PEACH STREET ERIE, PA 16501	25-6002859	501(C)(3)	10,879.				VARIOUS PROJECTS
(8) ST. PETER CATHEDRAL 230 WEST 10TH STREET ERIE, PA 16501	25-0965537	501(C)(3)	16,312.				VARIOUS PROJECTS
(9) ST. STEPHEN EPISCOPAL CHURCH 1070 WEST DUTCH ROAD FAIRVIEW, PA 16415	25-1195394	501(C)(3)	22,266.				VARIOUS PROJECTS
(10) STRINGSFORACURE PO BOX 9823 ERIE, PA 16505	27-3013390	501(C)(3)	6,156.				VARIOUS PROJECTS
(11) TAMARACK WILDLIFE REHABILITATION AND EDUCAT 21601 STULL ROAD SAEGERTOWN, PA 16433	25-1612626	501(C)(3)	18,882.				VARIOUS PROJECTS
(12) UNITARIAN UNIVERSALIST CONGREGATION OF ERIE PO BOX 3495 ERIE, PA 16508	25-1285972	501(C)(3)	14,269.				VARIOUS PROJECTS

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

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Schedule I (Form 990) (2016)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ERIE COMMUNITY FOUNDATION

**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
(1) UPMC HAMOT 201 STATE STREET ERIE, PA 16550	25-0965387	501(C)(3)	12,780.				VARIOUS PROJECTS
(2) VILLA MARIA ACADEMY 2403 W. 8TH STREET ERIE, PA 16505	25-1007953	501(C)(3)	11,760.				VARIOUS PROJECTS
(3) WESLEY UNITED METHODIST CHURCH 3308 SOUTH STREET ERIE, PA 16510	25-1041259	501(C)(3)	14,698.				VARIOUS PROJECTS
(4) WLD RANCH 7351 WOOLSEY ROAD GIRARD, PA 16417	25-1185580	501(C)(3)	9,448.				VARIOUS PROJECTS
(5) WOMAN'S CLUB OF ERIE 259 WEST 6TH STREET ERIE, PA 16507	25-0889300	501(C)(3)	5,399.				VARIOUS PROJECTS
(6) WOMEN'S CARE CENTER 4402 PEACH ST., SUITE 101 ERIE, PA 16509	25-1433389	501(C)(3)	55,565.				VARIOUS PROJECTS
(7) YMCA 31 WEST 10TH STREET ERIE, PA 16501	25-0965621	501(C)(3)	52,544.				VARIOUS PROJECTS
(8) YOUNG ARTISTS DEBUT ORCHESTRA 538 MONTMARC DRIVE ERIE, PA 16504	57-1165652	501(C)(3)	10,229.				VARIOUS PROJECTS
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 211.
- 3 Enter total number of other organizations listed in the line 1 table 1.

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

Schedule I (Form 990) (2016)

**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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

2016

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Employer identification number

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**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 non-cash assistance
1	SCHOLARSHIPS	418.	557,880.			
2						
3						
4						
5						
6						
7						

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

FORM 990, SCHEDULE I, PART I AND II:

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 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



**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 non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

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

**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 non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

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 PROVIDED TO THE GRANTEE. ADDITIONALLY, THE PROGRAM OFFICER WILL MAKE BOTH SCHEDULED AND PERIODIC UNANNOUNCED SITE VISITS TO ASSESS THE VIABILITY AND EFFECTIVENESS OF THE GRANTEE'S PROGRAM.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ERIE COMMUNITY FOUNDATION

**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.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

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Inspection**

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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 filing 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
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2016

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	MICHAEL BATCHELOR	210,000.	25,000.	16,252.	25,850.	22,300.	299,402.	0.
1	PRESIDENT (SEE SCH O)	0.	0.	0.	0.	0.	0.	0.
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

**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.

FORM 990, SCHEDULE J, 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.

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

MICHAEL BATCHELOR DEFERRED COMPENSATION: MICHAEL BATCHELOR'S BASE COMPENSATION IS \$210,000.

FORM 990, SCHEDULE J, PART II, COLUMN C:

MICHAEL BATCHELOR DEFERRED COMPENSATION: THE FOUNDATION MATCHED/CONTRIBUTED \$16,450 TO THE 401K PLAN AND \$9,400 TO THE DEFERRED COMPENSATION PLAN.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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	35 .	2,234,665 .	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**

	Yes	No
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? . . . . .		X
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? . . . . .		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
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.		

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

Schedule M (Form 990) (2016)

JSA

6E1298 1.000

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**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.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

ERIE COMMUNITY FOUNDATION

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Employer identification number

25-6032032

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

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, EMPLOYER 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 PREVIOUSLY BEEN REPORTED.

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



Name of the organization ERIE COMMUNITY FOUNDATION	Employer identification number 25-6032032
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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.

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, CHANGE IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTERESTS: (\$78,871)

FORM 990, PART XII, LINE 2C:

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990, PART VII, SECTION A, LINE 1, COLUMN D:

MICHAEL BATCHELOR'S BASE COMPENSATION INCLUDED IN COLUMN D IS \$210,000.

