

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2020** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ERIE COMMUNITY FOUNDATION		D Employer identification number 25-6032032
	Doing business as		E Telephone number 814-454-0843
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	459 WEST 6TH STREET		G Gross receipts \$ 90,669,175.
	City or town, state or province, country, and ZIP or foreign postal code ERIE, PA 16507		
F Name and address of principal officer: BARBARA F SAMBROAK, CPA 459 WEST 6TH ST, ERIE, PA 16507		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **ERICOMMUNITYFOUNDATION.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1971** **M** State of legal domicile: **PA**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ERIE COMMUNITY FOUNDATION WORKS TO IMPROVE THE QUALITY OF LIFE FOR ALL IN OUR REGION BY		
	2 Check this box <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)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	19
	6 Total number of volunteers (estimate if necessary)	6	328
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-121,559.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	20,626,293.	22,511,894.
	9 Program service revenue (Part VIII, line 2g)	277,879.	318,152.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,870,974.	3,882,293.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	254.	18,858.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,775,400.	26,731,197.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	21,461,560.	15,961,164.
	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)	1,699,406.	1,714,548.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 681,507.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,229,651.	2,384,229.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	25,390,617.	20,059,941.	
19 Revenue less expenses. Subtract line 18 from line 12	2,384,783.	6,671,256.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 259,123,488.	End of Year 290,579,169.
	21 Total liabilities (Part X, line 26)	7,209,461.	4,042,025.
	22 Net assets or fund balances. Subtract line 21 from line 20	251,914,027.	286,537,144.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	BARBARA F SAMBROAK, CPA, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	VINCENT HALUPCZYNSKI				P00347533
Firm's name ▶ MCGILL, POWER, BELL & ASSOCIATES, LLP			Firm's EIN ▶ 25-1031405		
Firm's address ▶ 2402 W. 8TH STREET ERIE, PA 16505-4935			Phone no. (814) 453-6594		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 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 \$ 17,154,202. including grants of \$ 15,961,164.) (Revenue \$ 337,010.) THE ERIE COMMUNITY FOUNDATION (FOUNDATION) IS A PUBLIC CHARITY PRIMARILY SERVING DONORS AND THE NONPROFIT SECTOR IN ERIE COUNTY, PENNSYLVANIA. THE FOUNDATION ENCOURAGES THE ESTABLISHMENT OF NEW CHARITABLE ENDOWMENT FUNDS AND PROVIDES COMPETITIVE, DONOR-ADVISED DESIGNATED AND SCHOLARSHIP GRANTS TO ARTS AND CULTURE, COMMUNITY DEVELOPMENT, EDUCATION, HEALTH, NEIGHBORHOOD REVITALIZATION AND HUMAN SERVICE ORGANIZATIONS. THE FOUNDATION ALSO PROVIDES A DONOR EDUCATION PROGRAM. SUBSTANTIALLY ALL CONTRIBUTIONS RECEIVED ARE FROM INDIVIDUALS WITH TIES TO ERIE COUNTY.

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

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

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

4e Total program service expenses 17,154,202.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 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>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
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>	35b X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 X	

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

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 18	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		19
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country CAYMAN ISLANDS See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 12		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ PA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
BARBARA F SAMBROAK CPA - 814-454-0843
459 WEST 6TH STREET, ERIE, PA 16507

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL BATCHELOR PRESIDENT	50.00			X			287,228.	0.	49,942.	
(2) BARBARA SAMBROAK TREASURER, VP OF FINANCE	50.00			X			133,571.	0.	15,007.	
(3) TIMOTHY HUNTER CHAIRMAN	5.00	X		X			0.	0.	0.	
(4) MARCUS ATKINSON SECRETARY	5.00	X		X			0.	0.	0.	
(5) CHARLES KNIGHT, CPA TRUSTEE	1.00	X					0.	0.	0.	
(6) DR. DONALD BAXTER TRUSTEE	1.00	X					0.	0.	0.	
(7) DIONNE WALLACE OAKLEY TRUSTEE	1.00	X					0.	0.	0.	
(8) WILLIAM HILBERT, JR. TRUSTEE	1.00	X					0.	0.	0.	
(9) SARAH HAGEN MCWILLIAMS TRUSTEE	1.00	X					0.	0.	0.	
(10) DAVID TULLIO TRUSTEE	1.00	X					0.	0.	0.	
(11) LYNN MCBRIER TRUSTEE	1.00	X					0.	0.	0.	
(12) DEBRA MURPHY TRUSTEE	1.00	X					0.	0.	0.	
(13) JAMES WALCZAK TRUSTEE	1.00	X					0.	0.	0.	
(14) TOM TUPITZA TRUSTEE	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							420,799.	0.	64,949.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							420,799.	0.	64,949.	

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**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
KIDDER JEFFERYS CONSTRUCTION LLC 201 FRENCH ST, ERIE, PA 16507	453 W. 6TH BUILDING RENOVATION	551,531.
CAMBRIDGE ASSOCIATES, LLC PO BOX 72121, CHICAGO, IL 60691	INVESTMENT CONSULTING	181,500.

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	22,511,894.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 362,546.			
	h	Total. Add lines 1a-1f		22,511,894.			
Program Service Revenue	2 a	ADMINISTRATIVE FEES	Business Code				
			900099	318,152.	318,152.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		318,152.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,883,383.		3,051,529.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
					64,936,888.		
	b	Less: cost or other basis and sales expenses	7b	63,937,978.			
	c	Gain or (loss)	7c	998,910.			
d	Net gain or (loss)		998,910.	46,587.	952,323.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS INCOME	Business Code	900099	18,850.	18,850.	
	b	CLASS ACTION SETTLEMENTS	900099	8.	8.		
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		18,858.			
12	Total revenue. See instructions		26,731,197.	337,010.	-121,559.	4,003,852.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	15,361,900.	15,361,900.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	599,264.	599,264.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	522,070.	179,112.	193,561.	149,397.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	871,011.	386,927.	235,065.	249,019.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	55,131.	21,952.	15,858.	17,321.
9 Other employee benefits	181,486.	67,925.	51,027.	62,534.
10 Payroll taxes	84,850.	35,363.	27,367.	22,120.
11 Fees for services (nonemployees):				
a Management	79,137.	34,194.	22,840.	22,103.
b Legal	6,899.	2,736.	2,115.	2,048.
c Accounting	85,294.	33,265.	26,441.	25,588.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,498,244.		1,498,244.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	97,557.	32,194.	33,169.	32,194.
13 Office expenses	35,202.	13,739.	10,907.	10,556.
14 Information technology	67,553.	26,346.	20,941.	20,266.
15 Royalties				
16 Occupancy	74,651.	33,983.	20,667.	20,001.
17 Travel	314.	123.	97.	94.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	53,314.	20,793.	16,527.	15,994.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	209,916.	164,481.	26,268.	19,167.
23 Insurance	25,895.	10,099.	8,027.	7,769.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DIRECT FUND EXPENSES	135,027.	123,868.	10,391.	768.
b DUES & MEMBERSHIP	15,226.	5,938.	4,720.	4,568.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	20,059,941.	17,154,202.	2,224,232.	681,507.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,857,443.	1	4,381,216.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	65,183.	9	78,664.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,718,125.		
	b Less: accumulated depreciation	10b 1,802,381.		
	11 Investments - publicly traded securities	2,549,092.	10c	2,915,744.
	12 Investments - other securities. See Part IV, line 11	137,675,294.	11	152,205,059.
	13 Investments - program-related. See Part IV, line 11	115,337,858.	12	127,934,778.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	638,618.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	259,123,488.	15	3,063,708.	
		16	290,579,169.	
Liabilities	17 Accounts payable and accrued expenses	559,645.	17	612,114.
	18 Grants payable	4,977,492.	18	1,793,515.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,672,324.	25	1,636,396.
	26 Total liabilities. Add lines 17 through 25	7,209,461.	26	4,042,025.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	251,470,857.	27	283,628,960.
	28 Net assets with donor restrictions	443,170.	28	2,908,184.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	251,914,027.	32	286,537,144.
	33 Total liabilities and net assets/fund balances	259,123,488.	33	290,579,169.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,731,197.
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,059,941.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,671,256.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	251,914,027.
5	Net unrealized gains (losses) on investments	5	27,883,402.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	68,459.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	286,537,144.

Part XII Financial Statements and Reporting

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

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

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		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10458728.	26411130.	21560266.	20626293.	22111894.	101168311
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	10458728.	26411130.	21560266.	20626293.	22111894.	101168311
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						32053488.
6 Public support. Subtract line 5 from line 4.						69114823.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	10458728.	26411130.	21560266.	20626293.	22111894.	101168311
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3197559.	3804982.	3642039.	3588423.	3051529.	17284532.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				89,501.	0.	89,501.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						118542344
12 Gross receipts from related activities, etc. (see instructions)					12	1,476,594.
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	58.30	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	54.17	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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>		
2 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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

ERIE COMMUNITY FOUNDATION

Employer identification number

25-6032032

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

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

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

Check if your 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

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

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), 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
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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	<hr/> <hr/> <hr/>	\$ <u>5,020,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>1,121,806.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>461,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>503,627.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>1,125,391.</u>	Person <input checked="" 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
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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	<hr/> <hr/> <hr/>	\$ <u>1,215,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>950,533.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>1,018,822.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	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
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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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization ERIE COMMUNITY FOUNDATION	Employer identification number 25-6032032
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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 info. once.) ▶ \$ _____
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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	197	208
2 Aggregate value of contributions to (during year)	4,811,380.	1,675,916.
3 Aggregate value of grants from (during year)	1,899,939.	3,251,082.
4 Aggregate value at end of year	72,186,793.	72,475,417.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - 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? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	247,455,351.	213,776,727.	228,052,709.	192,228,482.	185,767,648.
b Contributions	12,651,451.	13,854,810.	16,527,543.	19,915,808.	5,217,293.
c Net investment earnings, gains, and losses	31,646,146.	38,111,341.	-11,681,730.	31,673,810.	15,752,617.
d Grants or scholarships	10,482,221.	15,209,075.	16,232,505.	12,896,188.	12,045,279.
e Other expenditures for facilities and programs	1,504,652.	1,392,382.	1,212,301.	1,340,921.	1,174,664.
f Administrative expenses	1,833,571.	1,686,070.	1,676,989.	1,528,282.	1,289,133.
g End of year balance	277,932,504.	247,455,351.	213,776,727.	228,052,709.	192,228,482.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100 %
 - b Permanent endowment %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		128,575.		128,575.
b Buildings		2,671,123.	1,047,582.	1,623,541.
c Leasehold improvements				
d Equipment		941,620.	637,145.	304,475.
e Other		976,807.	117,654.	859,153.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,915,744.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) VARIOUS PARTNERSHIPS AND		
(B) ALTERNATIVE INVESTMENTS	127,934,778.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	127,934,778.	

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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (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	1,636,396.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,636,396.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	52,199,488.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	27,883,402.	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c	41,786.	
	d Other (Describe in Part XIII.)	2d	5,274,813.	
	e Add lines 2a through 2d	2e		33,200,001.
3	Subtract line 2e from line 1		3	18,999,487.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,334,311.	
	b Other (Describe in Part XIII.)	4b	6,397,399.	
	c Add lines 4a and 4b	4c		7,731,710.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	26,731,197.

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

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

1	Total expenses and losses per audited financial statements		1	16,724,484.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	1,152,693.	
	e Add lines 2a through 2d	2e		1,152,693.
3	Subtract line 2e from line 1		3	15,571,791.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,334,311.	
	b Other (Describe in Part XIII.)	4b	3,153,839.	
	c Add lines 4a and 4b	4c		4,488,150.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	20,059,941.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE INTENDED USES OF THE ENDOWED FUNDS AT THE ERIE COMMUNITY FOUNDATION ARE TO PROVIDE UNRESTRICTED OPERATIONAL SUPPORT TO LOCAL NON-PROFIT ORGANIZATIONS AND SCHOLARSHIPS TO LOCAL STUDENTS.

PART 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.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

AFFILIATE ACTIVITY 5,248,141.

CHANGE IN VALUE OF SPLIT INTEREST TRUST 26,672.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 5,274,813.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENT REVENUE 6,397,399.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

AFFILIATE EXPENSES 1,152,693.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY EXPENSES 3,153,839.

Part IV Foreign Forms

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABIDING HOPE LUTHERN CHURCH 2402 W. GRANDVIEW BLVD. ERIE, PA 16506	35-2182533	501(C)(3)	17,504.	0.			VARIOUS PROJECTS
ACES, INC. 1001 STATE STREET, SUITE 310 ERIE, PA 16501	26-2763757	501(C)(3)	10,413.	0.			VARIOUS PROJECTS
ACHIEVEMENT CENTER 4950 WEST 23RD ST. ERIE, PA 16506	25-0965336	501(C)(3)	51,587.	0.			VARIOUS PROJECTS
AHN SAINT VINCENT HOSPITAL 232 W. 25TH ST. ERIE, PA 16502	25-1406710	501(C)(3)	89,992.	0.			VARIOUS PROJECTS
ALBION AREA FAIR ASSOCIATION 299 RILEY DRIVE GIRARD, PA 16417	25-1776400	501(C)(3)	5,000.	0.			VARIOUS PROJECTS
ALL GOD'S CHILDREN MINISTRIES PO BOX 65 WEST SPRINGFIELD, PA 16443	27-1774666	501(C)(3)	21,560.	0.			VARIOUS PROJECTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **295.**

3 Enter total number of other organizations listed in the line 1 table ▶ **0.**

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLEGHENY COLLEGE 520 NORTH MAIN STREET MEADVILLE, PA 16335	25-0965212	501(C)(3)	30,129.	0.			VARIOUS PROJECTS
ALZHEIMER'S ASSOC. OF NW PA 1600 PENINSULA DR. ERIE, PA 16505	25-1510692	501(C)(3)	20,108.	0.			VARIOUS PROJECTS
AMERICAN HEART ASSOCIATION- ERIE 1575 CORPORATE WOODS DR., SUITE 150 UNIONTOWN, OH 44685	13-5613797	501(C)(3)	14,851.	0.			VARIOUS PROJECTS
AMERICAN NATIONAL RED CROSS 4961 PITTSBURGH AVE. ERIE, PA 16509	53-0196605	501(C)(3)	27,850.	0.			VARIOUS PROJECTS
ANNA SHELTER 1555 EAST 10TH STREET ERIE, PA 16503	20-1512416	501(C)(3)	77,606.	0.			VARIOUS PROJECTS
ASBURY WOODS PARTNERSHIP 4105 ASBURY RD. ERIE, PA 16506	26-0699998	501(C)(3)	85,565.	0.			VARIOUS PROJECTS
AUTISM SOCIETY NORTHWESTERN PENNSYLVANIA - 1062 BROWN AVE., SUITE 200 B - ERIE, PA 16508	26-0699998	501(C)(3)	58,544.	0.			VARIOUS PROJECTS
BARBER NATIONAL INSTITUTE 100 BARBER PLACE ERIE, PA 16507	23-7447611	501(C)(3)	117,116.	0.			VARIOUS PROJECTS
BAYFRONT EAST SIDE TASKFORCE 420 PARADE ST ERIE, PA 16507	25-1871783	501(C)(3)	9,136.	0.			VARIOUS PROJECTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYFRONT MARITIME CENTER 40 HOLLAND ST. ERIE, PA 16507	25-1812163	501(C)(3)	30,480.	0.			VARIOUS PROJECTS
BAYFRONT NATO, INC. 312 CHESTNUT ST. ERIE, PA 16507	25-6085619	501(C)(3)	70,143.	0.			VARIOUS PROJECTS
BECAUSE YOU CARE PO BOX 54 MCKEAN, PA 16426	25-1431378	501(C)(3)	57,622.	0.			VARIOUS PROJECTS
BENEDICTINE SISTERS OF ERIE 6101 EAST LAKE RD. ERIE, PA 16511	25-0965501	501(C)(3)	57,245.	0.			VARIOUS PROJECTS
BETHANY OUTREACH CENTER 254 E 10TH ST ERIE, PA 16503	27-1263023	501(C)(3)	16,491.	0.			VARIOUS PROJECTS
BLENDED SPIRITS RANCH 7401 MCCRAY RD FAIRVIEW, PA 16415-2401	30-0447903	501(C)(3)	16,340.	0.			VARIOUS PROJECTS
BOOKER T. WASHINGTON CENTER 1720 HOLLAND ST. ERIE, PA 16503	25-0989247	501(C)(3)	35,942.	0.			VARIOUS PROJECTS
BOY SCOUTS OF AMERICA COUNCIL 1815 ROBISON RD. W. ERIE, PA 16509-4905	25-0965265	501(C)(3)	21,878.	0.			VARIOUS PROJECTS
BOYS & GIRLS CLUBS OF ERIE 1515 EAST LAKE ROAD ERIE, PA 16511	25-1265501	501(C)(3)	44,203.	0.			VARIOUS PROJECTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY'S TOWN NATIONAL HEADQUARTERS BOYS TOWN, NE 68010	47-0376606	501(C)(3)	17,812.	0.			VARIOUS PROJECTS
BREVILLIER VILLAGE 5416 EAST LAKE RD. ERIE, PA 16511	25-1311972	501(C)(3)	20,563.	0.			VARIOUS PROJECTS
CAMP JUDSON 398 HOLLIDAY RD. NORTH SPRINGFIELD, PA 16430	25-6012340	501(C)(3)	58,631.	0.			VARIOUS PROJECTS
CAMP NOTRE DAME PO BOX 74 FAIRVIEW, PA 16415	25-1093617	501(C)(3)	30,132.	0.			VARIOUS PROJECTS
CAREERCATCHERS, INC. 8720 GEORGIA AVENUE SILVER SPRING, MD 20877	61-1588740	501(C)(3)	6,000.	0.			VARIOUS PROJECTS
CATHEDRAL OF ST. PAUL 134 WEST 7TH STREET ERIE, PA 16501	25-0977888	501(C)(3)	30,075.	0.			VARIOUS PROJECTS
CATHEDRAL PREPARATORY SCHOOL ADVANCEMENT OFFICE ERIE, PA 16501	27-2953927	501(C)(3)	23,318.	0.			VARIOUS PROJECTS
CHAUTAUQUA FOUNDATION P.O. BOX 28 CHAUTAUQUA, NY 14722	16-6028421	501(C)(3)	5,000.	0.			VARIOUS PROJECTS
CHILDREN'S ADVOCACY CENTER 1334 WEST 38TH STREET ERIE, PA 16508	33-0995418	501(C)(3)	31,967.	0.			VARIOUS PROJECTS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHOSEN INC. 3638 WEST 26TH ST. ERIE, PA 16506	25-1451706	501(C)(3)	13,765.	0.			VARIOUS PROJECTS
CHURCH OF THE CROSS 5901 MILLFAIR RD. FAIRVIEW, PA 16415-2356	25-1676719	501(C)(3)	11,201.	0.			VARIOUS PROJECTS
COMMUNITY COUNTRY DAY SCHOOL 5800 OLD ZUCK RD. ERIE, PA 16506-5036	25-1197199	501(C)(3)	27,708.	0.			VARIOUS PROJECTS
COMMUNITY OF CARING 245 EAST 8TH STREET ERIE, PA 16503	25-1449427	501(C)(3)	42,146.	0.			VARIOUS PROJECTS
COMMUNITY SHELTER SERVICES 655 W. 16TH ST. ERIE, PA 16502	25-1365966	501(C)(3)	36,936.	0.			VARIOUS PROJECTS
CORRY HIGHER EDUCATION COUNCIL 221 NORTH CENTER ST. CORRY, PA 16407	25-1659759	501(C)(3)	10,922.	0.			VARIOUS PROJECTS
CORRY YMCA 906 NORTH CENTER ST. CORRY, PA 16407	25-1032621	501(C)(3)	27,252.	0.			VARIOUS PROJECTS
CRIME VICTIM CENTER 125 W. 18TH ST. ERIE, PA 16501	25-1296725	501(C)(3)	96,385.	0.			VARIOUS PROJECTS
DAFMARK DANCE THEATRE 1033 STATE STREET ERIE, PA 16501	25-1697936	501(C)(3)	14,424.	0.			VARIOUS PROJECTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIOCESE OF ERIE 429 EAST GRANDVIEW BLVD. ERIE, PA 16504	26-0725989	501(C)(3)	91,224.	0.			VARIOUS PROJECTS
DOOR STUDENT SERVICES, INC 77 ROBINSON ST. NORTHEAST, PA 16428	35-2422389	501(C)(3)	9,546.	0.			VARIOUS PROJECTS
EAGLE'S NEST LEADERSHIP CORPORATION - 1129 PENNSYLVANIA AVE. - ERIE, PA 16503	45-4708848	501(C)(3)	55,136.	0.			VARIOUS PROJECTS
EARLY CONNECTIONS, INC. 200 W. 11TH ST ERIE, PA 16501	25-0965635	501(C)(3)	7,432.	0.			VARIOUS PROJECTS
EASTMINSTER PRESBYTERIAN CHURCH 2320 EAST LAKE RD. ERIE, PA 16511	25-1425905	501(C)(3)	32,193.	0.			VARIOUS PROJECTS
EDINBORO AREA HISTORICAL SOCIETY P.O. BOX 18 EDINBORO, PA 16412	25-1827171	501(C)(3)	17,920.	0.			VARIOUS PROJECTS
EDINBORO UNIVERSITY OFFICE OF THE BURSAR- HAMILTON HALL EDINBORO, PA 16444	25-1819940	501(C)(3)	55,506.	0.			VARIOUS PROJECTS
EMMA'S FOOTPRINTS 11515 LAY RD EDINBORO, PA 16412	90-0936227	501(C)(3)	66,872.	0.			VARIOUS PROJECTS
EMMAUS MINISTRIES 345 E. 9TH ST. ERIE, PA 16503	25-0965501	501(C)(3)	240,415.	0.			VARIOUS PROJECTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMPOWER ERIE 1001 STATE ST. SUITE 1400 ERIE, PA 16501	81-3536558	501(C)(3)	250,000.	0.			VARIOUS PROJECTS
ERIE ANIMAL NETWORK 5148 PEACH ST. #300 ERIE, PA 16509	45-4182348	501(C)(3)	29,289.	0.			VARIOUS PROJECTS
ERIE AREA RABBIT SOCIETY & RESCUE 2316 WEST 38TH ST. ERIE, PA 16506	46-4647610	501(C)(3)	37,817.	0.			VARIOUS PROJECTS
ERIE ART MUSEUM 20 E. 5TH ST. ERIE, PA 16507	25-1196748	501(C)(3)	226,068.	0.			VARIOUS PROJECTS
ERIE ARTS & CULTURE 23 WEST 10TH ST. ERIE, PA 16501	25-6085617	501(C)(3)	239,091.	0.			VARIOUS PROJECTS
ERIE CENTER FOR ARTS & TECHNOLOGY P.O. BOX 6214 ERIE, PA 16512	82-4610477	501(C)(3)	87,539.	0.			VARIOUS PROJECTS
ERIE CITY MISSION 1017 FRENCH ST. ERIE, PA 16501	25-0987217	501(C)(3)	297,394.	0.			VARIOUS PROJECTS
ERIE COUNTY HISTORICAL SOCIETY AND MUSEUMS - 356 W. 6TH ST. - ERIE, PA 16507	25-1213025	501(C)(3)	281,066.	0.			VARIOUS PROJECTS
ERIE DAWN 2816 ELMWOOD AVE.. ERIE, PA 16508	25-1789708	501(C)(3)	63,766.	0.			VARIOUS PROJECTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ERIE DAY SCHOOL 1372 WEST 6TH ST. ERIE, PA 16505	25-0990582	501(C)(3)	54,246.	0.			VARIOUS PROJECTS
ERIE DOWNTOWN DEVELOPMENT CORPORATION - 417 STATE ST. - ERIE, PA 16501	82-0709054	501(C)(3)	26,704.	0.			VARIOUS PROJECTS
ERIE DOWNTOWN PARTNERSHIP 140 EAST 5TH ST. ERIE, PA 16507	45-0464988	501(C)(3)	15,000.	0.			VARIOUS PROJECTS
ERIE HOMES FOR CHILDREN & ADULTS 226 EAST 27TH STREET ERIE, PA 16504	25-0967472	501(C)(3)	90,883.	0.			VARIOUS PROJECTS
ERIE HUMANE SOCIETY 2407 ZIMMERLY ROAD ERIE, PA 16506	25-1010297	501(C)(3)	97,525.	0.			VARIOUS PROJECTS
ERIE INDEPENDENCE HOUSE, INC. 1611 PEACH ST. ERIE, PA 16501	23-7439432	501(C)(3)	55,964.	0.			VARIOUS PROJECTS
ERIE JUNIOR PHILHARMONIC 23 WEST 10TH ST. ERIE, PA 16501	25-6065898	501(C)(3)	19,122.	0.			VARIOUS PROJECTS
ERIE PHILHARMONIC 23 WEST 10TH ST. ERIE, PA 16501	25-6065898	501(C)(3)	297,247.	0.			VARIOUS PROJECTS
ERIE PLAYHOUSE 13 WEST 10TH ST. ERIE, PA 16501-1402	25-1069562	501(C)(3)	117,091.	0.			VARIOUS PROJECTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ERIE POLICE ATHLETIC LEAGUE 1001 STATE ST SUITE 1400 ERIE, PA 16501	20-1939904	501(C)(3)	22,559.	0.			VARIOUS PROJECTS
ERIE REGIONAL LIBRARY FOUNDATION 160 E. FRONT ST. ERIE, PA 16507	25-1880191	501(C)(3)	25,324.	0.			VARIOUS PROJECTS
ERIE UNITED METHODIST ALLIANCE 1033 EAST 26TH ST. ERIE, PA 16504	25-1494750	501(C)(3)	69,060.	0.			VARIOUS PROJECTS
ERIE YACHT CLUB FOUNDATION, INC. P.O. BOX 648 ERIE, PA 16512-0648	26-4788788	501(C)(3)	8,130.	0.			VARIOUS PROJECTS
ERIE ZOOLOGICAL SOCIETY PO BOX 3268 ERIE, PA 16508-0268	25-1114213	501(C)(3)	276,916.	0.			VARIOUS PROJECTS
EXPERIENCE CHILDREN'S MUSEUM 420 FRENCH STREET ERIE, PA 16507	25-1693861	501(C)(3)	112,788.	0.			VARIOUS PROJECTS
FAIRVIEW PRESBYTERIAN CHURCH 4264 AVONIA RD. FAIRVIEW, PA 16415	25-1857718	501(C)(3)	54,600.	0.			VARIOUS PROJECTS
FAIRVIEW SCHOOL FOUNDATION 7466 MCCRAY RD. FAIRVIEW, PA 16415	25-1678801	501(C)(3)	23,548.	0.			VARIOUS PROJECTS
FAMILY SERVICES OF NWPA 5100 PEACH ST. ERIE, PA 16509-2418	25-0987225	501(C)(3)	13,627.	0.			VARIOUS PROJECTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FINDLEY LAKE VOLUNTEER FIREMANS ASSOCIATION - PO BOX 158 - FINDLEY LAKE, NY 14736	16-1582617	501(C)(3)	70,200.	0.			VARIOUS PROJECTS
FIRST BAPTIST CHURCH OF NORTH EAST 43 SOUTH LAKE STREET NORTH EAST, PA 16428	25-1002938	501(C)(3)	7,374.	0.			VARIOUS PROJECTS
FIRST PRESBYTERIAN CHURCH OF GIRARD - 260 MAIN ST. EAST, P.O. - GIRARD, PA 16417	25-1424177	501(C)(3)	40,823.	0.			VARIOUS PROJECTS
FIRST PRESBYTERIAN CHURCH OF NORTH EAST - 25 WEST MAIN ST. - NORTH EAST, PA 16428	25-1126723	501(C)(3)	24,136.	0.			VARIOUS PROJECTS
FIRST PRESBYTERIAN CHURCH OF THE COVENANT - 250 WEST SEVENTH STREET - ERIE, PA 16501	25-0965296	501(C)(3)	92,028.	0.			VARIOUS PROJECTS
FIRST UNITED METHODIST CHURCH OF ERIE - 707 SASSAFRAS ST. - ERIE, PA 16501-1062	25-1068794	501(C)(3)	61,960.	0.			VARIOUS PROJECTS
FLAGSHIP NIAGARA LEAGUE 150 EAST FRONT ST., STE. 100 ERIE, PA 16507	25-1422309	501(C)(3)	181,217.	0.			VARIOUS PROJECTS
FORT LEBOEUF FOUNDATION 34 E.9TH ST. WATERFORD, PA 16441	25-1777291	501(C)(3)	15,294.	0.			VARIOUS PROJECTS
FOUNDATION FOR ERIE'S PUBLIC SCHOOLS - 148 W. 21ST ST. - ERIE, PA 16502	46-1062651	501(C)(3)	24,186.	0.			VARIOUS PROJECTS

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FOUNDATION FOR FREE ENTERPRISE EDUCATION - 3076 WEST 12TH STREET - ERIE, PA 16505	25-1394365	501(C)(3)	228,701.	0.			VARIOUS PROJECTS
FOUNDATION FOR SUSTAINABLE FOREST FIRTH FAMILY FOUNDATION SPARTANSBURG, PA 16434	30-0276631	501(C)(3)	24,113.	0.			VARIOUS PROJECTS
FRENCH CREEK VALLEY CONSERVANCY PO BOX 434 MEADVILLE, PA 16335	25-1459333	501(C)(3)	125,394.	0.			VARIOUS PROJECTS
FRIENDS OF ERIE COUNTY LIBRARY 160 EAST FRONT ST. ERIE, PA 16507	25-1355213	501(C)(3)	13,758.	0.			VARIOUS PROJECTS
GANNON UNIVERSITY 109 UNIVERSITY SQUARE ERIE, PA 16541	25-0496976	501(C)(3)	35,034.	0.			VARIOUS PROJECTS
GECAC 18 WEST 9TH ST. ERIE, PA 16501	25-6068246	501(C)(3)	35,271.	0.			VARIOUS PROJECTS
GENERAL MCLANE FOUNDATION EDUCATION CENTER EDINBORO, PA 16412	20-2910382	501(C)(3)	11,711.	0.			VARIOUS PROJECTS
GIRL SCOUTS WESTERN PENNSYLVANIA 30 ISABELLA STREET PITTSBURGH, PA 15212	25-1126094	501(C)(3)	5,795.	0.			VARIOUS PROJECTS
GOODELL GARDENS & HOMESTEAD PO BOX 156 EDINBORO, PA 16412	25-1895695	501(C)(3)	111,909.	0.			VARIOUS PROJECTS

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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GRADY'S DECISION 5390 CRAY RD ERIE, PA 16509	27-0617329	501(C)(3)	9,682.	0.			VARIOUS PROJECTS
GREATER ERIE ALLIANCE FOR EQUALITY 301 WEST 10TH ST. ERIE, PA 16502	22-3935364	501(C)(3)	16,214.	0.			VARIOUS PROJECTS
GREATER ERIE AREA HABITAT FOR HUMANITY - 4922 PITTSBURGH AVENUE - ERIE, PA 16509	25-1606631	501(C)(3)	34,571.	0.			VARIOUS PROJECTS
H.A.N.D.S 7 EAST 7TH ST. ERIE, PA 16501-1105	25-1209938	501(C)(3)	25,750.	0.			VARIOUS PROJECTS
HAMOT HEALTH FOUNDATION 302 FRENCH ST. ERIE, PA 16507	25-1400999	501(C)(3)	97,817.	0.			VARIOUS PROJECTS
HARBORCREEK YOUTH SERVICES 5712 IROQUOIS AVE. HARBORCREEK, PA 16421	25-0993380	501(C)(3)	60,679.	0.			VARIOUS PROJECTS
HERMITAGE HOUSE P.O. BOX 748 EDINBORO, PA 16412	25-1711516	501(C)(3)	10,719.	0.			VARIOUS PROJECTS
HOOKED ON BOOKS FOR KIDS PO BOX 3059 ERIE, PA 16508	13-3539811	501(C)(3)	7,898.	0.			VARIOUS PROJECTS
HOPE ON HORSEBACK 8342 PLATZ RD. FAIRVIEW, PA 16415	25-1455810	501(C)(3)	18,687.	0.			VARIOUS PROJECTS

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HOPE RESCUE 32708 FOREST HOME RD. UNION CITY, PA 16438	47-1529846	501(C)(3)	8,894.	0.			VARIOUS PROJECTS
HOSPICE OF METROPOLITAN ERIE 202 EAST 10TH STREET ERIE, PA 16503	25-1382621	501(C)(3)	11,556.	0.			VARIOUS PROJECTS
IMMANUEL LUTHERAN CHURCH 1002 POWELL AVE. ERIE, PA 16506	25-6012473	501(C)(3)	16,382.	0.			VARIOUS PROJECTS
IMPACT CORRY 221 N. CENTER STREET CORRY, PA 16407	25-1849375	501(C)(3)	10,810.	0.			VARIOUS PROJECTS
JFK CENTER 2021 EAST 20TH STREET ERIE, PA 16510	23-7063735	501(C)(3)	25,000.	0.			VARIOUS PROJECTS
LAKE ERIE ARBORETUM AT FRONTIER 1501 WEST 6TH STREET ERIE, PA 16505	25-1899882	501(C)(3)	69,069.	0.			VARIOUS PROJECTS
L'ARCHE ERIE 3745 WEST 12TH ST. ERIE, PA 16505	23-7322321	501(C)(3)	11,795.	0.			VARIOUS PROJECTS
LAKESHORE COMMUNITY SERVICES 1350 WEST 26TH ST. ERIE, PA 16508	25-1577930	501(C)(3)	31,356.	0.			VARIOUS PROJECTS
LECOM 1858 WEST GRANDVIEW BLVD. ERIE, PA 16509	25-1698677	501(C)(3)	165,652.	0.			VARIOUS PROJECTS

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LUTHER MEMORIAL CHURCH & LEARNING CENTER - 225 WEST 10TH STREET - ERIE, PA 16501	25-0969415	501(C)(3)	152,612.	0.			VARIOUS PROJECTS
M.H.E.D.S. 2928 PEACH ST. ERIE, PA 16508	25-1313134	501(C)(3)	105,457.	0.			VARIOUS PROJECTS
MAKE-A-WISH FOUNDATION 1001 STATE STREET ERIE, PA 16501	25-1464177	501(C)(3)	27,850.	0.			VARIOUS PROJECTS
MARIA HOUSE PROJECT PO BOX 10682 ERIE, PA 16514	23-7397914	501(C)(3)	89,113.	0.			VARIOUS PROJECTS
MARTIN LUTHER KING CENTER 312 CHESTNUT ST. ERIE, PA 16507	25-6085619	501(C)(3)	15,000.	0.			VARIOUS PROJECTS
MCCORD MEMORIAL LIBRARY 32 WEST MAIN ST. NORTH EAST, PA 16428	25-1021791	501(C)(3)	7,149.	0.			VARIOUS PROJECTS
MCLANE CHURCH 12511 EDINBORO RD EDINBORO, PA 16412	25-1385314	501(C)(3)	18,988.	0.			VARIOUS PROJECTS
MEMBER TO MEMBER, INC. PO BOX 207 CAMBRIDGE SPRINGS, PA 16403	20-4718145	501(C)(3)	85,457.	0.			VARIOUS PROJECTS
MENTAL HEALTH ASSOC. OF NW PA 1101 PEACH ST ERIE, PA 16501	25-1741274	501(C)(3)	15,947.	0.			VARIOUS PROJECTS

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MERCY CENTER FOR WOMEN 1039 EAST 27 STREET ERIE, PA 16504	25-1695659	501(C)(3)	91,570.	0.			VARIOUS PROJECTS
MERCYHURST PREPARATORY SCHOOL 538 EAST GRANDVIEW BLVD. ERIE, PA 16504	25-1143199	501(C)(3)	43,455.	0.			VARIOUS PROJECTS
MERCYHURST UNIVERSITY OFFICE OF ADVANCEMENT ERIE, PA 16546	25-0965430	501(C)(3)	30,191.	0.			VARIOUS PROJECTS
MERCYHURST UNIVERSITY CIVIC INSTITUTE - 501 EAST 38TH STREET - ERIE, PA 16546	25-0965430	501(C)(3)	32,606.	0.			VARIOUS PROJECTS
METRO ERIE MEALS ON WHEELS 4408 PEACH ST, SUITE 102 ERIE, PA 16509	51-0200640	501(C)(3)	27,228.	0.			VARIOUS PROJECTS
MILLCREEK EDUCATION FOUNDATION 2614 COLONIAL AVE. ERIE, PA 16506	25-1437926	501(C)(3)	7,076.	0.			VARIOUS PROJECTS
MOTHER TERESA ACADEMY 160 WEST 11TH ST. ERIE, PA 16501	27-2953927	501(C)(3)	18,517.	0.			VARIOUS PROJECTS
MULTICULTURAL COMMUNITY RESOURCE CENTER - 554 E. 10TH ST. - ERIE, PA 16503	25-1271293	501(C)(3)	23,844.	0.			VARIOUS PROJECTS
MYSTIC MOUNTAIN TRAINING CENTER 14520 MYSTIC RD. CAMBRIDGE SPRINGS, PA 16403	23-3085244	501(C)(3)	6,500.	0.			VARIOUS PROJECTS