Name of the organization ERIE COMMUNITY FOUNDATION	Employer identification number 25-6032032
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ATTACHMENT 1

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

CAYMAN ISLANDS

BERMUDA

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
E. E. AUSTIN & SON, INC 1919 REED ST ERIE, PA 16503	RENOVATIONS	1,051,557.
CAMBRIDGE ASSOCIATES, LLC PO BOX 83232 CHICAGO, IL 60691	INVSTMNT CONSULTING	191,410.
PNC BANK 901 STATE ST ERIE, PA 16501	CUSTODIAL FEES	140,223.
WEBER MURPHY FOX 3230 W LAKE RD ERIE, PA 16505	ARCHITECTURE & DESIG	139,867.

ATTACHMENT 3

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>(A) TOTAL REVENUE</u>	<u>(B) RELATED OR EXEMPT REVENUE</u>	<u>(C) UNRELATED BUSINESS REV.</u>	<u>(D) EXCLUDED REVENUE</u>
DIVIDENDS & INTEREST	3,149,730.		-47,829.	3,197,559.
TOTALS	<u>3,149,730.</u>		<u>-47,829.</u>	<u>3,197,559.</u>

ATTACHMENT 4

Name of the organization

Employer identification number

ERIE COMMUNITY FOUNDATION

25-6032032

ATTACHMENT 4 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
INVESTMENTS	124,693,008.
TOTALS	<u>124,693,008.</u>

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

ERIE COMMUNITY FOUNDATION

Employer identification number

25-6032032

Open to Public  
Inspection

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	CORRY COMMUNITY FOUNDATION 459 WEST 6TH STREET ERIE, PA 16507 25-1850006	COMMUNITY	PA	501(C)3	7	ECF		X
(2)	NORTH EAST COMMUNITY FOUNDATION 459 WEST 6TH STREET ERIE, PA 16507 25-1650208	COMMUNITY	PA	501(C)3	7	ECF		X
(3)	UNION CITY COMMUNITY FOUNDATION 459 WEST 6TH STREET ERIE, PA 16507 25-1672243	COMMUNITY	PA	501(C)3	11.C	ECF		X
(4)	NON PROFIT PARTNERSHIP 459 WEST 6TH STREET ERIE, PA 16507 20-5616727	MANAGEMENT	PA	501(C)3	7	N/A		X
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2016

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

**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	Yes	No
(1)	NONPROFIT PARTNERSHIP	B	245,447.	CASH		X
(2)						
(3)						
(4)						
(5)						
(6)						

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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**Part VII** **Supplemental Information**

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

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Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2016

For calendar year 2016 or other tax year beginning , 2016, and ending , 20 .

Department of the Treasury Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A Check box if address changed

Name of organization ( Check box if name changed and see instructions.)

D Employer identification number (Employees' trust, see instructions.)

B Exempt under section 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)

Print or Type

ERIE COMMUNITY FOUNDATION

Number, street, and room or suite no. If a P.O. box, see instructions.

25-6032032

459 WEST 6TH STREET

City or town, state or province, country, and ZIP or foreign postal code

E Unrelated business activity codes (See instructions.)

ERIE, PA 16507

525990

C Book value of all assets at end of year

F Group exemption number (See instructions.)

201,418,849.

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. INCOME FROM PARTNERSHIP INVESTMENTS

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of BARBARA F SAMBROAK CPA Telephone number 814-454-0843

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, Gross profit, Capital gain net income, Net gain (loss), Income (loss) from partnerships and S corporations, Rent income, Unrelated debt-financed income, Interest, annuities, royalties, and rents from controlled organizations, Investment income of a section 501(c)(7), (9), or (17) organization, Exploited exempt activity income, Advertising income, Other income, Total. Combine lines 3 through 12.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, Bad debts, Interest (attach schedule), Taxes and licenses, Charitable contributions, Depreciation, Less depreciation claimed on Schedule A and elsewhere on return, Depletion, Contributions to deferred compensation plans, Employee benefit programs, Excess exempt expenses (Schedule I), Excess readership costs (Schedule J), Other deductions, Total deductions. Add lines 14 through 28, Unrelated business taxable income before net operating loss deduction, Net operating loss deduction, Unrelated business taxable income before specific deduction, Specific deduction, Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.

For Paperwork Reduction Act Notice, see instructions.

Part III Tax Computation

Table with 40 rows for tax computation. Includes sections for Organizations Taxable as Corporations, Trusts Taxable at Trust Rates, Proxy tax, Alternative minimum tax, Tax on Non-Compliant Facility Income, and Total.

Part IV Tax and Payments

Table with 10 rows for tax and payments. Includes sections for Foreign tax credit, Other credits, General business credit, Credit for prior year minimum tax, Total credits, Subtract line 41e from line 40, Other taxes, Total tax, Payments (A 2015 overpayment credited to 2016, 2016 estimated tax payments, Tax deposited with Form 8868, Foreign organizations, Backup withholding, Credit for small employer health insurance premiums, Other credits and payments), Total payments, Estimated tax penalty, Tax due, Overpayment, and Enter the amount of line 49 you want.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 rows for statements regarding certain activities. Includes questions about foreign interest, foreign distributions, and tax-exempt interest.