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NAMI OF PA, ERIE COUNTY AFFILIATE 1611 PEACH ST., SUITE 105 ERIE, PA 16501	25-1630714	501(C)(3)	9,851.	0.			VARIOUS PROJECTS
NEIGHBORHOOD ART HOUSE 201 EAST 10TH ST. ERIE, PA 16503-1007	25-1773391	501(C)(3)	84,958.	0.			VARIOUS PROJECTS
NEW HOPE PRESBYTERIAN CHURCH OF ERIE - 5440 WASHINGTON AVE. - ERIE, PA 16509	94-3453403	501(C)(3)	16,735.	0.			VARIOUS PROJECTS
OLEAN PUBLIC LIBRARY 134 N 2ND ST. OLEAN, NY 14760	16-6000661	501(C)(3)	5,000.	0.			VARIOUS PROJECTS
ORCHARD BEACH ASSEMBLY P. O. BOX 714 NORTH EAST, PA 16428	25-1464469	501(C)(3)	31,338.	0.			VARIOUS PROJECTS
ORPHAN ANGELS CAT SANCTUARY AND ADOPTION CENTER - 5439 WEST LAKE ROAD - ERIE, PA 16505	27-0246645	501(C)(3)	43,480.	0.			VARIOUS PROJECTS
OUR LADY OF MOUNT CARMEL PARISH 1531 EAST GRANDVIEW BLVD. ERIE, PA 16510	25-1125384	501(C)(3)	6,441.	0.			VARIOUS PROJECTS
OUR LADY OF PEACE PARISH AND SCHOOL - 2401 WEST 38TH STREET - ERIE, PA 16506	25-6367301	501(C)(3)	7,538.	0.			VARIOUS PROJECTS
OUR LADY OF PEACE CHURCH 2401 WEST 38TH STREET ERIE, PA 16506	25-1064377	501(C)(3)	19,465.	0.			VARIOUS PROJECTS

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OUR LADY OF THE LAKE PARISH 128 SUNSET DR. EDINBORO, PA 16412	25-1457337	501(C)(3)	15,714.	0.			VARIOUS PROJECTS
PARK UNITED METHODIST CHURCH 30 N. LAKE ST. NORTH EAST, PA 16428	25-6057238	501(C)(3)	74,050.	0.			VARIOUS PROJECTS
PARKINSON PARTNERS OF NW PA PO BOX 10547 ERIE, PA 16511-0547	25-1738740	501(C)(3)	10,991.	0.			VARIOUS PROJECTS
PARTNERSHIP OF WOMEN RELIGIOUS 6101 EAST LAKE RD ERIE, PA 16511	51-0516590	501(C)(3)	8,173.	0.			VARIOUS PROJECTS
PENN STATE ERIE, THE BEHREND COLLEGE - 201 LOGAN HOUSE - ERIE, PA 16563	24-6000376	501(C)(3)	67,285.	0.			VARIOUS PROJECTS
PEOPLE FOR LIFE 1625 WEST 26TH ST. ERIE, PA 16512	25-1311880	501(C)(3)	8,455.	0.			VARIOUS PROJECTS
PERFORMING ARTISTS COLLECTIVE ALLIANCE - 1505 STATE ST. - ERIE, PA 16501	80-0544629	501(C)(3)	40,074.	0.			VARIOUS PROJECTS
PERSEUS HOUSE 1511 PEACH ST. ERIE, PA 16501	23-7123683	501(C)(3)	19,818.	0.			VARIOUS PROJECTS
PRESBYTERIAN HOMES 1225 SCHOOL ROAD ERIE, PA 16505	25-0979369	501(C)(3)	55,020.	0.			VARIOUS PROJECTS

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PRESQUE ISLE LIGHT STATION 301 PRESQUE ISLE DR. ERIE, PA 16505	46-4865726	501(C)(3)	13,742.	0.			VARIOUS PROJECTS
PRESQUE ISLE LIGHTHOUSE 301 PRESQUE ISLE DR. ERIE, PA 16505	45-4865726	501(C)(3)	24,216.	0.			VARIOUS PROJECTS
PRESQUE ISLE PARTNERSHIP 301 PENINSULA DR., SUITE #2 ERIE, PA 16505-2042	25-1737521	501(C)(3)	33,004.	0.			VARIOUS PROJECTS
REALIFE ASSEMBLY OF GOD 3902 W. 38TH ST. ERIE, PA 16506	26-1851510	501(C)(3)	7,256.	0.			VARIOUS PROJECTS
ROBERT H. JACKSON CENTER 305 EAST FOURTH ST. JAMESTOWN, NY 14701	16-1605121	501(C)(3)	30,730.	0.			VARIOUS PROJECTS
REGIONAL CANCER CENTER FOUNDATION 2500 WEST 12TH ST. ERIE, PA 16505	25-1631855	501(C)(3)	1,121,806.	0.			VARIOUS PROJECTS
RONALD MCDONALD CHARITIES 541 44TH ST PITTSBURGH, PA 15201	25-1320272	501(C)(3)	5,000.	0.			VARIOUS PROJECTS
SAFENET 1702 FRENCH ST. ERIE, PA 16501	25-1269524	501(C)(3)	102,331.	0.			VARIOUS PROJECTS
SAINT JUDE SCHOOL 606 LOWELL AVE. ERE, PA 16505	25-1087395	501(C)(3)	1,976.	0.			VARIOUS PROJECTS

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SAINT MARY'S HOME OF ERIE 607 E. 26TH ST. ERIE, PA 16504	25-1073144	501(C)(3)	90,332.	0.			VARIOUS PROJECTS
SAFE JOURNEY P.O. BOX 208 UNION CITY, PA 16438	25-1426587	501(C)(3)	16,051.	0.			VARIOUS PROJECTS
SALVATION ARMY - CORRY P. O. BOX 316 CORRY, PA 16407	13-5562351	501(C)(3)	10,744.	0.			VARIOUS PROJECTS
SARAH A. REED RETIREMENT CENTER 227 WEST 22ND STREET ERIE, PA 16502	25-1215527	501(C)(3)	49,557.	0.			VARIOUS PROJECTS
SARAH REED CHILDREN'S CENTER 2445 WEST 34TH ST. ERIE, PA 16506	25-0965486	501(C)(3)	60,982.	0.			VARIOUS PROJECTS
SECOND HARVEST FOOD BANK 1507 GRIMM DRIVE ERIE, PA 16501	25-1405798	501(C)(3)	439,044.	0.			VARIOUS PROJECTS
SERVERIE PO BOX 9818 ERIE, PA 16505	82-0819172	501(C)(3)	88,536.	0.			VARIOUS PROJECTS
SHRINERS HOSPITALS FOR CHILDREN 1645 WEST 8TH ST. ERIE, PA 16505	36-2193608	501(C)(3)	156,566.	0.			VARIOUS PROJECTS
SISTERS OF MERCY OF THE AMERICAS 625 ABBOTT ROAD BUFFALO, NY 14220-2092	45-0566406	501(C)(3)	171,131.	0.			VARIOUS PROJECTS

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SISTERS OF ST. JOSEPH 5031 WEST RIDGE RD. ERIE, PA 16506-1249	25-0965595	501(C)(3)	67,362.	0.			VARIOUS PROJECTS
SISTERS OF ST. JOSEPH NEIGHBORHOOD NETWORK - 425 WEST 18TH STREET - ERIE, PA 16502	25-1853673	501(C)(3)	67,576.	0.			VARIOUS PROJECTS
SOUTH HARBORCREEK UNITED METHODIST CHURCH - 7929 MCGILL RD. - HARBORCREEK, PA 16421	25-1439635	501(C)(3)	56,143.	0.			VARIOUS PROJECTS
SPRINGHILL SENIOR LIVING COMMUNITY 2323 EDINBORO RD. ERIE, PA 16509	52-0607956	501(C)(3)	156,650.	0.			VARIOUS PROJECTS
ST. GEORGE CATHOLIC CHURCH 5145 PEACH ST. ERIE, PA 16509	25-1055326	501(C)(3)	22,170.	0.			VARIOUS PROJECTS
SIKH CULTURAL SOCIETY ERIE PA 1144 W. 8TH ST., #46 ERIE, PA 16502	47-4633677	501(C)(3)	40,199.	0.			VARIOUS PROJECTS
ST. JOHN THE BAPTIST CHURCH 509 EAST 26TH ST. ERIE, PA 16504	25-1072147	501(C)(3)	66,270.	0.			VARIOUS PROJECTS
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	29,178.	0.			VARIOUS PROJECTS
ST. LUKE CHURCH & SCHOOL 421 EAST 38TH ST. ERIE, PA 16504	25-1044104	501(C)(3)	33,761.	0.			VARIOUS PROJECTS

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ST. ANDREW CHURCH 1116 WEST 7TH ST. ERIE, PA 16502	25-1031945	501(C)(3)	5,656.	0.			VARIOUS PROJECTS
ST. MARTIN CENTER, INC. 1701 PARADE ST. ERIE, PA 16503	25-1211464	501(C)(3)	53,918.	0.			VARIOUS PROJECTS
ST. PATRICK CHURCH 130 E. 4TH ST. ERIE, PA 16507	25-1021801	501(C)(3)	44,430.	0.			VARIOUS PROJECTS
ST. PATRICK'S HAVEN 5031 W. RIDGE RD. ERIE, PA 16506	25-1712342	501(C)(3)	24,786.	0.			VARIOUS PROJECTS
ST. PAUL'S CLINIC FOUNDATION 1608 WALNUT STREET ERIE, PA 16502-1750	20-2752128	501(C)(3)	20,153.	0.			VARIOUS PROJECTS
ST. PAUL'S EVANGELICAL LUTHERAN CHURCH - 3108 STERRETTANIA RD. - ERIE, PA 16506	25-1429296	501(C)(3)	12,605.	0.			VARIOUS PROJECTS
ST. PAUL'S UNITED CHURCH OF CHRIST 1024 PEACH STREET ERIE, PA 16501	25-6002859	501(C)(3)	15,198.	0.			VARIOUS PROJECTS
ST. PETER CATHEDRAL 230 WEST 10TH ST. ERIE, PA 16501	25-0965537	501(C)(3)	38,230.	0.			VARIOUS PROJECTS
ST. STEPHEN EPISCOPAL CHURCH 1070 WEST DUTCH ROAD FAIRVIEW, PA 16415	25-1195394	501(C)(3)	30,981.	0.			VARIOUS PROJECTS

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STAIRWAYS BEHAVIORAL HEALTH 2185 WEST 8TH ST. ERIE, PA 16505	25-1271559	501(C)(3)	17,950.	0.			VARIOUS PROJECTS
SUSAN HIRT HAGEN CORE 4909 JORDAN RD ERIE, PA 16563	24-6000376	501(C)(3)	7,680.	0.			VARIOUS PROJECTS
TAMARACK WILDLIFE REHABILITATION AND EDUCATION CENTER - 21601 STULL ROAD - SAEGERTOWN, PA 16433	25-1612626	501(C)(3)	33,150.	0.			VARIOUS PROJECTS
THE GEORGIANA FOUNDATION 1250 TOWER LANE ERIE, PA 16505	46-0911678	501(C)(3)	10,245.	0.			VARIOUS PROJECTS
THE NONPROFIT PARTNERSHIP 609 WALNUT ST. ERIE, PA 16502	20-5616727	501(C)(3)	182,683.	0.			VARIOUS PROJECTS
THE REFUGE 1027 EAST 26TH ST. ERIE, PA 16504	25-1494750	501(C)(3)	9,621.	0.			VARIOUS PROJECTS
THE SALVATION ARMY 1022 LIBERTY ST. ERIE, PA 16502	13-5562351	501(C)(3)	65,423.	0.			VARIOUS PROJECTS
THE SIGHT CENTER OF NORTHWEST PENNSYLVANIA - 2545 WEST 26TH STREET - ERIE, PA 16506	25-0965454	501(C)(3)	47,039.	0.			VARIOUS PROJECTS
THE UPPER ROOM 1024 PEACH ST ERIE, PA 16501	26-2631368	501(C)(3)	34,223.	0.			VARIOUS PROJECTS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE URBAN OASIS PROJECT 900 STATE ST. SUITE 008 ERIE, PA 16501	82-1496586	501(C)(3)	6,329.	0.			VARIOUS PROJECTS
THERAPY DOGS UNITED, INC. 1940 WEST 8TH ST. ERIE, PA 16505	26-1998711	501(C)(3)	8,460.	0.			VARIOUS PROJECTS
TRINITY UNITED METHODIST CHURCH 3952 PINE AVE. ERIE, PA 16504	25-1127286	501(C)(3)	11,937.	0.			VARIOUS PROJECTS
TREC FOUNDATION 301 PENINSULA DR. SUITE 1 ERIE, PA 16505	20-0183785	501(C)(3)	39,433.	0.			VARIOUS PROJECTS
UNION CITY FIRST UNITED METHODIST CHURCH - 42 E. HIGH ST. - UNION CITY, PA 16438	25-1139407	501(C)(3)	13,199.	0.			VARIOUS PROJECTS
UNION CITY PUBLIC LIBRARY 2 STRANAHAN ST. UNION CITY, PA 16438	25-0999197	501(C)(3)	6,440.	0.			VARIOUS PROJECTS
UNION CITY VOLUNTEER FIRE CO. PO BOX 67 UNION CITY, PA 16438	25-1656913	501(C)(3)	8,378.	0.			VARIOUS PROJECTS
UNITARIAN UNIVERSALIST CONGREGATION OF ERIE - PO BOX 3495 - ERIE, PA 16508	25-1285972	501(C)(3)	45,134.	0.			VARIOUS PROJECTS
UNITED WAY OF ERIE COUNTY 420 WEST 6TH ST., SUITE 200 ERIE, PA 16507-3210	25-1053091	501(C)(3)	927,699.	0.			VARIOUS PROJECTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNION CITY FAMILY SUPPORT 38 N. MAIN ST UNION CITY, PA 16438	23-2925522	501(C)(3)	30,000.	0.			VARIOUS PROJECTS
UNITED NEIGHBORHOOD FACILITIES HEALTH CARE CORP - 1720 HOLLAND ST. - ERIE, PA 16504	25-1287896	501(C)(3)	5,235.	0.			VARIOUS PROJECTS
URBAN ERIE COMMUNITY DEVELOPMENT CORP - 2046 EAST 19TH ST. - ERIE, PA 16510	31-1605969	501(C)(3)	51,497.	0.			VARIOUS PROJECTS
UPMC HAMOT 201 STATE ST. ERIE, PA 16550	25-0965387	501(C)(3)	13,313.	0.			VARIOUS PROJECTS
VILLA MARIA ACADEMY 2403 WEST EIGHTH ST. ERIE, PA 16505	27-2953927	501(C)(3)	6,225.	0.			VARIOUS PROJECTS
VISITING NURSE ASSOCIATION 2253 WEST GRANDVIEW BLVD. ERIE, PA 16506	25-0969488	501(C)(3)	11,943.	0.			VARIOUS PROJECTS
WAYSIDE PRESBYTERIAN 1208 ASBURY ROAD ERIE, PA 16505	25-6011067	501(C)(3)	212,309.	0.			VARIOUS PROJECTS
VETERAN'S MIRACLE CENTER OF ERIE 1573 W. 39TH ST. ERIE, PA 16509	47-2295973	501(C)(3)	20,050.	0.			VARIOUS PROJECTS
WELLFIT, INC. 550 W. 10TH ST. ERIE, PA 16505	75-3147883	501(C)(3)	16,580.	0.			VARIOUS PROJECTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESLEY UNITED METHODIST CHURCH 3308 SOUTH ST. ERIE, PA 16510	25-1041259	501(C)(3)	56,407.	0.			VARIOUS PROJECTS
WEST LAKE FIRE DEPARTMENT 3762 WEST LAKE RD. ERIE, PA 16505	25-6064651	501(C)(3)	9,032.	0.			VARIOUS PROJECTS
VOICES FOR INDEPENDENCE 1432 WILKINS RD ERIE, PA 16505	25-1727199	501(C)(3)	15,330.	0.			VARIOUS PROJECTS
WESLEYVILLE HOSE COMPANY 3421 BUFFALO ROAD ERIE, PA 16510	23-7223236	501(C)(3)	15,000.	0.			VARIOUS PROJECTS
WLD RANCH 7351 WOOLSEY ROAD GIRARD, PA 16417	25-1185580	501(C)(3)	47,957.	0.			VARIOUS PROJECTS
WOMAN'S CLUB OF ERIE 259 WEST 6TH ST. ERIE, PA 16507	25-0889300	501(C)(3)	9,966.	0.			VARIOUS PROJECTS
WOMEN'S CARE CENTER 4402 PEACH ST., SUITE 101 ERIE, PA 16509	25-1433389	501(C)(3)	82,467.	0.			VARIOUS PROJECTS
YOUTH LEADERSHIP INSTITUTE OF ERIE 2201 REED STREET ERIE, PA 16503	27-3972170	501(C)(3)	15,969.	0.			VARIOUS PROJECTS
WQLN 8425 PEACH STREET ERIE, PA 16509	25-1154116	501(C)(3)	97,633.	0.			VARIOUS PROJECTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA 31 WEST 10TH ST. ERIE, PA 16501	25-0965621	501(C)(3)	158,481.	0.			VARIOUS PROJECTS
YOUNG ARTISTS DEBUT ORCHESTRA 538 MONTMARC DR. ERIE, PA 16504	57-1165652	501(C)(3)	42,278.	0.			VARIOUS PROJECTS
ADAGIO HEALTH 603 STANWIX ST STE 500 ERIE, PA 16506	23-7104168	501(C)(3)	37,000.	0.			VARIOUS PROJECTS
ALL ABOUT CHARACTER, INC. 412 FRENCH ST ERIE, PA 16507	46-3950326	501(C)(3)	20,000.	0.			VARIOUS PROJECTS
ASBURY FOUNDATION 2323 EDINBORO ROAD ERIE, PA 16509	25-1577728	501(C)(3)	7,000.	0.			VARIOUS PROJECTS
BURLEIGH LEGACY ALLIANCE 1505 STATE STREET ERIE, PA 16501	84-3971340	501(C)(3)	45,000.	0.			VARIOUS PROJECTS
CENTER FOR HEARING & DEAF SERVICES 1945 5TH AVE. ERIE, PA 16501	25-0974324	501(C)(3)	15,000.	0.			VARIOUS PROJECTS
CHILD DEVELOPMENT CENTERS, INC. 702 LIBERTY STREET FRANKLIN, PA 16323	25-1198158	501(C)(3)	20,000.	0.			VARIOUS PROJECTS
CITY OF ERIE FIRE DEPARTMENT 626 STATE ST. ERIE, PA 16501	25-6000857	501(C)(3)	30,000.	0.			VARIOUS PROJECTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLIMATE CHANGERS, INC. 314 E. 11TH ST. ERIE, PA 16503	81-0699420	501(C)(3)	48,515.	0.			VARIOUS PROJECTS
COMMUNITY HEALTH NET 1202 STATE STREET ERIE, PA 16501	25-1490791	501(C)(3)	5,964.	0.			VARIOUS PROJECTS
COMMUNITY NURSING SERVICES OF NORTH EAST - 7 PARK STREET - NORTH EAST, PA 16428	25-1193348	501(C)(3)	32,226.	0.			VARIOUS PROJECTS
COMMUNITY RESOURCES FOR INDEPENDENCE - 3410 WEST 12TH STREET - ERIE, PA 16505	25-1640170	501(C)(3)	46,261.	0.			VARIOUS PROJECTS
CORRY AREA FOOD PANTRY PO BOX 236 CORRY, PA 16407	25-1470013	501(C)(3)	6,299.	0.			VARIOUS PROJECTS
CORRY COMMUNITY FOUNDATION 221 NORTH CENTER ST. CORRY, PA 16407	25-1850006	501(C)(3)	36,325.	0.			VARIOUS PROJECTS
COUNCIL ON FOUNDATIONS 2121 CRYSTAL DRIVE, SUITE 700 ARLINGTON, VA 22202	13-6068327	501(C)(3)	10,000.	0.			VARIOUS PROJECTS
DONORSCHOOSE.ORG 134 W.37TH ST., 11TH FLOOR NEW YORK, NY 10018	13-4129457	501(C)(3)	10,000.	0.			VARIOUS PROJECTS
DOWNTOWN NORTH EAST, INC. 44 W. MAIN ST. NORTHEAST, PA 16428	80-0415113	501(C)(3)	30,000.	0.			VARIOUS GRANTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DRAMASHOP 1001 STATE ST. SUITE 210 ERIE, PA 16501	45-3414162	501(C)(3)	5,461.	0.			VARIOUS PROJECTS
EDINBORO CONFERENCE GROUNDS OF THE CHRISTIAN & MISSIONARY ALLIANCE - 12490 FRY ROAD - EDINBORO, PA 16412	25-1243166	501(C)(3)	13,422.	0.			VARIOUS PROJECTS
EMERGYCARE 1926 PEACH ST ERIE, PA 16502	25-1430922	501(C)(3)	21,885.	0.			VARIOUS PROJECTS
ERIE ARTS & MUSIC FESTIVAL 23 W.10TH ST. SUITE 2 ERIE, PA 16501	81-4996478	501(C)(3)	5,000.	0.			VARIOUS PROJECTS
ERIE BIRD OBSERVATORY 301 PENINSULA DR. ERIE, PA 16505	84-4134595	501(C)(3)	6,623.	0.			VARIOUS PROJECTS
ERIE CATHOLIC SCHOOL SYSTEM 1531 EAST GRANDVIEW BLVD. ERIE, PA 16510	81-3075121	501(C)(3)	7,681.	0.			VARIOUS PROJECTS
ERIE CEMETERY ASSOCIATION 2116 CHESTNUT ST ERIE, PA 16502	25-0465530	501(C)(3)	7,069.	0.			VARIOUS PROJECTS
ERIE COUNTY BAR ASSOCIATION 429 W 6TH ST ERIE, PA 16507	25-0918054	501(C)(3)	6,066.	0.			VARIOUS PROJECTS
ERIE COUNTY DEPARTMENT OF HEALTH 606 WEST SECOND ST ERIE, PA 16507	25-6001027	501(C)(3)	30,000.	0.			VARIOUS PROJECTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ERIE COUNTY DEPARTMENT OF PLANNING 150 E. FRONT ST. #300 ERIE, PA 16507	25-6001027	501(C)(3)	41,460.	0.			VARIOUS PROJECTS
ERIE COUNTY REDEVELOPMENT AUTHORITY - 1314 GRISWOLD PLAZA - ERIE, PA 16501	25-1193122	501(C)(3)	9,000.	0.			VARIOUS PROJECTS
ERIE FAMILY CENTER 606 RASPBERRY ST ERIE, PA 16502	82-0691825	501(C)(3)	8,840.	0.			VARIOUS PROJECTS
ERIE MASONIC TEMPLE PRESERVATION FOUNDATION - 32 W. 8TH ST., SUITE 400 - ERIE, PA 16501	84-2625500	501(C)(3)	15,220.	0.			VARIOUS PROJECTS
ERIE NATIONAL ASSOC FOR THE ADV OF COLORED PEOPLE - PO BOX 1681 - ERIE, PA 16507	13-1084135	501(C)(3)	5,384.	0.			VARIOUS GRANTS
ERIE REGIONAL AIRPORT AUTHORITY 4411 WEST 12TH ST ERIE, PA 16505	25-6004040	501(C)(3)	5,000.	0.			VARIOUS PROJECTS
ERIE REGIONAL CHAMBER & GROWTH PARTNERSHIP - 1128 STATE STREET, SUITE 300 - ERIE, PA 16501	25-1231891	501(C)(3)	51,500.	0.			VARIOUS PROJECTS
ERIE TRAP AND RELEASE 3335 PEACH ST ERIE, PA 16508	46-2116322	501(C)(3)	5,681.	0.			VARIOUS PROJECTS
ERIE'S BLACK WALL STREET 1033 CHELSEA AVE ERIE, PA 16505	85-1655843	501(C)(3)	34,675.	0.			VARIOUS PROJECTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY SERVICES OF NWPA 5100 PEACH ST. ERIE, PA 16508	26-3842518	501(C)(3)	10,625.	0.			VARIOUS PROJECTS
FINDLEY LAKE WATERSHED FOUNDATION PO BOX 125 FINDLEY LAKE, PA 14736	20-3856978	501(C)(3)	10,000.	0.			VARIOUS PROJECTS
FULLER HOSE COMPANY 68 SOUTH PEARL STREET NORTH EAST, PA 16428	25-1473811	501(C)(3)	5,748.	0.			VARIOUS PROJECTS
GAUDENZIA ERIE, INC. 414 WEST 5TH ST ERIE, PA 16507	23-3083410	501(C)(3)	13,872.	0.			VARIOUS PROJECTS
GIRARD SCHOOL DISTRICT FOUNDATION 1203 LAKE ST GIRARD, PA 16417	20-2176086	501(C)(3)	5,090.	0.			VARIOUS PROJECTS
GIRLS GROUP 2531 JACKSON AVE. #188 ANN ARBOR, MI 48103	20-4814985	501(C)(3)	8,125.	0.			VARIOUS PROJECTS
GREATER ERIE YOUTH FOR CHRIST PO BOX 158 FAIRVIEW, PA 16415	25-1075528	501(C)(3)	5,300.	0.			VARIOUS PROJECTS
GREEN BUILDING ALLIANCE 333 E. CARSON ST. NO 331 PITTSBURGH, PA 15219	25-1832931	501(C)(3)	15,000.	0.			VARIOUS PROJECTS
HOLY FAMILY CHURCH 913 FULTON ST. ERIE, PA 16503	25-1038792	501(C)(3)	7,971.	0.			VARIOUS PROJECTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLY ROSARY CHURCH 2701 EAST AVENUE ERIE, PA 16504	25-1074870	501(C)(3)	6,344.	0.			VARIOUS PROJECTS
HVA SENIOR LIVING ALLIANCE 4631 WEST LAKE ROAD ERIE, PA 16505	23-2877142	501(C)(3)	28,750.	0.			VARIOUS PROJECTS
INSPIRATION TIME, INC./WCTL-FM 10912 PEACH STREET ERIE, PA 16441	25-1203214	501(C)(3)	27,453.	0.			VARIOUS PROJECTS
INTERNATIONAL INSTITUTE OF ERIE (USCRI) - 517 EAST 26 ST - ERIE, PA 16511	25-0979363	501(C)(3)	23,537.	0.			VARIOUS PROJECTS
IROQUOIS SCHOOL DISTRICT FOUNDATION - 800 TYNDALL AVENUE - ERIE, PA 16511	56-2386782	501(C)(3)	9,339.	0.			VARIOUS PROJECTS
JULIA HOSPICE AND PALLIATIVE CARE PO BOX 353 MCKEAN, PA 16426	83-4716501	501(C)(3)	101,128.	0.			VARIOUS PROJECTS
JUNIOR ACHIEVEMENT OF ERIE REGION 4213 STATION RD., LOGAN CARRIAGE HO ERIE, PA 16563	25-0983059	501(C)(3)	10,000.	0.			VARIOUS PROJECTS
KALEID-A-SCOPE 4934 PEACH ST ERIE, PA 16509	51-0600720	501(C)(3)	6,667.	0.			VARIOUS PROJECTS
LAKE ERIE REGION CONSERVANCY PO BOX 11046 ERIE, PA 16514	25-1854607	501(C)(3)	6,652.	0.			VARIOUS PROJECTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAKE SHORE FIRE DEPARTMENT P.O. BOX 8566 ERIE, PA 16505	25-1778443	501(C)(3)	7,315.	0.			VARIOUS PROJECTS
LAKEWOOD UNITED METHODIST CHURCH 3856 WEST 10TH ST. ERIE, PA 16505	25-1002944	501(C)(3)	11,216.	0.			VARIOUS PROJECTS
LINKED BY PINK PO BOX 8177 ERIE, PA 16505	80-0230207	501(C)(3)	7,373.	0.			VARIOUS PROJECTS
MERCY HILLTOP CENTER 3715 PENNSYLVANIA AVE. ERIE, PA 16504	25-1248329	501(C)(3)	5,560.	0.			VARIOUS PROJECTS
MINDWORKS 2640 TALLANT RD. SANTA BARBARA, CA 93105	38-3973476	501(C)(3)	10,000.	0.			VARIOUS PROJECTS
NORTH EAST FOOD PANTRY 94 CATAWABA DR. NORTH EAST, PA 16428	20-0145829	501(C)(3)	9,772.	0.			VARIOUS PROJECTS
NURTURING HEARTS 32 WEST 8TH ST ERIE, PA 16501	02-0786777	501(C)(3)	9,705.	0.			VARIOUS PROJECTS
OAHE YMCA 900 E CHURCH ST. PIERRE, SD 57501	23-7169291	501(C)(3)	25,000.	0.			VARIOUS PROJECTS
OPERATION WARM 50 APPLIED BANK BLVD. GLEN MILLS, PA 19342	38-3663310	501(C)(3)	5,000.	0.			VARIOUS PROJECTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUR WEST BAYFRONT 408 W. 8TH ST. ERIE, PA 16507	81-5307388	501(C)(3)	22,426.	0.			VARIOUS PROJECTS
PERSEUS HOUSE CHARTER SCHOOL 40 EAGLE PT. BLVD ERIE, PA 16511	20-0027153	501(C)(3)	10,000.	0.			VARIOUS PROJECTS
PRESBYTERIAN SENIORCARE FOUNDATION 1215 HULTON RD. OAKMONT, PA 15139	56-2289600	501(C)(3)	11,000.	0.			VARIOUS PROJECTS
TEMPLE ANSHE HESED 5401 OLD ZUCK RD ERIE, PA 16506	25-0969404	501(C)(3)	19,432.	0.			VARIOUS PROJECTS
THE ANN ARBOR ART CENTER 117 W. LIBERTY ST. ANN ARBOR, MI 48104	23-7205537	501(C)(3)	22,875.	0.			VARIOUS PROJECTS
THE LOGAN CENTER 2505 E. JEFFERSON BLVD. SOUTH BEND, IN 46615	35-0965639	501(C)(3)	5,000.	0.			VARIOUS PROJECTS
THE REASON FOR OUR HOPE FOUNDATION 4506 MILLER AVE. ERIE, PA 16509	20-1674258	501(C)(3)	7,130.	0.			VARIOUS PROJECTS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	410	599,263.	0.		

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

PART I, LINE 2:

FORM 990, SCHEDULE I, PART II & III:

OUR GRANT MAKING FALLS INTO 3 CATEGORIES:

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

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

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

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

Part IV Supplemental Information

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

SCHOLARSHIP:

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

COMPETITIVE:

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

ERIE COMMUNITY FOUNDATION

Employer identification number

25-6032032

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2020

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				
(1) MICHAEL BATCHELOR PRESIDENT	(i)	234,000.	35,000.	18,228.	29,590.	20,352.	337,170.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

IT IS THE POLICY OF THE FOUNDATION TO CONSIDER MEMBERSHIP IN ORGANIZATIONS THAT WOULD PROMOTE THE ADVANCEMENT OF THE FOUNDATION, ENHANCE THE PROFESSIONAL STANDING OF ITS SENIOR PERSONNEL, AND FACILITATE FAVORABLE COMMUNITY RELATIONS. COSTS IN RELATION TO BENEFITS SHALL BE CONSIDERED. MEMBERSHIP IN AN ORGANIZATION MUST BE USED PRIMARILY FOR BUSINESS PURPOSES. MICHAEL BATCHELOR IS THE ONLY PERSON WHO RECEIVES THE SOCIAL CLUB BENEFIT. THIS BENEFIT IS INCLUDED IN MICHAEL BATCHELOR'S TAXABLE COMPENSATION.

PART I, LINE 4B:

THE FOUNDATION MATCHED/CONTRIBUTED \$18,830 TO THE 401(K) PLAN AND \$10,760 TO THE DEFERRED COMPENSATION PLAN FOR MICHAEL BATCHELOR.

FORM 990, SCHEDULE J, PART II, COLUMN C

THE FOUNDATION MATCHED/CONTRIBUTED 18,830 TO THE 401(K) PLAN AND 10,760 TO THE DEFERRED COMPENSATION PLAN FOR MICHAEL BATCHELOR.

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

MICHAEL BATCHELOR'S BASE COMPENSATION IS \$234,000.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

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

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	18	362,546.	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 V, 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.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

ERIE COMMUNITY FOUNDATION

Employer identification number

25-6032032

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

EVALUATING AND ADDRESSING COMMUNITY ISSUES, BUILDING PERMANENT

CHARITABLE ENDOWMENTS, AND BY PROMOTING PHILANTHROPIC AND COMMUNITY

LEADERSHIP.

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

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

PRESIDENT. THIS REVIEW CONSISTS OF TRACING ALL FIGURES FROM INTERNALLY

DEVELOPED SCHEDULES TO THE 990 AND REVIEWING ALL

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

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

FINAL REVIEW IS CONDUCTED BY THE FINANCE COMMITTEE.

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

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

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

MATERIAL INTEREST IN ANY PROPOSED EXISTING CONTRACT, TRANSACTION OR

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

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

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

FOR THIS PURPOSE.

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

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

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

YEAR, PROVIDES THAT TRUSTEES HAVING A CONTINUING OBLIGATION TO REPORT

CONFLICTS AND MUST PROMPTLY REPORT ANY CONFLICT THAT HAS NOT BEEN

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

PREVIOUSLY REPORTED.

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

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

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

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

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

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

REFUND OF PRIOR YEAR GRANTS	41,786.
CHANGE IN VALUE OF SPLIT INTERESTS	26,672.
ROUNDING DIFFERENCE	1.
TOTAL TO FORM 990, PART XI, LINE 9	68,459.