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature and Preparer Use Only section. Includes fields for officer signature (BARBARA F SAMBROAK), date (10/31/2016), title (VP OF FINANCE), preparer name (VINCENT HALUPCZYNSKI), firm name (BKD, LLP), firm address (2402 W. 8TH STREET, ERIE, PA 16505), and PTIN (P00347533).

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ►

<b>1</b> Inventory at beginning of year . . . . .	<b>1</b>		<b>6</b> Inventory at end of year . . . . .	<b>6</b>	
<b>2</b> Purchases . . . . .	<b>2</b>		<b>7</b> <b>Cost of goods sold.</b> Subtract line		
<b>3</b> Cost of labor . . . . .	<b>3</b>		6 from line 5. Enter here and in		
<b>4a</b> Additional section 263A costs			Part I, line 2 . . . . .	<b>7</b>	
(attach schedule) . . . . .	<b>4a</b>				
<b>b</b> Other costs (attach schedule) . . . . .	<b>4b</b>		<b>8</b> Do the rules of section 263A (with respect to		<b>Yes</b> <b>No</b>
<b>5</b> <b>Total.</b> Add lines 1 through 4b . . . . .	<b>5</b>		property produced or acquired for resale) apply		
			to the organization? . . . . .		X

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**  
(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ►

**(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ►

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> . . . . . ►			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Total dividends-received deductions</b> included in column 8 . . . . . ►				

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5.

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10.

Totals

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected (attach schedule), 4. Set-asides (attach schedule), 5. Total deductions and set-asides (col. 3 plus col. 4).

Totals

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 columns: 1. Description of exploited activity, 2. Gross unrelated business income from trade or business, 3. Expenses directly connected with production of unrelated business income, 4. Net income (loss) from unrelated trade or business, 5. Gross income from activity that is not unrelated business income, 6. Expenses attributable to column 5, 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).

Totals

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss) (col. 2 minus col. 3), 5. Circulation income, 6. Readership costs, 7. Excess readership costs (column 6 minus column 5, but not more than column 4).

Totals (carry to Part II, line (5))

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I.</b> . . . . . ▶						
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
<b>Totals, Part II (lines 1-5)</b> . . . . . ▶						

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 . . . . . ▶			

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

METROPOLITAN REAL ESTATE PARTNERS VIII LP	-29,725.
SIGULER GUFF DISTRESSED OPP FUND III LP	62.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS IX	-12,634.
NORTHGATE IV LP	7,038.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS X LP	-4,189.
ABRY'S PARTNERS VIII LP	-72,191.
INCOME (LOSS) FROM PARTNERSHIPS	<u>-111,639.</u>

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
▶ Information about Schedule D (Form 1120) and its separate instructions is at [www.irs.gov/form1120](http://www.irs.gov/form1120).

OMB No. 1545-0123

**2016**

Name **ERIE COMMUNITY FOUNDATION** Employer identification number **25-6032032**

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .	2,908.			2,908.
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) . . . . .			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h . . . . .			<b>7</b>	2,908.

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . . .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .	17,921.			17,921.
<b>11</b> Enter gain from Form 4797, line 7 or 9 . . . . .			<b>11</b>	42,981.
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .			<b>13</b>	
<b>14</b> Capital gain distributions (see instructions) . . . . .			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h . . . . .			<b>15</b>	60,902.

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) . . . . .	<b>16</b>	2,908.
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) . . . . .	<b>17</b>	60,902.
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. If the corporation has qualified timber gain, also complete Part IV . . . . .	<b>18</b>	63,810.

**Note:** If losses exceed gains, see **Capital losses** in the instructions.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2016

Department of the Treasury  
Internal Revenue Service

► Information about Form 8949 and its separate instructions is at [www.irs.gov/form8949](http://www.irs.gov/form8949).  
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment  
Sequence No. **12A**

Name(s) shown on return <b>ERIE COMMUNITY FOUNDATION</b>	Social security number or taxpayer identification number <b>25-6032032</b>
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Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ST CAPITAL GAIN	VARIOUS	VARIOUS	2,908.				2,908.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ►				2,908.				2,908.

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**For Paperwork Reduction Act Notice, see your tax return instructions.** Form **8949** (2016)



Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

**Social security number or taxpayer identification number**

ERIE COMMUNITY FOUNDATION

25-6032032

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	LT CAPITAL GAIN	VARIOUS	VARIOUS	17,921.				17,921.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked)▶				17,921.				17,921.

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))

Department of the Treasury  
Internal Revenue Service

▶ Attach to your tax return.

▶ Information about Form 4797 and its separate instructions is at [www.irs.gov/form4797](http://www.irs.gov/form4797).

Attachment  
Sequence No. **27**

Name(s) shown on return

ERIE COMMUNITY FOUNDATION

Identifying number

25-6032032

1 Enter the gross proceeds from sales or exchanges reported to you for 2016 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions . . . . .

1

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year** (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	ATTACHMENT 1						42,981.

3 Gain, if any, from Form 4684, line 39 . . . . . **3**

4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 . . . . . **4**

5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 . . . . . **5**

6 Gain, if any, from line 32, from other than casualty or theft . . . . . **6**

7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: . . . . . **7** 42,981.