Name of the organization

ERIE COMMUNITY FOUNDATION

Employer identification number

25-6032032

FORM 990, PART XII, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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
CORRY COMMUNITY FOUNDATION - 25-1850006 459 WEST 6TH ST. ERIE, PA 16507	COMMUNITY FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 7	ECF	X	
NORTH EAST COMMUNITY FOUNDATION - 25-1650208 459 WEST 6TH ST. ERIE, PA 16507	COMMUNITY FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 7	ECF	X	
UNION CITY COMMUNITY FOUNDATION - 25-1672243 459 WEST 6TH ST. ERIE, PA 16507	COMMUNITY FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12C, III-FI	ECF	X	
NONPROFIT PARTNERSHIP - 20-5616727 609 WALNUT ST ERIE, PA 16502	MANAGEMENT	PENNSYLVANIA	501(C)(3)	LINE 7	N/A	X	

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

Schedule R (Form 990) 2020

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CORRY COMMUNITY FOUNDATION	L	108,978.	FMV
(2) CORRY COMMUNITY FOUNDATION	B	36,326.	FMV
(3) UNION CITY COMMUNITY FOUNDATION	L	37,538.	FMV
(4) NORTH EAST COMMUNITY FOUNDATION	L	67,867.	FMV
(5) NONPROFIT PARTNERSHIP	B	182,683.	FMV
(6)			

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20__

2020

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

ERIE COMMUNITY FOUNDATION

25-6032032

Name and title of officer or person subject to tax
BARBARA F SAMBROAK, CPA
CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____ 0.
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **MCGILL, POWER, BELL & ASSOCIATES, LLP** to enter my PIN **12345**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

25297241326

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature Date

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

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

2020

Department of the Treasury
Internal Revenue Service

For calendar year 2020 or other tax year beginning _____, and ending _____

▶ **Go to www.irs.gov/Form990T for instructions and the latest information.**
▶ **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

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) ERIE COMMUNITY FOUNDATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 459 WEST 6TH STREET</p> <p>City or town, state or province, country, and ZIP or foreign postal code ERIE, PA 16507</p> <p>C Book value of all assets at end of year ▶ 290,579,169.</p>	<p>D Employer identification number 25-6032032</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
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G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶ **1**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

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

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	-121,559.
2 Reserved	2	
3 Add lines 1 and 2	3	-121,559.
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	-121,559.
6 Deduction for net operating loss. See instructions	6	0.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	-121,559.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d		1e	
2 Subtract line 1e from Part II, line 7		2	0.
3 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)		3	
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here		4	0.
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4		5	0.
6a Payments: A 2019 overpayment credited to 2020	6a		
b 2020 estimated tax payments. Check if section 643(g) election applies	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439	6g		
<input type="checkbox"/> Form 4136			
7 Total payments. Add lines 6a through 6g		7	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached		8	
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9	
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10	
11 Enter the amount of line 10 you want: Credited to 2021 estimated tax		11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ CAYMAN ISLANDS		Yes	No
		X	
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
If "Yes," see instructions for other forms the organization may have to file.			
3 Enter the amount of tax-exempt interest received or accrued during the tax year			
4a Did the organization change its method of accounting? (see instructions)			X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	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 of officer _____ Date _____	Title CFO	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Preparer Use Only	Print/Type preparer's name VINCENT HALUPCZYNSKI	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P00347533
	Firm's name ▶ MCGILL, POWER, BELL & ASSOCIATES, LLP 2402 W. 8TH STREET Firm's address ▶ ERIE, PA 16505-4935	Firm's EIN ▶ 25-1031405	Phone no. (814) 453-6594	

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY 1

OMB No. 1545-0047

2020

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

A Name of the organization ERIE COMMUNITY FOUNDATION	B Employer identification number 25-6032032
C Unrelated business activity code (see instructions) ▶ 525990	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **INCOME FROM PARTNERSHIP INVESTMENTS**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶			
2 Cost of goods sold (Part III, line 8)	1c			
3 Gross profit. Subtract line 2 from line 1c	2			
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	3			
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4a	46,587.		46,587.
c Capital loss deduction for trusts	4b			
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 1	4c			
6 Rent income (Part IV)	5	-168,146.		-168,146.
7 Unrelated debt-financed income (Part V)	6			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	7			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	8			
10 Exploited exempt activity income (Part VIII)	9			
11 Advertising income (Part IX)	10			
12 Other income (see instructions; attach statement)	11			
13 Total. Combine lines 3 through 12	12	-121,559.		-121,559.
	13			

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

1 Compensation of officers, directors, and trustees (Part X)				
2 Salaries and wages				
3 Repairs and maintenance				
4 Bad debts				
5 Interest (attach statement) (see instructions)				
6 Taxes and licenses				
7 Depreciation (attach Form 4562) (see instructions)		7		
8 Less depreciation claimed in Part III and elsewhere on return		8a		8b
9 Depletion				
10 Contributions to deferred compensation plans				
11 Employee benefit programs				
12 Excess exempt expenses (Part VIII)				
13 Excess readership costs (Part IX)				
14 Other deductions (attach statement)				
15 Total deductions. Add lines 1 through 14				0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				-121,559.
17 Deduction for net operating loss (see instructions)				0.
18 Unrelated business taxable income. Subtract line 17 from line 16				-121,559.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation

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

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
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)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____

B _____

C _____

D _____

	A	B	C	D
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 statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			
			3. Net unrelated income (loss) (see instructions)	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
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	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		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Totals			0.	0.		

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) _____	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) _____	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 _____	4	
5	Gross income from activity that is not unrelated business income _____	5	
6	Expenses attributable to income entered on line 5 _____	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 _____	7	

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 1

DESCRIPTION	NET INCOME OR (LOSS)
- ORDINARY BUSINESS INCOME (LOSS)	-168,146.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-168,146.

**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.
▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2020

Name ERIE COMMUNITY FOUNDATION	Employer identification number 25-6032032
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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)
1a 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				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked	6,590.			6,590.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	6,590.

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)
8a 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				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	11,200.			11,200.
11 Enter gain from Form 4797, line 7 or 9			11	28,797.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	39,997.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	6,590.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	39,997.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	46,587.

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

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.
▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or
taxpayer identification no.
25-6032032

ERIE COMMUNITY FOUNDATION

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 generally short-term (see instructions). 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)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	SHORT TERM CAPITAL GAIN	VARIOUS	12/31/20	6,590.	0.			6,590.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶								
				6,590.				6,590.

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.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

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 generally long-term (see instructions). 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 of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	LONG TERM CAPITAL GAIN	VARIOUS	12/31/20	11,200.	0.			11,200.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ►								
				11,200.				11,200.

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))
 Attach to your tax return.

▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

ERIE COMMUNITY FOUNDATION

Identifying number
25-6032032

1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 **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)
	PARTNERSHIP INTERESTS	VARIOUS	12/31/20	28,797.		0.	28,797.

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 28,797.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, 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 28,797.

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	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 loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) 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 Schedule 1 (Form 1040), Part I, line 4	18b

LHA 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)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23			
24	Total gain. Subtract line 23 from line 20	24			
25 If section 1245 property:					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage	27b			
c	Enter the smaller of line 24 or 27b	27c			
28 If section 1254 property:					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b	Enter the smaller of line 24 or 28a	28b			
29 If section 1255 property:					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b	Enter the smaller of line 24 or 29a. See instructions	29b			

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

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

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

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

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STATE COPY

ERIE COMMUNITY FOUNDATION
459 WEST 6TH STREET
ERIE, PA 16507

BUREAU OF CHARITABLE ORGANIZATIONS
207 NORTH OFFICE BUILDING
HARRISBURG, PA 17120

FORM BCO-10

Mail to:

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
207 North Office Building
Harrisburg, PA 17120

See www.dos.pa.gov/charities for more information

Charitable Organization Registration Statement

BCO-10 (rev. 8/2017)

Fee: See instructions

Read all instructions prior to completing form.

Certificate number: 895
(N/A if initial registration)

Fiscal year ended: 12/31/2020
MM DD YYYY

FEIN: 25-6032032

If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply:

Organization is exempt from registration because

Organization does not solicit contributions in Pennsylvania

1. Legal name of organization: ERIE COMMUNITY FOUNDATION

Check if name change and give previous name _____

2. All other names used to solicit contributions: _____

3. Contact person: BARBARA F SAMBROAK, CFO Contact's E-mail: BSAMBROAK@ERIECOMMUNITYFOUND

4. Physical address of organization: _____ Mailing address: (If different than physical) _____

459 WEST 6TH STREET

ERIE

PA 16507

County: ERIE

800 number: _____

Phone number: 814-454-0843

Fax number: 814-454-4965

Email (if different than Contact's email): _____

Website: ERIECOMMUNITYFOUNDATION.ORG

5. Type of organization (e.g. non-profit corporation, unincorporated association, etc.):
CORPORATION

Where established: ERIE, PA

Date established:* 06/11/1949

*Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution or other organizational instrument and by-laws.

ERIE COMMUNITY FOUNDATION

6. Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)

SEE STATEMENT 1

7. Short form registration applicability - Specified types of charitable organizations described in §162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":

§162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust

§162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.

§162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities

§162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.

X Not Applicable

Charitable organizations which check boxes §162.7(a)(1) - §162.7(a)(4) are not required to file a financial report with this registration. If "Not Applicable" is checked, the charitable organization must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions.

Items 8 and 9 are required to be completed by initial registrants only

8. Date organization first solicited contributions from Pennsylvania residents: MM DD YYYY

Other

9. If organization solicited Pennsylvania residents and received gross* contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000.

MM DD YYYY

Other

*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.

ERIE COMMUNITY FOUNDATION

10. Has the organization been granted IRS tax-exempt status? Yes No

A. If "Yes," under which IRS code section: 501(C)(3) and attach a copy of the IRS exemption letter if not previously submitted.

B. Has the organization's tax-exempt status ever been denied, revoked or modified? Yes No
(If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.)

11. Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year? Yes No

(If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)

12. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):

THE ERIE COMMUNITY FOUNDATION BOARD OF TRUSTEES CONNECT WITH THE ERIE COMMUNITY MEMBERS TO ENCOURAGE SUPPORT OF THE FOUNDATION.

13. A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.

INCOME OF THE FOUNDATION IS TO BE USED FOR THE ADVANCEMENT OF EDUCATION, ARTS, HEALTH SERVICES, CIVIC SERVICES AND ECONOMIC DEVELOPMENT OF PERSONS LIVING IN ERIE COUNTY, PENNSYLVANIA.

14. Is the organization registered to solicit contributions in any other state or municipality?

Yes No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)

15. Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organization only uses or intends to only use a professional fundraising counsel.) Yes No

If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents: _____
Month Day Year

16. Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)

SEE STATEMENT 2

ERIE COMMUNITY FOUNDATION

- 17. Names, addresses, and telephone numbers of all professional fundraising counsel the organization uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)

SEE STATEMENT 3

- 18. Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization: (Attach a separate sheet if necessary)

NONE

- 19. If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates?

(See note "Affiliate and Parent Organization") Yes No Not Applicable

If "Yes," give all names and certificate numbers of the affiliate organizations:

(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

- 20. Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization")

Yes No Not Applicable

If "Yes," provide the name and, if available, certificate number of the parent organization.

(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

Legal name of parent organization

Pennsylvania certificate number

- 21. Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)

SEE STATEMENT 4

ERIE COMMUNITY FOUNDATION**22.** Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)

A. Are in charge of solicitation activities:

MICHAEL L BATCHELOR, PRESIDENT459 WEST 6TH ST ERIE, PA 16507

B. Have final responsibility for the custody of contributions:

MICHAEL L BATCHELOR, PRESIDENT459 WEST 6TH ST ERIE, PA 16507

C. Have final responsibility for final distribution of contributions:

MICHAEL L BATCHELOR, PRESIDENT459 WEST 6TH ST ERIE, PA 16507

D. Are responsible for custody of financial records:

BARBARA F SAMBROAK, CFO459 WEST 6TH ST ERIE, PA 16507**23.** Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:A. Any other officer, director, trustee, or employee? Yes NoB. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? ** Yes No

C. Any officers, agents or employees of any supplier or vendor providing goods or services? **

 Yes No

**(this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor)

If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.

24. Has the organization or any of its present officers, directors, executive personnel or trustees ever:A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction? Yes No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency?

 Yes NoC. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes No

(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

ERIE COMMUNITY FOUNDATION

Certification - This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).

Signature of Chief Fiscal Officer

Date

BARBARA F SAMBROAK, CPA, CFO

Type or print name and title of Chief Fiscal Officer

Signature of Other Authorized Officer

Date

KAREN BILOWITH, PRESIDENT

Type or print name and title of Other Authorized Officer

Checklist for registration:	
<input type="checkbox"/>	Completed registration statement properly signed and dated.
<input checked="" type="checkbox"/>	A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer
<input type="checkbox"/>	Public Disclosure Form BCO-23 (if required)
<input checked="" type="checkbox"/>	Applicable Financial Statements (audited, reviewed, compiled or internally prepared)
<input checked="" type="checkbox"/>	Registration fee and any late filing fees
<input type="checkbox"/>	Initial Registrants Only: IRS determination letter, articles of incorporation or charter and by-laws.
See Instructions for more information on completing this form and attachments.	

FORM BCO-10 ALL OFFICES, CHAPTERS, BRANCHES LOCATED IN PA STATEMENT 1

NAME AND ADDRESS PHONE NUMBER

CORRY COMMUNITY FOUNDATION 814-454-0843
459 WEST 6TH ST, ERIE, PA 16507

NAME AND ADDRESS PHONE NUMBER

NORTH EAST COMMUNITY FOUNDATION 814-725-7107
PO BOX 327, NORTH EAST, PA 16428

NAME AND ADDRESS PHONE NUMBER

UNION CITY COMMUNITY FOUNDATION 814-545-0843
459 WEST 6TH ST, ERIE, PA 16507

NAME AND ADDRESS PHONE NUMBER

NONPROFIT PARTNERSHIP 814-240-2490
609 WALNUT ST, ERIE, PA 16502

NAME AND ADDRESS PHONE NUMBER

HISTORICAL ERIE PRESERVATION TRUST 814-454-4459
230 W. 6TH ST., ERIE, PA 16507

FORM BCO-10 ALL PROFESSIONAL SOLICITORS STATEMENT 2

NAME AND ADDRESS PHONE NUMBER

NONE

CONTRACT BEGIN DATE CONTRACT END DATE SOLICIT DATE

FORM BCO-10

PROFESSIONAL FUNDRAISING COUNSELS

STATEMENT 3

NAME AND ADDRESS

PHONE NUMBER

NONE

CONTRACT BEGIN DATE

CONTRACT END DATE

SERVICE DATE

FORM BCO-10

OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES

STATEMENT 4

NAME AND ADDRESS

TITLE

MICHAEL BATCHELOR
459 WEST 6TH STREET
ERIE, PA 16507

PRESIDENT

NAME AND ADDRESS

TITLE

BARBARA SAMBROAK
459 WEST 6TH STREET
ERIE, PA 16507

TREASURER, VP OF FINANCE

NAME AND ADDRESS

TITLE

TIMOTHY HUNTER
459 WEST 6TH STREET
ERIE, PA 16507

CHAIRMAN

NAME AND ADDRESS

MARCUS ATKINSON
459 WEST 6TH STREET
ERIE, PA 16507

TITLE

SECRETARY

NAME AND ADDRESS

CHARLES KNIGHT, CPA
459 WEST 6TH STREET
ERIE, PA 16507

TITLE

TRUSTEE

NAME AND ADDRESS

DR. DONALD BAXTER
459 WEST 6TH STREET
ERIE, PA 16507

TITLE

TRUSTEE

NAME AND ADDRESS

DIONNE WALLACE OAKLEY
459 WEST 6TH STREET
ERIE, PA 16507

TITLE

TRUSTEE

NAME AND ADDRESS

WILLIAM HILBERT, JR.
459 WEST 6TH STREET
ERIE, PA 16507

TITLE

TRUSTEE

NAME AND ADDRESS

SARAH HAGEN MCWILLIAMS
459 WEST 6TH STREET
ERIE, PA 16507

TITLE

TRUSTEE

NAME AND ADDRESS

DAVID TULLIO
459 WEST 6TH STREET
ERIE, PA 16507

TITLE

TRUSTEE

NAME AND ADDRESS

LYNN MCBRIER
459 WEST 6TH STREET
ERIE, PA 16507

TITLE

TRUSTEE

NAME AND ADDRESS

DEBRA MURPHY
459 WEST 6TH STREET
ERIE, PA 16507

TITLE

TRUSTEE

NAME AND ADDRESS

JAMES WALCZAK
459 WEST 6TH STREET
ERIE, PA 16507

TITLE

TRUSTEE

ERIE COMMUNITY FOUNDATION

25-6032032

NAME AND ADDRESS

TITLE

TOM TUPITZA
459 WEST 6TH STREET
ERIE, PA 16507

TRUSTEE

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ERIE COMMUNITY FOUNDATION		D Employer identification number 25-6032032
	Doing business as		E Telephone number 814-454-0843
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	459 WEST 6TH STREET		G Gross receipts \$ 90,669,175.
	City or town, state or province, country, and ZIP or foreign postal code ERIE, PA 16507		
F Name and address of principal officer: BARBARA F SAMBROAK, CPA 459 WEST 6TH ST, ERIE, PA 16507		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **ERICOMMUNITYFOUNDATION.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1971** **M** State of legal domicile: **PA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ERIE COMMUNITY FOUNDATION WORKS TO IMPROVE THE QUALITY OF LIFE FOR ALL IN OUR REGION BY		
	2 Check this box <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)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	19
	6 Total number of volunteers (estimate if necessary)	6	328
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-121,559.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 20,626,293.	Current Year 22,511,894.
	9 Program service revenue (Part VIII, line 2g)	277,879.	318,152.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,870,974.	3,882,293.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	254.	18,858.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,775,400.	26,731,197.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	21,461,560.	15,961,164.
	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)	1,699,406.	1,714,548.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 681,507.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,229,651.	2,384,229.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	25,390,617.	20,059,941.	
19 Revenue less expenses. Subtract line 18 from line 12	2,384,783.	6,671,256.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 259,123,488.	End of Year 290,579,169.
	21 Total liabilities (Part X, line 26)	7,209,461.	4,042,025.
	22 Net assets or fund balances. Subtract line 21 from line 20	251,914,027.	286,537,144.

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	BARBARA F SAMBROAK, CPA, CFO Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name VINCENT HALUPCZYNSKI	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN P00347533
	Firm's name ▶ MCGILL, POWER, BELL & ASSOCIATES, LLP	Firm's EIN ▶ 25-1031405		Phone no. (814) 453-6594
	Firm's address ▶ 2402 W. 8TH STREET ERIE, PA 16505-4935			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 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 \$ 17,154,202. including grants of \$ 15,961,164.) (Revenue \$ 337,010.) THE ERIE COMMUNITY FOUNDATION (FOUNDATION) IS A PUBLIC CHARITY PRIMARILY SERVING DONORS AND THE NONPROFIT SECTOR IN ERIE COUNTY, PENNSYLVANIA. THE FOUNDATION ENCOURAGES THE ESTABLISHMENT OF NEW CHARITABLE ENDOWMENT FUNDS AND PROVIDES COMPETITIVE, DONOR-ADVISED DESIGNATED AND SCHOLARSHIP GRANTS TO ARTS AND CULTURE, COMMUNITY DEVELOPMENT, EDUCATION, HEALTH, NEIGHBORHOOD REVITALIZATION AND HUMAN SERVICE ORGANIZATIONS. THE FOUNDATION ALSO PROVIDES A DONOR EDUCATION PROGRAM. SUBSTANTIALLY ALL CONTRIBUTIONS RECEIVED ARE FROM INDIVIDUALS WITH TIES TO ERIE COUNTY.

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

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

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

4e Total program service expenses 17,154,202.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 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	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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>	X	
36 Section 501(c)(3) organizations. 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
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		19
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country CAYMAN ISLANDS See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ PA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
BARBARA F SAMBROAK CPA - 814-454-0843
459 WEST 6TH STREET, ERIE, PA 16507

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL BATCHELOR PRESIDENT	50.00			X			287,228.	0.	49,942.	
(2) BARBARA SAMBROAK TREASURER, VP OF FINANCE	50.00			X			133,571.	0.	15,007.	
(3) TIMOTHY HUNTER CHAIRMAN	5.00	X		X			0.	0.	0.	
(4) MARCUS ATKINSON SECRETARY	5.00	X		X			0.	0.	0.	
(5) CHARLES KNIGHT, CPA TRUSTEE	1.00	X					0.	0.	0.	
(6) DR. DONALD BAXTER TRUSTEE	1.00	X					0.	0.	0.	
(7) DIONNE WALLACE OAKLEY TRUSTEE	1.00	X					0.	0.	0.	
(8) WILLIAM HILBERT, JR. TRUSTEE	1.00	X					0.	0.	0.	
(9) SARAH HAGEN MCWILLIAMS TRUSTEE	1.00	X					0.	0.	0.	
(10) DAVID TULLIO TRUSTEE	1.00	X					0.	0.	0.	
(11) LYNN MCBRIER TRUSTEE	1.00	X					0.	0.	0.	
(12) DEBRA MURPHY TRUSTEE	1.00	X					0.	0.	0.	
(13) JAMES WALCZAK TRUSTEE	1.00	X					0.	0.	0.	
(14) TOM TUPITZA TRUSTEE	1.00	X					0.	0.	0.	

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	22,511,894.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 362,546.				
	h Total. Add lines 1a-1f			22,511,894.			
Program Service Revenue	2 a ADMINISTRATIVE FEES	Business Code					
		900099	318,152.	318,152.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			318,152.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,883,383.		-168,146.	3,051,529.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	64,936,888.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	63,937,978.				
	c Gain or (loss)	7c	998,910.				
	d Net gain or (loss)			998,910.	46,587.	952,323.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISCELLANEOUS INCOME	Business Code					
		900099	18,850.	18,850.			
	b CLASS ACTION SETTLEMENTS	900099	8.	8.			
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d			18,858.				
12 Total revenue. See instructions			26,731,197.	337,010.	-121,559.	4,003,852.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	15,361,900.	15,361,900.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	599,264.	599,264.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	522,070.	179,112.	193,561.	149,397.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	871,011.	386,927.	235,065.	249,019.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	55,131.	21,952.	15,858.	17,321.
9 Other employee benefits	181,486.	67,925.	51,027.	62,534.
10 Payroll taxes	84,850.	35,363.	27,367.	22,120.
11 Fees for services (nonemployees):				
a Management	79,137.	34,194.	22,840.	22,103.
b Legal	6,899.	2,736.	2,115.	2,048.
c Accounting	85,294.	33,265.	26,441.	25,588.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,498,244.		1,498,244.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	97,557.	32,194.	33,169.	32,194.
13 Office expenses	35,202.	13,739.	10,907.	10,556.
14 Information technology	67,553.	26,346.	20,941.	20,266.
15 Royalties				
16 Occupancy	74,651.	33,983.	20,667.	20,001.
17 Travel	314.	123.	97.	94.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	53,314.	20,793.	16,527.	15,994.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	209,916.	164,481.	26,268.	19,167.
23 Insurance	25,895.	10,099.	8,027.	7,769.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DIRECT FUND EXPENSES	135,027.	123,868.	10,391.	768.
b DUES & MEMBERSHIP	15,226.	5,938.	4,720.	4,568.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	20,059,941.	17,154,202.	2,224,232.	681,507.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,857,443.	1	4,381,216.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	65,183.	9	78,664.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,718,125.		
	b Less: accumulated depreciation	10b 1,802,381.		
	11 Investments - publicly traded securities	2,549,092.	10c	2,915,744.
	12 Investments - other securities. See Part IV, line 11	137,675,294.	11	152,205,059.
	13 Investments - program-related. See Part IV, line 11	115,337,858.	12	127,934,778.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	638,618.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	259,123,488.	15	3,063,708.	
		16	290,579,169.	
Liabilities	17 Accounts payable and accrued expenses	559,645.	17	612,114.
	18 Grants payable	4,977,492.	18	1,793,515.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,672,324.	25	1,636,396.
	26 Total liabilities. Add lines 17 through 25	7,209,461.	26	4,042,025.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	251,470,857.	27	283,628,960.
	28 Net assets with donor restrictions	443,170.	28	2,908,184.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	251,914,027.	32	286,537,144.
	33 Total liabilities and net assets/fund balances	259,123,488.	33	290,579,169.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,731,197.
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,059,941.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,671,256.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	251,914,027.
5	Net unrealized gains (losses) on investments	5	27,883,402.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	68,459.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	286,537,144.

Part XII Financial Statements and Reporting

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10458728.	26411130.	21560266.	20626293.	22111894.	101168311
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	10458728.	26411130.	21560266.	20626293.	22111894.	101168311
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						32053488.
6 Public support. Subtract line 5 from line 4.						69114823.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	10458728.	26411130.	21560266.	20626293.	22111894.	101168311
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3197559.	3804982.	3642039.	3588423.	3051529.	17284532.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				89,501.	0.	89,501.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						118542344
12 Gross receipts from related activities, etc. (see instructions)					12	1,476,594.
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	58.30	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	54.17	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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>		
2 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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

ERIE COMMUNITY FOUNDATION

Employer identification number

25-6032032

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

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

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

Check if your 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

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

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), 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
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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	<hr/> <hr/> <hr/>	\$ <u>5,020,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>1,121,806.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>461,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>503,627.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>1,125,391.</u>	Person <input checked="" 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
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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	_____ _____ _____	\$ <u>1,215,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ <u>950,533.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ <u>1,018,822.</u>	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.)

Name of organization ERIE COMMUNITY FOUNDATION	Employer identification number 25-6032032
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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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization ERIE COMMUNITY FOUNDATION	Employer identification number 25-6032032
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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 info. once.) ▶ \$ _____
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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	197	208
2 Aggregate value of contributions to (during year)	4,811,380.	1,675,916.
3 Aggregate value of grants from (during year)	1,899,939.	3,251,082.
4 Aggregate value at end of year	72,186,793.	72,475,417.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply):

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - 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? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	247,455,351.	213,776,727.	228,052,709.	192,228,482.	185,767,648.
b Contributions	12,651,451.	13,854,810.	16,527,543.	19,915,808.	5,217,293.
c Net investment earnings, gains, and losses	31,646,146.	38,111,341.	-11,681,730.	31,673,810.	15,752,617.
d Grants or scholarships	10,482,221.	15,209,075.	16,232,505.	12,896,188.	12,045,279.
e Other expenditures for facilities and programs	1,504,652.	1,392,382.	1,212,301.	1,340,921.	1,174,664.
f Administrative expenses	1,833,571.	1,686,070.	1,676,989.	1,528,282.	1,289,133.
g End of year balance	277,932,504.	247,455,351.	213,776,727.	228,052,709.	192,228,482.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100 %
 - b Permanent endowment %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		128,575.		128,575.
b Buildings		2,671,123.	1,047,582.	1,623,541.
c Leasehold improvements				
d Equipment		941,620.	637,145.	304,475.
e Other		976,807.	117,654.	859,153.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,915,744.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) VARIOUS PARTNERSHIPS AND		
(B) ALTERNATIVE INVESTMENTS	127,934,778.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	127,934,778.	

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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (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	1,636,396.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,636,396.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	52,199,488.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	27,883,402.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	41,786.
d	Other (Describe in Part XIII.)	2d	5,274,813.
e	Add lines 2a through 2d	2e	33,200,001.
3	Subtract line 2e from line 1	3	18,999,487.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,334,311.
b	Other (Describe in Part XIII.)	4b	6,397,399.
c	Add lines 4a and 4b	4c	7,731,710.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	26,731,197.

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

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

1	Total expenses and losses per audited financial statements	1	16,724,484.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	1,152,693.
e	Add lines 2a through 2d	2e	1,152,693.
3	Subtract line 2e from line 1	3	15,571,791.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,334,311.
b	Other (Describe in Part XIII.)	4b	3,153,839.
c	Add lines 4a and 4b	4c	4,488,150.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	20,059,941.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE INTENDED USES OF THE ENDOWED FUNDS AT THE ERIE COMMUNITY FOUNDATION ARE TO PROVIDE UNRESTRICTED OPERATIONAL SUPPORT TO LOCAL NON-PROFIT ORGANIZATIONS AND SCHOLARSHIPS TO LOCAL STUDENTS.

PART 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.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

AFFILIATE ACTIVITY 5,248,141.

CHANGE IN VALUE OF SPLIT INTEREST TRUST 26,672.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 5,274,813.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ENDOWMENT REVENUE 6,397,399.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

AFFILIATE EXPENSES 1,152,693.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY EXPENSES 3,153,839.

Part IV Foreign Forms

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABIDING HOPE LUTHERN CHURCH 2402 W. GRANDVIEW BLVD. ERIE, PA 16506	35-2182533	501(C)(3)	17,504.	0.			VARIOUS PROJECTS
ACES, INC. 1001 STATE STREET, SUITE 310 ERIE, PA 16501	26-2763757	501(C)(3)	10,413.	0.			VARIOUS PROJECTS
ACHIEVEMENT CENTER 4950 WEST 23RD ST. ERIE, PA 16506	25-0965336	501(C)(3)	51,587.	0.			VARIOUS PROJECTS
AHN SAINT VINCENT HOSPITAL 232 W. 25TH ST. ERIE, PA 16502	25-1406710	501(C)(3)	89,992.	0.			VARIOUS PROJECTS
ALBION AREA FAIR ASSOCIATION 299 RILEY DRIVE GIRARD, PA 16417	25-1776400	501(C)(3)	5,000.	0.			VARIOUS PROJECTS
ALL GOD'S CHILDREN MINISTRIES PO BOX 65 WEST SPRINGFIELD, PA 16443	27-1774666	501(C)(3)	21,560.	0.			VARIOUS PROJECTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **295.**

3 Enter total number of other organizations listed in the line 1 table ▶ **0.**

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLEGHENY COLLEGE 520 NORTH MAIN STREET MEADVILLE, PA 16335	25-0965212	501(C)(3)	30,129.	0.			VARIOUS PROJECTS
ALZHEIMER'S ASSOC. OF NW PA 1600 PENINSULA DR. ERIE, PA 16505	25-1510692	501(C)(3)	20,108.	0.			VARIOUS PROJECTS
AMERICAN HEART ASSOCIATION- ERIE 1575 CORPORATE WOODS DR., SUITE 150 UNIONTOWN, OH 44685	13-5613797	501(C)(3)	14,851.	0.			VARIOUS PROJECTS
AMERICAN NATIONAL RED CROSS 4961 PITTSBURGH AVE. ERIE, PA 16509	53-0196605	501(C)(3)	27,850.	0.			VARIOUS PROJECTS
ANNA SHELTER 1555 EAST 10TH STREET ERIE, PA 16503	20-1512416	501(C)(3)	77,606.	0.			VARIOUS PROJECTS
ASBURY WOODS PARTNERSHIP 4105 ASBURY RD. ERIE, PA 16506	26-0699998	501(C)(3)	85,565.	0.			VARIOUS PROJECTS
AUTISM SOCIETY NORTHWESTERN PENNSYLVANIA - 1062 BROWN AVE., SUITE 200 B - ERIE, PA 16508	26-0699998	501(C)(3)	58,544.	0.			VARIOUS PROJECTS
BARBER NATIONAL INSTITUTE 100 BARBER PLACE ERIE, PA 16507	23-7447611	501(C)(3)	117,116.	0.			VARIOUS PROJECTS
BAYFRONT EAST SIDE TASKFORCE 420 PARADE ST ERIE, PA 16507	25-1871783	501(C)(3)	9,136.	0.			VARIOUS PROJECTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYFRONT MARITIME CENTER 40 HOLLAND ST. ERIE, PA 16507	25-1812163	501(C)(3)	30,480.	0.			VARIOUS PROJECTS
BAYFRONT NATO, INC. 312 CHESTNUT ST. ERIE, PA 16507	25-6085619	501(C)(3)	70,143.	0.			VARIOUS PROJECTS
BECAUSE YOU CARE PO BOX 54 MCKEAN, PA 16426	25-1431378	501(C)(3)	57,622.	0.			VARIOUS PROJECTS
BENEDICTINE SISTERS OF ERIE 6101 EAST LAKE RD. ERIE, PA 16511	25-0965501	501(C)(3)	57,245.	0.			VARIOUS PROJECTS
BETHANY OUTREACH CENTER 254 E 10TH ST ERIE, PA 16503	27-1263023	501(C)(3)	16,491.	0.			VARIOUS PROJECTS
BLENDED SPIRITS RANCH 7401 MCCRAY RD FAIRVIEW, PA 16415-2401	30-0447903	501(C)(3)	16,340.	0.			VARIOUS PROJECTS
BOOKER T. WASHINGTON CENTER 1720 HOLLAND ST. ERIE, PA 16503	25-0989247	501(C)(3)	35,942.	0.			VARIOUS PROJECTS
BOY SCOUTS OF AMERICA COUNCIL 1815 ROBISON RD. W. ERIE, PA 16509-4905	25-0965265	501(C)(3)	21,878.	0.			VARIOUS PROJECTS
BOYS & GIRLS CLUBS OF ERIE 1515 EAST LAKE ROAD ERIE, PA 16511	25-1265501	501(C)(3)	44,203.	0.			VARIOUS PROJECTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY'S TOWN NATIONAL HEADQUARTERS BOYS TOWN, NE 68010	47-0376606	501(C)(3)	17,812.	0.			VARIOUS PROJECTS
BREVILLIER VILLAGE 5416 EAST LAKE RD. ERIE, PA 16511	25-1311972	501(C)(3)	20,563.	0.			VARIOUS PROJECTS
CAMP JUDSON 398 HOLLIDAY RD. NORTH SPRINGFIELD, PA 16430	25-6012340	501(C)(3)	58,631.	0.			VARIOUS PROJECTS
CAMP NOTRE DAME PO BOX 74 FAIRVIEW, PA 16415	25-1093617	501(C)(3)	30,132.	0.			VARIOUS PROJECTS
CAREERCATCHERS, INC. 8720 GEORGIA AVENUE SILVER SPRING, MD 20877	61-1588740	501(C)(3)	6,000.	0.			VARIOUS PROJECTS
CATHEDRAL OF ST. PAUL 134 WEST 7TH STREET ERIE, PA 16501	25-0977888	501(C)(3)	30,075.	0.			VARIOUS PROJECTS
CATHEDRAL PREPARATORY SCHOOL ADVANCEMENT OFFICE ERIE, PA 16501	27-2953927	501(C)(3)	23,318.	0.			VARIOUS PROJECTS
CHAUTAUQUA FOUNDATION P.O. BOX 28 CHAUTAUQUA, NY 14722	16-6028421	501(C)(3)	5,000.	0.			VARIOUS PROJECTS
CHILDREN'S ADVOCACY CENTER 1334 WEST 38TH STREET ERIE, PA 16508	33-0995418	501(C)(3)	31,967.	0.			VARIOUS PROJECTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHOSEN INC. 3638 WEST 26TH ST. ERIE, PA 16506	25-1451706	501(C)(3)	13,765.	0.			VARIOUS PROJECTS
CHURCH OF THE CROSS 5901 MILLFAIR RD. FAIRVIEW, PA 16415-2356	25-1676719	501(C)(3)	11,201.	0.			VARIOUS PROJECTS
COMMUNITY COUNTRY DAY SCHOOL 5800 OLD ZUCK RD. ERIE, PA 16506-5036	25-1197199	501(C)(3)	27,708.	0.			VARIOUS PROJECTS
COMMUNITY OF CARING 245 EAST 8TH STREET ERIE, PA 16503	25-1449427	501(C)(3)	42,146.	0.			VARIOUS PROJECTS
COMMUNITY SHELTER SERVICES 655 W. 16TH ST. ERIE, PA 16502	25-1365966	501(C)(3)	36,936.	0.			VARIOUS PROJECTS
CORY HIGHER EDUCATION COUNCIL 221 NORTH CENTER ST. CORY, PA 16407	25-1659759	501(C)(3)	10,922.	0.			VARIOUS PROJECTS
CORY YMCA 906 NORTH CENTER ST. CORY, PA 16407	25-1032621	501(C)(3)	27,252.	0.			VARIOUS PROJECTS
CRIME VICTIM CENTER 125 W. 18TH ST. ERIE, PA 16501	25-1296725	501(C)(3)	96,385.	0.			VARIOUS PROJECTS
DAFMARK DANCE THEATRE 1033 STATE STREET ERIE, PA 16501	25-1697936	501(C)(3)	14,424.	0.			VARIOUS PROJECTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIOCESE OF ERIE 429 EAST GRANDVIEW BLVD. ERIE, PA 16504	26-0725989	501(C)(3)	91,224.	0.			VARIOUS PROJECTS
DOOR STUDENT SERVICES, INC 77 ROBINSON ST. NORTHEAST, PA 16428	35-2422389	501(C)(3)	9,546.	0.			VARIOUS PROJECTS
EAGLE'S NEST LEADERSHIP CORPORATION - 1129 PENNSYLVANIA AVE. - ERIE, PA 16503	45-4708848	501(C)(3)	55,136.	0.			VARIOUS PROJECTS
EARLY CONNECTIONS, INC. 200 W. 11TH ST ERIE, PA 16501	25-0965635	501(C)(3)	7,432.	0.			VARIOUS PROJECTS
EASTMINSTER PRESBYTERIAN CHURCH 2320 EAST LAKE RD. ERIE, PA 16511	25-1425905	501(C)(3)	32,193.	0.			VARIOUS PROJECTS
EDINBORO AREA HISTORICAL SOCIETY P.O. BOX 18 EDINBORO, PA 16412	25-1827171	501(C)(3)	17,920.	0.			VARIOUS PROJECTS
EDINBORO UNIVERSITY OFFICE OF THE BURSAR- HAMILTON HALL EDINBORO, PA 16444	25-1819940	501(C)(3)	55,506.	0.			VARIOUS PROJECTS
EMMA'S FOOTPRINTS 11515 LAY RD EDINBORO, PA 16412	90-0936227	501(C)(3)	66,872.	0.			VARIOUS PROJECTS
EMMAUS MINISTRIES 345 E. 9TH ST. ERIE, PA 16503	25-0965501	501(C)(3)	240,415.	0.			VARIOUS PROJECTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMPOWER ERIE 1001 STATE ST. SUITE 1400 ERIE, PA 16501	81-3536558	501(C)(3)	250,000.	0.			VARIOUS PROJECTS
ERIE ANIMAL NETWORK 5148 PEACH ST. #300 ERIE, PA 16509	45-4182348	501(C)(3)	29,289.	0.			VARIOUS PROJECTS
ERIE AREA RABBIT SOCIETY & RESCUE 2316 WEST 38TH ST. ERIE, PA 16506	46-4647610	501(C)(3)	37,817.	0.			VARIOUS PROJECTS
ERIE ART MUSEUM 20 E. 5TH ST. ERIE, PA 16507	25-1196748	501(C)(3)	226,068.	0.			VARIOUS PROJECTS
ERIE ARTS & CULTURE 23 WEST 10TH ST. ERIE, PA 16501	25-6085617	501(C)(3)	239,091.	0.			VARIOUS PROJECTS
ERIE CENTER FOR ARTS & TECHNOLOGY P.O. BOX 6214 ERIE, PA 16512	82-4610477	501(C)(3)	87,539.	0.			VARIOUS PROJECTS
ERIE CITY MISSION 1017 FRENCH ST. ERIE, PA 16501	25-0987217	501(C)(3)	297,394.	0.			VARIOUS PROJECTS
ERIE COUNTY HISTORICAL SOCIETY AND MUSEUMS - 356 W. 6TH ST. - ERIE, PA 16507	25-1213025	501(C)(3)	281,066.	0.			VARIOUS PROJECTS
ERIE DAWN 2816 ELMWOOD AVE.. ERIE, PA 16508	25-1789708	501(C)(3)	63,766.	0.			VARIOUS PROJECTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ERIE DAY SCHOOL 1372 WEST 6TH ST. ERIE, PA 16505	25-0990582	501(C)(3)	54,246.	0.			VARIOUS PROJECTS
ERIE DOWNTOWN DEVELOPMENT CORPORATION - 417 STATE ST. - ERIE, PA 16501	82-0709054	501(C)(3)	26,704.	0.			VARIOUS PROJECTS
ERIE DOWNTOWN PARTNERSHIP 140 EAST 5TH ST. ERIE, PA 16507	45-0464988	501(C)(3)	15,000.	0.			VARIOUS PROJECTS
ERIE HOMES FOR CHILDREN & ADULTS 226 EAST 27TH STREET ERIE, PA 16504	25-0967472	501(C)(3)	90,883.	0.			VARIOUS PROJECTS
ERIE HUMANE SOCIETY 2407 ZIMMERLY ROAD ERIE, PA 16506	25-1010297	501(C)(3)	97,525.	0.			VARIOUS PROJECTS
ERIE INDEPENDENCE HOUSE, INC. 1611 PEACH ST. ERIE, PA 16501	23-7439432	501(C)(3)	55,964.	0.			VARIOUS PROJECTS
ERIE JUNIOR PHILHARMONIC 23 WEST 10TH ST. ERIE, PA 16501	25-6065898	501(C)(3)	19,122.	0.			VARIOUS PROJECTS
ERIE PHILHARMONIC 23 WEST 10TH ST. ERIE, PA 16501	25-6065898	501(C)(3)	297,247.	0.			VARIOUS PROJECTS
ERIE PLAYHOUSE 13 WEST 10TH ST. ERIE, PA 16501-1402	25-1069562	501(C)(3)	117,091.	0.			VARIOUS PROJECTS