**Partnerships (except electing large partnerships) and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years. See instructions . . . . . **8**

9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions . . . . . **9**

**Part II Ordinary Gains and Losses** (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	12	13	14	15	16	17

11 Loss, if any, from line 7 . . . . . **11** ( )

12 Gain, if any, from line 7 or amount from line 8, if applicable. . . . . **12**

13 Gain, if any, from line 31 . . . . . **13**

14 Net gain or (loss) from Form 4684, lines 31 and 38a . . . . . **14**

15 Ordinary gain from installment sales from Form 6252, line 25 or 36 . . . . . **15**

16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 . . . . . **16**

17 Combine lines 10 through 16. . . . . **17**

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:

**a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions . . . . . **18a**

**b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14 **18b**

For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

Table with columns for (a) Description of section 1245, 1250, 1252, 1254, or 1255 property; (b) Date acquired; (c) Date sold. Includes sub-rows for Property A, B, C, D and lines 20-29b.

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

Summary table with lines 30-32 for total gains, adjustments, and net gains.

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

Table with columns for (a) Section 179 and (b) Section 280F(b)(2), including lines 33-35 for recapture amounts.



Return of U.S. Persons With Respect to Certain Foreign Partnerships

2016

Attachment Sequence No. 118

Department of the Treasury Internal Revenue Service

Information about Form 8865 and its separate instructions is at www.irs.gov/form8865. Information furnished for the foreign partnership's tax year beginning 01/01/2016, and ending 12/31/2016

Name of person filing this return: ERIE COMMUNITY FOUNDATION; Filer's identifying number: 25-6032032

Filer's address (if you are not filing this form with your tax return); A Category of filer (see Categories of Filers in the instructions and check applicable box(es)); B Filer's tax year beginning 01/01/2016, and ending 12/31/2016

C Filer's share of liabilities: Nonrecourse \$, Qualified nonrecourse financing \$, Other \$

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent: Name, EIN, Address

E Check if any excepted specified foreign financial assets are reported on this form (see instructions)

F Information about certain other partners (see instructions)

Table with 4 columns: (1) Name, (2) Address, (3) Identifying number, (4) Check applicable box(es) (Category 1, Category 2, Constructive owner)

G1 Name and address of foreign partnership: ABRY ADVANCED SECURITIES FUND III, L.P., 888 BOYLSTON STREET, SUITE 1600, BOSTON, MA 02199; 2(a) EIN (if any): 98-1149775; 2(b) Reference ID number (see instr.); 3 Country under whose laws organized: CJ

4 Date of organization: 04/30/2014; 5 Principal place of business: CJ; 6 Principal business activity code number: 523900; 7 Principal business activity: INVESTMENTS; 8a Functional currency: U.S. DOLLAR; 8b Exchange rate (see instr.)

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identifying number of agent (if any) in the United States; 2 Check if the foreign partnership must file: Form 1042, Form 8804, Form 1065 or 1065-B (checked)

3 Name and address of foreign partnership's agent in country of organization, if any: N/A; 4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different: ABRY ASF INVESTORS III, LP

5 Were any special allocations made by the foreign partnership? (checked) Yes

6 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, attached to this return (see instructions)

7 How is this partnership classified under the law of the country in which it is organized? LIMITED PARTNERSHIP

8a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that is a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? (checked) No

b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss as defined in Reg. 1.1503(d)-1(b)(5)(ii)? (checked) No

9 Does this partnership meet both of the following requirements? (checked) No

Sign Here Only If You Are Filing This Form Separately and Not With Your Tax Return. 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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member; Date

Paid Preparer Use Only: Print/Type preparer's name: VINCENT HALUPCZYNSKI; Preparer's signature; Date; Check self-employed if PTIN: P00347533; Firm's name: BKD, LLP; Firm's EIN: 44-0160260; Firm's address: 2402 W. 8TH STREET, ERIE, PA 16505; Phone no.: 814.454.4008

**Schedule A Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identifying number (if any) of the person(s) whose interest you constructively own. See instructions.

a  Owns a direct interest

b  Owns a constructive interest

Name	Address	Identifying number (if any)	Check if foreign person	Check if direct partner

**Schedule A-1 Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identifying number (if any)	Check if foreign person

Does the partnership have any other foreign person as a direct partner?  Yes  No

**Schedule A-2 Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

**Schedule B Income Statement - Trade or Business Income**

Caution: Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1 a Gross receipts or sales	1 a		
	b Less returns and allowances	1 b		1 c
	2 Cost of goods sold			2
	3 Gross profit. Subtract line 2 from line 1c			3
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement) *			4
	5 Net farm profit (loss) (attach Schedule F (Form 1040))			5
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			6
	7 Other income (loss) (attach statement)			7
8 Total income (loss). Combine lines 3 through 7			8	
Deductions (see instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)			9
	10 Guaranteed payments to partners			10
	11 Repairs and maintenance			11
	12 Bad debts			12
	13 Rent			13
	14 Taxes and licenses			14
	15 Interest			15
	16 a Depreciation (if required, attach Form 4562)	16 a		
	b Less depreciation reported elsewhere on return	16 b		16 c
	17 Depletion (Do not deduct oil and gas depletion.)			17
	18 Retirement plans, etc.			18
	19 Employee benefit programs			19
	20 Other deductions (attach statement)			20
	21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20			21
	22 Ordinary business income (loss) from trade or business activities. Subtract line 21 from line 8			22