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ERIE POLICE ATHLETIC LEAGUE 1001 STATE ST SUITE 1400 ERIE, PA 16501	20-1939904	501(C)(3)	22,559.	0.			VARIOUS PROJECTS
ERIE REGIONAL LIBRARY FOUNDATION 160 E. FRONT ST. ERIE, PA 16507	25-1880191	501(C)(3)	25,324.	0.			VARIOUS PROJECTS
ERIE UNITED METHODIST ALLIANCE 1033 EAST 26TH ST. ERIE, PA 16504	25-1494750	501(C)(3)	69,060.	0.			VARIOUS PROJECTS
ERIE YACHT CLUB FOUNDATION, INC. P.O. BOX 648 ERIE, PA 16512-0648	26-4788788	501(C)(3)	8,130.	0.			VARIOUS PROJECTS
ERIE ZOOLOGICAL SOCIETY PO BOX 3268 ERIE, PA 16508-0268	25-1114213	501(C)(3)	276,916.	0.			VARIOUS PROJECTS
EXPERIENCE CHILDREN'S MUSEUM 420 FRENCH STREET ERIE, PA 16507	25-1693861	501(C)(3)	112,788.	0.			VARIOUS PROJECTS
FAIRVIEW PRESBYTERIAN CHURCH 4264 AVONIA RD. FAIRVIEW, PA 16415	25-1857718	501(C)(3)	54,600.	0.			VARIOUS PROJECTS
FAIRVIEW SCHOOL FOUNDATION 7466 MCCRAY RD. FAIRVIEW, PA 16415	25-1678801	501(C)(3)	23,548.	0.			VARIOUS PROJECTS
FAMILY SERVICES OF NWPA 5100 PEACH ST. ERIE, PA 16509-2418	25-0987225	501(C)(3)	13,627.	0.			VARIOUS PROJECTS

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FINDLEY LAKE VOLUNTEER FIREMANS ASSOCIATION - PO BOX 158 - FINDLEY LAKE, NY 14736	16-1582617	501(C)(3)	70,200.	0.			VARIOUS PROJECTS
FIRST BAPTIST CHURCH OF NORTH EAST 43 SOUTH LAKE STREET NORTH EAST, PA 16428	25-1002938	501(C)(3)	7,374.	0.			VARIOUS PROJECTS
FIRST PRESBYTERIAN CHURCH OF GIRARD - 260 MAIN ST. EAST, P.O. - GIRARD, PA 16417	25-1424177	501(C)(3)	40,823.	0.			VARIOUS PROJECTS
FIRST PRESBYTERIAN CHURCH OF NORTH EAST - 25 WEST MAIN ST. - NORTH EAST, PA 16428	25-1126723	501(C)(3)	24,136.	0.			VARIOUS PROJECTS
FIRST PRESBYTERIAN CHURCH OF THE COVENANT - 250 WEST SEVENTH STREET - ERIE, PA 16501	25-0965296	501(C)(3)	92,028.	0.			VARIOUS PROJECTS
FIRST UNITED METHODIST CHURCH OF ERIE - 707 SASSAFRAS ST. - ERIE, PA 16501-1062	25-1068794	501(C)(3)	61,960.	0.			VARIOUS PROJECTS
FLAGSHIP NIAGARA LEAGUE 150 EAST FRONT ST., STE. 100 ERIE, PA 16507	25-1422309	501(C)(3)	181,217.	0.			VARIOUS PROJECTS
FORT LEBOEUF FOUNDATION 34 E.9TH ST. WATERFORD, PA 16441	25-1777291	501(C)(3)	15,294.	0.			VARIOUS PROJECTS
FOUNDATION FOR ERIE'S PUBLIC SCHOOLS - 148 W. 21ST ST. - ERIE, PA 16502	46-1062651	501(C)(3)	24,186.	0.			VARIOUS PROJECTS

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FOUNDATION FOR FREE ENTERPRISE EDUCATION - 3076 WEST 12TH STREET - ERIE, PA 16505	25-1394365	501(C)(3)	228,701.	0.			VARIOUS PROJECTS
FOUNDATION FOR SUSTAINABLE FOREST FIRTH FAMILY FOUNDATION SPARTANSBURG, PA 16434	30-0276631	501(C)(3)	24,113.	0.			VARIOUS PROJECTS
FRENCH CREEK VALLEY CONSERVANCY PO BOX 434 MEADVILLE, PA 16335	25-1459333	501(C)(3)	125,394.	0.			VARIOUS PROJECTS
FRIENDS OF ERIE COUNTY LIBRARY 160 EAST FRONT ST. ERIE, PA 16507	25-1355213	501(C)(3)	13,758.	0.			VARIOUS PROJECTS
GANNON UNIVERSITY 109 UNIVERSITY SQUARE ERIE, PA 16541	25-0496976	501(C)(3)	35,034.	0.			VARIOUS PROJECTS
GECAC 18 WEST 9TH ST. ERIE, PA 16501	25-6068246	501(C)(3)	35,271.	0.			VARIOUS PROJECTS
GENERAL MCLANE FOUNDATION EDUCATION CENTER EDINBORO, PA 16412	20-2910382	501(C)(3)	11,711.	0.			VARIOUS PROJECTS
GIRL SCOUTS WESTERN PENNSYLVANIA 30 ISABELLA STREET PITTSBURGH, PA 15212	25-1126094	501(C)(3)	5,795.	0.			VARIOUS PROJECTS
GOODELL GARDENS & HOMESTEAD PO BOX 156 EDINBORO, PA 16412	25-1895695	501(C)(3)	111,909.	0.			VARIOUS PROJECTS

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GRADY'S DECISION 5390 CRAY RD ERIE, PA 16509	27-0617329	501(C)(3)	9,682.	0.			VARIOUS PROJECTS
GREATER ERIE ALLIANCE FOR EQUALITY 301 WEST 10TH ST. ERIE, PA 16502	22-3935364	501(C)(3)	16,214.	0.			VARIOUS PROJECTS
GREATER ERIE AREA HABITAT FOR HUMANITY - 4922 PITTSBURGH AVENUE - ERIE, PA 16509	25-1606631	501(C)(3)	34,571.	0.			VARIOUS PROJECTS
H.A.N.D.S 7 EAST 7TH ST. ERIE, PA 16501-1105	25-1209938	501(C)(3)	25,750.	0.			VARIOUS PROJECTS
HAMOT HEALTH FOUNDATION 302 FRENCH ST. ERIE, PA 16507	25-1400999	501(C)(3)	97,817.	0.			VARIOUS PROJECTS
HARBORCREEK YOUTH SERVICES 5712 IROQUOIS AVE. HARBORCREEK, PA 16421	25-0993380	501(C)(3)	60,679.	0.			VARIOUS PROJECTS
HERMITAGE HOUSE P.O. BOX 748 EDINBORO, PA 16412	25-1711516	501(C)(3)	10,719.	0.			VARIOUS PROJECTS
HOOKED ON BOOKS FOR KIDS PO BOX 3059 ERIE, PA 16508	13-3539811	501(C)(3)	7,898.	0.			VARIOUS PROJECTS
HOPE ON HORSEBACK 8342 PLATZ RD. FAIRVIEW, PA 16415	25-1455810	501(C)(3)	18,687.	0.			VARIOUS PROJECTS

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HOPE RESCUE 32708 FOREST HOME RD. UNION CITY, PA 16438	47-1529846	501(C)(3)	8,894.	0.			VARIOUS PROJECTS
HOSPICE OF METROPOLITAN ERIE 202 EAST 10TH STREET ERIE, PA 16503	25-1382621	501(C)(3)	11,556.	0.			VARIOUS PROJECTS
IMMANUEL LUTHERAN CHURCH 1002 POWELL AVE. ERIE, PA 16506	25-6012473	501(C)(3)	16,382.	0.			VARIOUS PROJECTS
IMPACT CORRY 221 N. CENTER STREET CORRY, PA 16407	25-1849375	501(C)(3)	10,810.	0.			VARIOUS PROJECTS
JFK CENTER 2021 EAST 20TH STREET ERIE, PA 16510	23-7063735	501(C)(3)	25,000.	0.			VARIOUS PROJECTS
LAKE ERIE ARBORETUM AT FRONTIER 1501 WEST 6TH STREET ERIE, PA 16505	25-1899882	501(C)(3)	69,069.	0.			VARIOUS PROJECTS
L'ARCHE ERIE 3745 WEST 12TH ST. ERIE, PA 16505	23-7322321	501(C)(3)	11,795.	0.			VARIOUS PROJECTS
LAKESHORE COMMUNITY SERVICES 1350 WEST 26TH ST. ERIE, PA 16508	25-1577930	501(C)(3)	31,356.	0.			VARIOUS PROJECTS
LECOM 1858 WEST GRANDVIEW BLVD. ERIE, PA 16509	25-1698677	501(C)(3)	165,652.	0.			VARIOUS PROJECTS

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LUTHER MEMORIAL CHURCH & LEARNING CENTER - 225 WEST 10TH STREET - ERIE, PA 16501	25-0969415	501(C)(3)	152,612.	0.			VARIOUS PROJECTS
M.H.E.D.S. 2928 PEACH ST. ERIE, PA 16508	25-1313134	501(C)(3)	105,457.	0.			VARIOUS PROJECTS
MAKE-A-WISH FOUNDATION 1001 STATE STREET ERIE, PA 16501	25-1464177	501(C)(3)	27,850.	0.			VARIOUS PROJECTS
MARIA HOUSE PROJECT PO BOX 10682 ERIE, PA 16514	23-7397914	501(C)(3)	89,113.	0.			VARIOUS PROJECTS
MARTIN LUTHER KING CENTER 312 CHESTNUT ST. ERIE, PA 16507	25-6085619	501(C)(3)	15,000.	0.			VARIOUS PROJECTS
MCCORD MEMORIAL LIBRARY 32 WEST MAIN ST. NORTH EAST, PA 16428	25-1021791	501(C)(3)	7,149.	0.			VARIOUS PROJECTS
MCLANE CHURCH 12511 EDINBORO RD EDINBORO, PA 16412	25-1385314	501(C)(3)	18,988.	0.			VARIOUS PROJECTS
MEMBER TO MEMBER, INC. PO BOX 207 CAMBRIDGE SPRINGS, PA 16403	20-4718145	501(C)(3)	85,457.	0.			VARIOUS PROJECTS
MENTAL HEALTH ASSOC. OF NW PA 1101 PEACH ST ERIE, PA 16501	25-1741274	501(C)(3)	15,947.	0.			VARIOUS PROJECTS

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MERCY CENTER FOR WOMEN 1039 EAST 27 STREET ERIE, PA 16504	25-1695659	501(C)(3)	91,570.	0.			VARIOUS PROJECTS
MERCYHURST PREPARATORY SCHOOL 538 EAST GRANDVIEW BLVD. ERIE, PA 16504	25-1143199	501(C)(3)	43,455.	0.			VARIOUS PROJECTS
MERCYHURST UNIVERSITY OFFICE OF ADVANCEMENT ERIE, PA 16546	25-0965430	501(C)(3)	30,191.	0.			VARIOUS PROJECTS
MERCYHURST UNIVERSITY CIVIC INSTITUTE - 501 EAST 38TH STREET - ERIE, PA 16546	25-0965430	501(C)(3)	32,606.	0.			VARIOUS PROJECTS
METRO ERIE MEALS ON WHEELS 4408 PEACH ST, SUITE 102 ERIE, PA 16509	51-0200640	501(C)(3)	27,228.	0.			VARIOUS PROJECTS
MILLCREEK EDUCATION FOUNDATION 2614 COLONIAL AVE. ERIE, PA 16506	25-1437926	501(C)(3)	7,076.	0.			VARIOUS PROJECTS
MOTHER TERESA ACADEMY 160 WEST 11TH ST. ERIE, PA 16501	27-2953927	501(C)(3)	18,517.	0.			VARIOUS PROJECTS
MULTICULTURAL COMMUNITY RESOURCE CENTER - 554 E. 10TH ST. - ERIE, PA 16503	25-1271293	501(C)(3)	23,844.	0.			VARIOUS PROJECTS
MYSTIC MOUNTAIN TRAINING CENTER 14520 MYSTIC RD. CAMBRIDGE SPRINGS, PA 16403	23-3085244	501(C)(3)	6,500.	0.			VARIOUS PROJECTS

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NAMI OF PA, ERIE COUNTY AFFILIATE 1611 PEACH ST., SUITE 105 ERIE, PA 16501	25-1630714	501(C)(3)	9,851.	0.			VARIOUS PROJECTS
NEIGHBORHOOD ART HOUSE 201 EAST 10TH ST. ERIE, PA 16503-1007	25-1773391	501(C)(3)	84,958.	0.			VARIOUS PROJECTS
NEW HOPE PRESBYTERIAN CHURCH OF ERIE - 5440 WASHINGTON AVE. - ERIE, PA 16509	94-3453403	501(C)(3)	16,735.	0.			VARIOUS PROJECTS
OLEAN PUBLIC LIBRARY 134 N 2ND ST. OLEAN, NY 14760	16-6000661	501(C)(3)	5,000.	0.			VARIOUS PROJECTS
ORCHARD BEACH ASSEMBLY P. O. BOX 714 NORTH EAST, PA 16428	25-1464469	501(C)(3)	31,338.	0.			VARIOUS PROJECTS
ORPHAN ANGELS CAT SANCTUARY AND ADOPTION CENTER - 5439 WEST LAKE ROAD - ERIE, PA 16505	27-0246645	501(C)(3)	43,480.	0.			VARIOUS PROJECTS
OUR LADY OF MOUNT CARMEL PARISH 1531 EAST GRANDVIEW BLVD. ERIE, PA 16510	25-1125384	501(C)(3)	6,441.	0.			VARIOUS PROJECTS
OUR LADY OF PEACE PARISH AND SCHOOL - 2401 WEST 38TH STREET - ERIE, PA 16506	25-6367301	501(C)(3)	7,538.	0.			VARIOUS PROJECTS
OUR LADY OF PEACE CHURCH 2401 WEST 38TH STREET ERIE, PA 16506	25-1064377	501(C)(3)	19,465.	0.			VARIOUS PROJECTS

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OUR LADY OF THE LAKE PARISH 128 SUNSET DR. EDINBORO, PA 16412	25-1457337	501(C)(3)	15,714.	0.			VARIOUS PROJECTS
PARK UNITED METHODIST CHURCH 30 N. LAKE ST. NORTH EAST, PA 16428	25-6057238	501(C)(3)	74,050.	0.			VARIOUS PROJECTS
PARKINSON PARTNERS OF NW PA PO BOX 10547 ERIE, PA 16511-0547	25-1738740	501(C)(3)	10,991.	0.			VARIOUS PROJECTS
PARTNERSHIP OF WOMEN RELIGIOUS 6101 EAST LAKE RD ERIE, PA 16511	51-0516590	501(C)(3)	8,173.	0.			VARIOUS PROJECTS
PENN STATE ERIE, THE BEHREND COLLEGE - 201 LOGAN HOUSE - ERIE, PA 16563	24-6000376	501(C)(3)	67,285.	0.			VARIOUS PROJECTS
PEOPLE FOR LIFE 1625 WEST 26TH ST. ERIE, PA 16512	25-1311880	501(C)(3)	8,455.	0.			VARIOUS PROJECTS
PERFORMING ARTISTS COLLECTIVE ALLIANCE - 1505 STATE ST. - ERIE, PA 16501	80-0544629	501(C)(3)	40,074.	0.			VARIOUS PROJECTS
PERSEUS HOUSE 1511 PEACH ST. ERIE, PA 16501	23-7123683	501(C)(3)	19,818.	0.			VARIOUS PROJECTS
PRESBYTERIAN HOMES 1225 SCHOOL ROAD ERIE, PA 16505	25-0979369	501(C)(3)	55,020.	0.			VARIOUS PROJECTS