<b>Schedule K Partners' Distributive Share Items</b>		<b>Total amount</b>
<b>Income (Loss)</b>	<b>1</b> Ordinary business income (loss) (page 2, line 22) . . . . .	<b>1</b>
	<b>2</b> Net rental real estate income (loss) (attach Form 8825) . . . . .	<b>2</b>
	<b>3a</b> Other gross rental income (loss) . . . . . <b>3a</b>	
	<b>b</b> Expenses from other rental activities (attach statement) <b>3b</b>	
	<b>c</b> Other net rental income (loss). Subtract line 3b from line 3a . . . . .	<b>3c</b>
	<b>4</b> Guaranteed payments . . . . .	<b>4</b>
	<b>5</b> Interest income . . . . .	<b>5</b>
	<b>6</b> Dividends: <b>a</b> Ordinary dividends . . . . .	<b>6a</b>
	<b>b</b> Qualified dividends . . . . . <b>6b</b>	
	<b>7</b> Royalties . . . . .	<b>7</b>
	<b>8</b> Net short-term capital gain (loss) (attach Schedule D (Form 1065)) . . . . .	<b>8</b>
<b>9a</b> Net long-term capital gain (loss) (attach Schedule D (Form 1065)) . . . . .	<b>9a</b>	
	<b>b</b> Collectibles (28%) gain (loss) . . . . . <b>9b</b>	
	<b>c</b> Unrecaptured section 1250 gain (attach statement) . . . . . <b>9c</b>	
<b>10</b> Net section 1231 gain (loss) (attach Form 4797) . . . . .	<b>10</b>	
<b>11</b> Other income (loss) (see instructions) Type ▶	<b>11</b>	
<b>Deductions</b>	<b>12</b> Section 179 deduction (attach Form 4562) . . . . .	<b>12</b>
	<b>13a</b> Contributions . . . . .	<b>13a</b>
	<b>b</b> Investment interest expense . . . . .	<b>13b</b>
	<b>c</b> Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	<b>13c(2)</b>
<b>d</b> Other deductions (see instructions) Type ▶	<b>13d</b>	
<b>Self-Employment</b>	<b>14a</b> Net earnings (loss) from self-employment . . . . .	<b>14a</b>
	<b>b</b> Gross farming or fishing income . . . . .	<b>14b</b>
	<b>c</b> Gross nonfarm income . . . . .	<b>14c</b>
<b>Credits</b>	<b>15a</b> Low-income housing credit (section 42(j)(5)) . . . . .	<b>15a</b>
	<b>b</b> Low-income housing credit (other) . . . . .	<b>15b</b>
	<b>c</b> Qualified rehabilitation expenditures (rental real estate) (attach Form 3468) . . . . .	<b>15c</b>
	<b>d</b> Other rental real estate credits (see instructions) Type ▶	<b>15d</b>
	<b>e</b> Other rental credits (see instructions) Type ▶	<b>15e</b>
	<b>f</b> Other credits (see instructions) Type ▶	<b>15f</b>
<b>Foreign Transactions</b>	<b>16a</b> Name of country or U.S. possession ▶	
	<b>b</b> Gross income from all sources . . . . .	<b>16b</b>
	<b>c</b> Gross income sourced at partner level . . . . .	<b>16c</b>
	Foreign gross income sourced at partnership level	
	<b>d</b> Passive category ▶ <b>e</b> General category ▶ <b>f</b> Other (attach statement) ▶	<b>16f</b>
	Deductions allocated and apportioned at partner level	
	<b>g</b> Interest expense ▶ <b>h</b> Other . . . . . ▶	<b>16h</b>
	Deductions allocated and apportioned at partnership level to foreign source income	
	<b>i</b> Passive category ▶ <b>j</b> General category ▶ <b>k</b> Other (attach statement) ▶	<b>16k</b>
	<b>l</b> Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	<b>16l</b>
<b>m</b> Reduction in taxes available for credit (attach statement) . . . . .	<b>16m</b>	
<b>n</b> Other foreign tax information (attach statement)		
<b>Alternative Minimum Tax (AMT) Items</b>	<b>17a</b> Post-1986 depreciation adjustment . . . . .	<b>17a</b>
	<b>b</b> Adjusted gain or loss . . . . .	<b>17b</b>
	<b>c</b> Depletion (other than oil and gas) . . . . .	<b>17c</b>
	<b>d</b> Oil, gas, and geothermal properties - gross income . . . . .	<b>17d</b>
	<b>e</b> Oil, gas, and geothermal properties - deductions . . . . .	<b>17e</b>
	<b>f</b> Other AMT items (attach statement) . . . . .	<b>17f</b>
<b>Other Information</b>	<b>18a</b> Tax-exempt interest income . . . . .	<b>18a</b>
	<b>b</b> Other tax-exempt income . . . . .	<b>18b</b>
	<b>c</b> Nondeductible expenses . . . . .	<b>18c</b>
	<b>19a</b> Distributions of cash and marketable securities . . . . .	<b>19a</b>
	<b>b</b> Distributions of other property . . . . .	<b>19b</b>
	<b>20a</b> Investment income . . . . .	<b>20a</b>
<b>b</b> Investment expenses . . . . .	<b>20b</b>	
<b>c</b> Other items and amounts (attach statement)		

**Schedule L Balance Sheets per Books.** (Not required if Item H9, page 1, is answered "Yes.")

	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
<b>1</b> Cash . . . . .				
<b>2a</b> Trade notes and accounts receivable . . . . .				
<b>b</b> Less allowance for bad debts . . . . .				
<b>3</b> Inventories . . . . .				
<b>4</b> U.S. government obligations . . . . .				
<b>5</b> Tax-exempt securities . . . . .				
<b>6</b> Other current assets (attach statement)				
<b>7a</b> Loans to partners (or persons related to partners) . . . . .				
<b>b</b> Mortgage and real estate loans . . . . .				
<b>8</b> Other investments (attach statement)				
<b>9a</b> Buildings and other depreciable assets				
<b>b</b> Less accumulated depreciation . . . . .				
<b>10a</b> Depletable assets . . . . .				
<b>b</b> Less accumulated depletion . . . . .				
<b>11</b> Land (net of any amortization) . . . . .				
<b>12a</b> Intangible assets (amortizable only) . . . . .				
<b>b</b> Less accumulated amortization . . . . .				
<b>13</b> Other assets (attach statement) . . . . .				
<b>14 Total assets</b> . . . . .				
<b>Liabilities and Capital</b>				
<b>15</b> Accounts payable . . . . .				
<b>16</b> Mortgages, notes, bonds payable in less than 1 year				
<b>17</b> Other current liabilities (attach statement)				
<b>18</b> All nonrecourse loans . . . . .				
<b>19a</b> Loans from partners (or persons related to partners)				
<b>b</b> Mortgages, notes, bonds payable in 1 year or more				
<b>20</b> Other liabilities (attach statement) . . . . .				
<b>21</b> Partners' capital accounts . . . . .				
<b>22 Total liabilities and capital</b> . . . . .				



**Schedule M Balance Sheets for Interest Allocation**

	(a) Beginning of tax year	(b) End of tax year
<b>1</b> Total U.S. assets . . . . .		
<b>2</b> Total foreign assets:		
<b>a</b> Passive category . . . . .		
<b>b</b> General category . . . . .		
<b>c</b> Other (attach statement) . . . . .		

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return.** (Not required if Item H9, page 1, is answered "Yes.")

<b>1</b> Net income (loss) per books . . . . .		<b>6</b> Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
<b>2</b> Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11 not recorded on books this year (itemize): _____		<b>a</b> Tax-exempt interest \$ _____	
<b>3</b> Guaranteed payments (other than health insurance) . . . . .		<b>7</b> Deductions included on Schedule K, lines 1 through 13d, and 16l not charged against book income this year (itemize): . . . . .	
<b>4</b> Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize):		<b>a</b> Depreciation \$ _____	
<b>a</b> Depreciation \$ _____			
<b>b</b> Travel and entertainment \$ _____		<b>8</b> Add lines 6 and 7. . . . .	
<b>5</b> Add lines 1 through 4. . . . .		<b>9</b> Income (loss). Subtract line 8 from line 5 . . . . .	

**Schedule M-2 Analysis of Partners' Capital Accounts.** (Not required if Item H9, page 1, is answered "Yes.")

<b>1</b> Balance at beginning of year		<b>6</b> Distributions: <b>a</b> Cash . . . . .	
<b>2</b> Capital contributed:		<b>b</b> Property. . . . .	
<b>a</b> Cash . . . . .		<b>7</b> Other decreases (itemize): _____	
<b>b</b> Property . . . . .			
<b>3</b> Net income (loss) per books . . . . .			
<b>4</b> Other increases (itemize): _____		<b>8</b> Add lines 6 and 7. . . . .	
		<b>9</b> Balance at end of year. Subtract line 8 from line 5 . . . . .	
<b>5</b> Add lines 1 through 4. . . . .			

**Schedule N Transactions Between Controlled Foreign Partnership and Partners or Other Related Entities**

**Important:** Complete a separate Form 8865 and Schedule N for each controlled foreign partnership. Enter the totals for each type of transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).

Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1 Sales of inventory . . . . .				
2 Sales of property rights (patents, trademarks, etc.)				
3 Compensation received for technical, managerial, engineering, construction, or like services . . . . .				
4 Commissions received . . . . .				
5 Rents, royalties, and license fees received . . . . .				
6 Distributions received . . . . .				
7 Interest received . . . . .				
8 Other . . . . .				
9 Add lines 1 through 8 . . . . .				
10 Purchases of inventory . . . . .				
11 Purchases of tangible property other than inventory				
12 Purchases of property rights (patents, trademarks, etc.) . . . . .				
13 Compensation paid for technical, managerial, engineering, construction, or like services . . . . .				
14 Commissions paid . . . . .				
15 Rents, royalties, and license fees paid . . . . .				
16 Distributions paid . . . . .				
17 Interest paid . . . . .				
18 Other . . . . .				
19 Add lines 10 through 18 . . . . .				
20 Amounts borrowed (enter the maximum loan balance during the year). See instructions. . . . .				
21 Amounts loaned (enter the maximum loan balance during the year). See instructions. . . . .				

**SCHEDULE O**  
**(Form 8865)**

**Transfer of Property to a Foreign Partnership**  
**(under section 6038B)**

OMB No. 1545-1668

**2016**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 8865. See Instructions for Form 8865.  
▶ Information about Schedule O (Form 8865) and its separate instructions is at [www.irs.gov/form8865](http://www.irs.gov/form8865).

Name of transferor ABRY ADVANCED SECURITIES FUND III, L.P.		Filer's identifying number 25-6032032
Name of foreign partnership ABRY ADVANCED SECURITIES FUND III, L.P.	EIN (if any) 98-1149775	Reference ID number (see instructions)

**Part I Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section 704(c) allocation method	(f) Gain recognized on transfer	(g) Percentage interest in partnership after transfer
Cash	VAR		184,798.				.165
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property							
Other property							

Supplemental Information Required To Be Reported (see instructions):

**Part II Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

**Part III** Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)?  Yes  No

For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 2016

# Return by a U.S. Transferor of Property to a Foreign Corporation

▶ Information about Form 926 and its separate instructions is at [www.irs.gov/form926](http://www.irs.gov/form926).  
▶ Attach to your income tax return for the year of the transfer or distribution.

## Part I U.S. Transferor Information (see instructions)

Name of transferor <u>ERIE COMMUNITY FOUNDATION</u>	Identifying number (see instructions) <u>25-6032032</u>
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**1** If the transferor was a corporation, complete questions 1a through 1d.

- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No

If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made?  Yes  No

**2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

**a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
<u>METROPOLITAN REAL ESTATE PARTNERS VIII</u>	<u>27-4778029</u>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

## Part II Transferee Foreign Corporation Information (see instructions)

Name of transferee (foreign corporation) <u>TORCHLIGHT DEBT OPPORTUNITY FUND IV HOLDINGS</u>	4a Identifying number, if any <u>98-1058611</u>
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Address (including country) <u>89 NEXUS WAY</u> <small>CAMANA BAY GRAND CAYMAN CJ KY1-9007</small>	4b Reference ID number (see instructions) <small>TDO</small>
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**6** Country code of country of incorporation or organization (see instructions)  
CJ

**7** Foreign law characterization (see instructions)  
LIMITED PARTNERSHIP

**8** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

For Paperwork Reduction Act Notice, see separate instructions.

**Part III** Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	VAR		158,604.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

**Supplemental Information Required To Be Reported** (see instructions):

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**Part IV** Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before .082128042 % (b) After .082795193 %

10 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351-----

11 Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3) . . . . .  Yes  No
- b Gain recognition under section 904(f)(5)(F) . . . . .  Yes  No
- c Recapture under section 1503(d) . . . . .  Yes  No
- d Exchange gain under section 987 . . . . .  Yes  No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?  Yes  No

13 Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property . . . . .  Yes  No
- b Depreciation recapture . . . . .  Yes  No
- c Branch loss recapture . . . . .  Yes  No
- d Any other income recognition provision contained in the above-referenced regulations . . . . .  Yes  No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?  Yes  No

15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?  Yes  No

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ▶ \$ -----

16 Was cash the only property transferred? . . . . .  Yes  No

17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? . . . . .  Yes  No

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Return by a U.S. Transferor of Property to a Foreign Corporation

► Information about Form 926 and its separate instructions is at [www.irs.gov/form926](http://www.irs.gov/form926).  
► Attach to your income tax return for the year of the transfer or distribution.

## Part I U.S. Transferor Information (see instructions)

Name of transferor <u>ERIE COMMUNITY FOUNDATION</u>	Identifying number (see instructions) <u>25-6032032</u>
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1 If the transferor was a corporation, complete questions 1a through 1d.

- a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?  Yes  No
- b Did the transferor remain in existence after the transfer?  Yes  No

If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No  
If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d Have basis adjustments under section 367(a)(5) been made?  Yes  No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership

- b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

## Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) <u>NB SECONDARY OPPORTUNITIES OFFSHORE FUND III</u>	4a Identifying number, if any <u>FOREIGNUS</u>
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5 Address (including country) <u>605 THIRD AVENUE, 22ND FLOOR NEW YORK, NY 10158</u>	4b Reference ID number (see instructions) <u>NBS</u>
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6 Country code of country of incorporation or organization (see instructions)

CJ  
7 Foreign law characterization (see instructions)

CAYMAN ISLANDS EXEMPTED LIMITED PARTNERSHIP

8 Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

For Paperwork Reduction Act Notice, see separate instructions.

**Part III** Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	VAR		1,112,500.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

**Supplemental Information Required To Be Reported** (see instructions):

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**Part IV** Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before <u>10</u> % (b) After <u>10</u> %

10 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3)  Yes  No
- b Gain recognition under section 904(f)(5)(F)  Yes  No
- c Recapture under section 1503(d)  Yes  No
- d Exchange gain under section 987  Yes  No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?  Yes  No

13 Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property  Yes  No
- b Depreciation recapture  Yes  No
- c Branch loss recapture  Yes  No
- d Any other income recognition provision contained in the above-referenced regulations  Yes  No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?  Yes  No

15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?  Yes  No

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ▶ \$ \_\_\_\_\_

16 Was cash the only property transferred?  Yes  No

17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?  Yes  No

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Return by a U.S. Transferor of Property to a Foreign Corporation

► Information about Form 926 and its separate instructions is at [www.irs.gov/form926](http://www.irs.gov/form926).  
► Attach to your income tax return for the year of the transfer or distribution.

## Part I U.S. Transferor Information (see instructions)

Name of transferor <u>ERIE COMMUNITY FOUNDATION</u>	Identifying number (see instructions) <u>25-6032032</u>
--	--

**1** If the transferor was a corporation, complete questions 1a through 1d.

- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? . . . . .  **Yes**  **No**
- b** Did the transferor remain in existence after the transfer? . . . . .  **Yes**  **No**

If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? . . . . .  **Yes**  **No**  
If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? . . . . .  **Yes**  **No**

**2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

**a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? . . . . .  **Yes**  **No**
- c** Is the partner disposing of its **entire** interest in the partnership? . . . . .  **Yes**  **No**
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? . . . . .  **Yes**  **No**

## Part II Transferee Foreign Corporation Information (see instructions)

<b>3</b> Name of transferee (foreign corporation) <u>COLLER INTERNATIONAL PARTNERS VII FEEDER FUND</u>	<b>4a</b> Identifying number, if any <u>FOREIGNUS</u>
<b>5</b> Address (including country) <u>PO BOX 255, TRAFALGAR COURT, LES BANQUES</u> <small>ST PETER PORT GUERNSEY CJ</small>	<b>4b</b> Reference ID number (see instructions) <u>CIP</u>
<b>6</b> Country code of country of incorporation or organization (see instructions) <u>CJ</u>	
<b>7</b> Foreign law characterization (see instructions) <u>LIMITED PARTNERSHIP</u>	
<b>8</b> Is the transferee foreign corporation a controlled foreign corporation? . . . . . <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

For Paperwork Reduction Act Notice, see separate instructions.

**Part III** Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	VAR		105,596.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

**Supplemental Information Required To Be Reported** (see instructions):

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**Part IV** Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before <10 \_\_\_\_\_ % (b) After <10 \_\_\_\_\_ %

10 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 \_\_\_\_\_

11 Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3)  Yes  No
- b Gain recognition under section 904(f)(5)(F)  Yes  No
- c Recapture under section 1503(d)  Yes  No
- d Exchange gain under section 987  Yes  No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?  Yes  No

13 Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property  Yes  No
- b Depreciation recapture  Yes  No
- c Branch loss recapture  Yes  No
- d Any other income recognition provision contained in the above-referenced regulations  Yes  No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?  Yes  No

15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?  Yes  No

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ▶ \$ \_\_\_\_\_

16 Was cash the only property transferred?  Yes  No

17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?  Yes  No

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FEDERAL ELECTIONS

DESCRIPTION: 172(B)(3) NOL CARRYFORWARD ELECTION

FORM & LINE/INSTRUCTION REFERENCE: FORM 990T, PART II, LINE 32

ELECTION TO FORGO THE ENTIRE NET OPERATING LOSS CARRYBACK PERIOD  
TAXPAYER INCURRED A NET OPERATING LOSS IN THE TAX YEAR ENDED DECEMBER 31,  
2016, AND IS ENTITLED TO A TWO YEAR CARRYBACK UNDER I.R.C. SEC.  
172(B)(1)(A) OF ALL OR PORTION OF THE LOSS. PURSUANT TO IRC SEC.  
172(B)(3), TAXPAYER HEREBY ELECTS TO RELINQUISH THE ENTIRE CARRYBACK  
PERIOD WITH RESPECT TO ANY REGULAR TAX AND AMT NET OPERATING LOSSES.

## FEDERAL ELECTIONS

DESCRIPTION: SECTION 59(E)(2) EXPENDITURES

FORM &amp; LINE/INSTRUCTION REFERENCE: FORM 990-T, PART I, LINE 5

REGULATION REFERENCE: IRS SEC. 59(E)(1); REG. 1.59-1(B)(1)

PURSUANT TO IRC SECTION 59(E)(4), TAXPAYER HEREBY ELECTS TO CAPITALIZE AND AMORTIZE THE FOLLOWING EXPENDITURES OVER THE PERIOD TIME INDICATED.

TYPE OF EXPENDITURES: INTANGIBLE DRILLING COSTS CODE SECTION NO.: IRC SEC. 263(C)

AMORTIZATION PERIOD: 5 YEARS (60 MONTHS)

TAXPAYER ELECTS TO CAPITALIZE AND AMORTIZE INTANGIBLE DRILLING COSTS REPORTED ON THE FOLLOWING K-1'S:

COMMONFUND CAPITAL PRIVATE NATURAL RESOURCES PARTNERS IX LP

EIN: 37-1656529

AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$9,376

COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS X LP

EIN: 47-2468038

AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$358

NORTHGATE IV LP

EIN: 26-1902666

AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: \$65