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PRESQUE ISLE LIGHT STATION 301 PRESQUE ISLE DR. ERIE, PA 16505	46-4865726	501(C)(3)	13,742.	0.			VARIOUS PROJECTS
PRESQUE ISLE LIGHTHOUSE 301 PRESQUE ISLE DR. ERIE, PA 16505	45-4865726	501(C)(3)	24,216.	0.			VARIOUS PROJECTS
PRESQUE ISLE PARTNERSHIP 301 PENINSULA DR., SUITE #2 ERIE, PA 16505-2042	25-1737521	501(C)(3)	33,004.	0.			VARIOUS PROJECTS
REALIFE ASSEMBLY OF GOD 3902 W. 38TH ST. ERIE, PA 16506	26-1851510	501(C)(3)	7,256.	0.			VARIOUS PROJECTS
ROBERT H. JACKSON CENTER 305 EAST FOURTH ST. JAMESTOWN, NY 14701	16-1605121	501(C)(3)	30,730.	0.			VARIOUS PROJECTS
REGIONAL CANCER CENTER FOUNDATION 2500 WEST 12TH ST. ERIE, PA 16505	25-1631855	501(C)(3)	1,121,806.	0.			VARIOUS PROJECTS
RONALD MCDONALD CHARITIES 541 44TH ST PITTSBURGH, PA 15201	25-1320272	501(C)(3)	5,000.	0.			VARIOUS PROJECTS
SAFENET 1702 FRENCH ST. ERIE, PA 16501	25-1269524	501(C)(3)	102,331.	0.			VARIOUS PROJECTS
SAINT JUDE SCHOOL 606 LOWELL AVE. ERE, PA 16505	25-1087395	501(C)(3)	1,976.	0.			VARIOUS PROJECTS

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SAINT MARY'S HOME OF ERIE 607 E. 26TH ST. ERIE, PA 16504	25-1073144	501(C)(3)	90,332.	0.			VARIOUS PROJECTS
SAFE JOURNEY P.O. BOX 208 UNION CITY, PA 16438	25-1426587	501(C)(3)	16,051.	0.			VARIOUS PROJECTS
SALVATION ARMY - CORRY P. O. BOX 316 CORRY, PA 16407	13-5562351	501(C)(3)	10,744.	0.			VARIOUS PROJECTS
SARAH A. REED RETIREMENT CENTER 227 WEST 22ND STREET ERIE, PA 16502	25-1215527	501(C)(3)	49,557.	0.			VARIOUS PROJECTS
SARAH REED CHILDREN'S CENTER 2445 WEST 34TH ST. ERIE, PA 16506	25-0965486	501(C)(3)	60,982.	0.			VARIOUS PROJECTS
SECOND HARVEST FOOD BANK 1507 GRIMM DRIVE ERIE, PA 16501	25-1405798	501(C)(3)	439,044.	0.			VARIOUS PROJECTS
SERVERIE PO BOX 9818 ERIE, PA 16505	82-0819172	501(C)(3)	88,536.	0.			VARIOUS PROJECTS
SHRINERS HOSPITALS FOR CHILDREN 1645 WEST 8TH ST. ERIE, PA 16505	36-2193608	501(C)(3)	156,566.	0.			VARIOUS PROJECTS
SISTERS OF MERCY OF THE AMERICAS 625 ABBOTT ROAD BUFFALO, NY 14220-2092	45-0566406	501(C)(3)	171,131.	0.			VARIOUS PROJECTS

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SISTERS OF ST. JOSEPH 5031 WEST RIDGE RD. ERIE, PA 16506-1249	25-0965595	501(C)(3)	67,362.	0.			VARIOUS PROJECTS
SISTERS OF ST. JOSEPH NEIGHBORHOOD NETWORK - 425 WEST 18TH STREET - ERIE, PA 16502	25-1853673	501(C)(3)	67,576.	0.			VARIOUS PROJECTS
SOUTH HARBORCREEK UNITED METHODIST CHURCH - 7929 MCGILL RD. - HARBORCREEK, PA 16421	25-1439635	501(C)(3)	56,143.	0.			VARIOUS PROJECTS
SPRINGHILL SENIOR LIVING COMMUNITY 2323 EDINBORO RD. ERIE, PA 16509	52-0607956	501(C)(3)	156,650.	0.			VARIOUS PROJECTS
ST. GEORGE CATHOLIC CHURCH 5145 PEACH ST. ERIE, PA 16509	25-1055326	501(C)(3)	22,170.	0.			VARIOUS PROJECTS
SIKH CULTURAL SOCIETY ERIE PA 1144 W. 8TH ST., #46 ERIE, PA 16502	47-4633677	501(C)(3)	40,199.	0.			VARIOUS PROJECTS
ST. JOHN THE BAPTIST CHURCH 509 EAST 26TH ST. ERIE, PA 16504	25-1072147	501(C)(3)	66,270.	0.			VARIOUS PROJECTS
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	29,178.	0.			VARIOUS PROJECTS
ST. LUKE CHURCH & SCHOOL 421 EAST 38TH ST. ERIE, PA 16504	25-1044104	501(C)(3)	33,761.	0.			VARIOUS PROJECTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. ANDREW CHURCH 1116 WEST 7TH ST. ERIE, PA 16502	25-1031945	501(C)(3)	5,656.	0.			VARIOUS PROJECTS
ST. MARTIN CENTER, INC. 1701 PARADE ST. ERIE, PA 16503	25-1211464	501(C)(3)	53,918.	0.			VARIOUS PROJECTS
ST. PATRICK CHURCH 130 E. 4TH ST. ERIE, PA 16507	25-1021801	501(C)(3)	44,430.	0.			VARIOUS PROJECTS
ST. PATRICK'S HAVEN 5031 W. RIDGE RD. ERIE, PA 16506	25-1712342	501(C)(3)	24,786.	0.			VARIOUS PROJECTS
ST. PAUL'S CLINIC FOUNDATION 1608 WALNUT STREET ERIE, PA 16502-1750	20-2752128	501(C)(3)	20,153.	0.			VARIOUS PROJECTS
ST. PAUL'S EVANGELICAL LUTHERAN CHURCH - 3108 STERRETTANIA RD. - ERIE, PA 16506	25-1429296	501(C)(3)	12,605.	0.			VARIOUS PROJECTS
ST. PAUL'S UNITED CHURCH OF CHRIST 1024 PEACH STREET ERIE, PA 16501	25-6002859	501(C)(3)	15,198.	0.			VARIOUS PROJECTS
ST. PETER CATHEDRAL 230 WEST 10TH ST. ERIE, PA 16501	25-0965537	501(C)(3)	38,230.	0.			VARIOUS PROJECTS
ST. STEPHEN EPISCOPAL CHURCH 1070 WEST DUTCH ROAD FAIRVIEW, PA 16415	25-1195394	501(C)(3)	30,981.	0.			VARIOUS PROJECTS

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STAIRWAYS BEHAVIORAL HEALTH 2185 WEST 8TH ST. ERIE, PA 16505	25-1271559	501(C)(3)	17,950.	0.			VARIOUS PROJECTS
SUSAN HIRT HAGEN CORE 4909 JORDAN RD ERIE, PA 16563	24-6000376	501(C)(3)	7,680.	0.			VARIOUS PROJECTS
TAMARACK WILDLIFE REHABILITATION AND EDUCATION CENTER - 21601 STULL ROAD - SAEGERTOWN, PA 16433	25-1612626	501(C)(3)	33,150.	0.			VARIOUS PROJECTS
THE GEORGIANA FOUNDATION 1250 TOWER LANE ERIE, PA 16505	46-0911678	501(C)(3)	10,245.	0.			VARIOUS PROJECTS
THE NONPROFIT PARTNERSHIP 609 WALNUT ST. ERIE, PA 16502	20-5616727	501(C)(3)	182,683.	0.			VARIOUS PROJECTS
THE REFUGE 1027 EAST 26TH ST. ERIE, PA 16504	25-1494750	501(C)(3)	9,621.	0.			VARIOUS PROJECTS
THE SALVATION ARMY 1022 LIBERTY ST. ERIE, PA 16502	13-5562351	501(C)(3)	65,423.	0.			VARIOUS PROJECTS
THE SIGHT CENTER OF NORTHWEST PENNSYLVANIA - 2545 WEST 26TH STREET - ERIE, PA 16506	25-0965454	501(C)(3)	47,039.	0.			VARIOUS PROJECTS
THE UPPER ROOM 1024 PEACH ST ERIE, PA 16501	26-2631368	501(C)(3)	34,223.	0.			VARIOUS PROJECTS

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THE URBAN OASIS PROJECT 900 STATE ST. SUITE 008 ERIE, PA 16501	82-1496586	501(C)(3)	6,329.	0.			VARIOUS PROJECTS
THERAPY DOGS UNITED, INC. 1940 WEST 8TH ST. ERIE, PA 16505	26-1998711	501(C)(3)	8,460.	0.			VARIOUS PROJECTS
TRINITY UNITED METHODIST CHURCH 3952 PINE AVE. ERIE, PA 16504	25-1127286	501(C)(3)	11,937.	0.			VARIOUS PROJECTS
TREC FOUNDATION 301 PENINSULA DR. SUITE 1 ERIE, PA 16505	20-0183785	501(C)(3)	39,433.	0.			VARIOUS PROJECTS
UNION CITY FIRST UNITED METHODIST CHURCH - 42 E. HIGH ST. - UNION CITY, PA 16438	25-1139407	501(C)(3)	13,199.	0.			VARIOUS PROJECTS
UNION CITY PUBLIC LIBRARY 2 STRANAHAN ST. UNION CITY, PA 16438	25-0999197	501(C)(3)	6,440.	0.			VARIOUS PROJECTS
UNION CITY VOLUNTEER FIRE CO. PO BOX 67 UNION CITY, PA 16438	25-1656913	501(C)(3)	8,378.	0.			VARIOUS PROJECTS
UNITARIAN UNIVERSALIST CONGREGATION OF ERIE - PO BOX 3495 - ERIE, PA 16508	25-1285972	501(C)(3)	45,134.	0.			VARIOUS PROJECTS
UNITED WAY OF ERIE COUNTY 420 WEST 6TH ST., SUITE 200 ERIE, PA 16507-3210	25-1053091	501(C)(3)	927,699.	0.			VARIOUS PROJECTS

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UNION CITY FAMILY SUPPORT 38 N. MAIN ST UNION CITY, PA 16438	23-2925522	501(C)(3)	30,000.	0.			VARIOUS PROJECTS
UNITED NEIGHBORHOOD FACILITIES HEALTH CARE CORP - 1720 HOLLAND ST. - ERIE, PA 16504	25-1287896	501(C)(3)	5,235.	0.			VARIOUS PROJECTS
URBAN ERIE COMMUNITY DEVELOPMENT CORP - 2046 EAST 19TH ST. - ERIE, PA 16510	31-1605969	501(C)(3)	51,497.	0.			VARIOUS PROJECTS
UPMC HAMOT 201 STATE ST. ERIE, PA 16550	25-0965387	501(C)(3)	13,313.	0.			VARIOUS PROJECTS
VILLA MARIA ACADEMY 2403 WEST EIGHTH ST. ERIE, PA 16505	27-2953927	501(C)(3)	6,225.	0.			VARIOUS PROJECTS
VISITING NURSE ASSOCIATION 2253 WEST GRANDVIEW BLVD. ERIE, PA 16506	25-0969488	501(C)(3)	11,943.	0.			VARIOUS PROJECTS
WAYSIDE PRESBYTERIAN 1208 ASBURY ROAD ERIE, PA 16505	25-6011067	501(C)(3)	212,309.	0.			VARIOUS PROJECTS
VETERAN'S MIRACLE CENTER OF ERIE 1573 W. 39TH ST. ERIE, PA 16509	47-2295973	501(C)(3)	20,050.	0.			VARIOUS PROJECTS
WELLFIT, INC. 550 W. 10TH ST. ERIE, PA 16505	75-3147883	501(C)(3)	16,580.	0.			VARIOUS PROJECTS

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WESLEY UNITED METHODIST CHURCH 3308 SOUTH ST. ERIE, PA 16510	25-1041259	501(C)(3)	56,407.	0.			VARIOUS PROJECTS
WEST LAKE FIRE DEPARTMENT 3762 WEST LAKE RD. ERIE, PA 16505	25-6064651	501(C)(3)	9,032.	0.			VARIOUS PROJECTS
VOICES FOR INDEPENDENCE 1432 WILKINS RD ERIE, PA 16505	25-1727199	501(C)(3)	15,330.	0.			VARIOUS PROJECTS
WESLEYVILLE HOSE COMPANY 3421 BUFFALO ROAD ERIE, PA 16510	23-7223236	501(C)(3)	15,000.	0.			VARIOUS PROJECTS
WLD RANCH 7351 WOOLSEY ROAD GIRARD, PA 16417	25-1185580	501(C)(3)	47,957.	0.			VARIOUS PROJECTS
WOMAN'S CLUB OF ERIE 259 WEST 6TH ST. ERIE, PA 16507	25-0889300	501(C)(3)	9,966.	0.			VARIOUS PROJECTS
WOMEN'S CARE CENTER 4402 PEACH ST., SUITE 101 ERIE, PA 16509	25-1433389	501(C)(3)	82,467.	0.			VARIOUS PROJECTS
YOUTH LEADERSHIP INSTITUTE OF ERIE 2201 REED STREET ERIE, PA 16503	27-3972170	501(C)(3)	15,969.	0.			VARIOUS PROJECTS
WQLN 8425 PEACH STREET ERIE, PA 16509	25-1154116	501(C)(3)	97,633.	0.			VARIOUS PROJECTS

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YMCA 31 WEST 10TH ST. ERIE, PA 16501	25-0965621	501(C)(3)	158,481.	0.			VARIOUS PROJECTS
YOUNG ARTISTS DEBUT ORCHESTRA 538 MONTMARC DR. ERIE, PA 16504	57-1165652	501(C)(3)	42,278.	0.			VARIOUS PROJECTS
ADAGIO HEALTH 603 STANWIX ST STE 500 ERIE, PA 16506	23-7104168	501(C)(3)	37,000.	0.			VARIOUS PROJECTS
ALL ABOUT CHARACTER, INC. 412 FRENCH ST ERIE, PA 16507	46-3950326	501(C)(3)	20,000.	0.			VARIOUS PROJECTS
ASBURY FOUNDATION 2323 EDINBORO ROAD ERIE, PA 16509	25-1577728	501(C)(3)	7,000.	0.			VARIOUS PROJECTS
BURLEIGH LEGACY ALLIANCE 1505 STATE STREET ERIE, PA 16501	84-3971340	501(C)(3)	45,000.	0.			VARIOUS PROJECTS
CENTER FOR HEARING & DEAF SERVICES 1945 5TH AVE. ERIE, PA 16501	25-0974324	501(C)(3)	15,000.	0.			VARIOUS PROJECTS
CHILD DEVELOPMENT CENTERS, INC. 702 LIBERTY STREET FRANKLIN, PA 16323	25-1198158	501(C)(3)	20,000.	0.			VARIOUS PROJECTS
CITY OF ERIE FIRE DEPARTMENT 626 STATE ST. ERIE, PA 16501	25-6000857	501(C)(3)	30,000.	0.			VARIOUS PROJECTS

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CLIMATE CHANGERS, INC. 314 E. 11TH ST. ERIE, PA 16503	81-0699420	501(C)(3)	48,515.	0.			VARIOUS PROJECTS
COMMUNITY HEALTH NET 1202 STATE STREET ERIE, PA 16501	25-1490791	501(C)(3)	5,964.	0.			VARIOUS PROJECTS
COMMUNITY NURSING SERVICES OF NORTH EAST - 7 PARK STREET - NORTH EAST, PA 16428	25-1193348	501(C)(3)	32,226.	0.			VARIOUS PROJECTS
COMMUNITY RESOURCES FOR INDEPENDENCE - 3410 WEST 12TH STREET - ERIE, PA 16505	25-1640170	501(C)(3)	46,261.	0.			VARIOUS PROJECTS
CORRY AREA FOOD PANTRY PO BOX 236 CORRY, PA 16407	25-1470013	501(C)(3)	6,299.	0.			VARIOUS PROJECTS
CORRY COMMUNITY FOUNDATION 221 NORTH CENTER ST. CORRY, PA 16407	25-1850006	501(C)(3)	36,325.	0.			VARIOUS PROJECTS
COUNCIL ON FOUNDATIONS 2121 CRYSTAL DRIVE, SUITE 700 ARLINGTON, VA 22202	13-6068327	501(C)(3)	10,000.	0.			VARIOUS PROJECTS
DONORSCHOOSE.ORG 134 W.37TH ST., 11TH FLOOR NEW YORK, NY 10018	13-4129457	501(C)(3)	10,000.	0.			VARIOUS PROJECTS
DOWNTOWN NORTH EAST, INC. 44 W. MAIN ST. NORTHEAST, PA 16428	80-0415113	501(C)(3)	30,000.	0.			VARIOUS GRANTS

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DRAMASHOP 1001 STATE ST. SUITE 210 ERIE, PA 16501	45-3414162	501(C)(3)	5,461.	0.			VARIOUS PROJECTS
EDINBORO CONFERENCE GROUNDS OF THE CHRISTIAN & MISSIONARY ALLIANCE - 12490 FRY ROAD - EDINBORO, PA 16412	25-1243166	501(C)(3)	13,422.	0.			VARIOUS PROJECTS
EMERGYCARE 1926 PEACH ST ERIE, PA 16502	25-1430922	501(C)(3)	21,885.	0.			VARIOUS PROJECTS
ERIE ARTS & MUSIC FESTIVAL 23 W.10TH ST. SUITE 2 ERIE, PA 16501	81-4996478	501(C)(3)	5,000.	0.			VARIOUS PROJECTS
ERIE BIRD OBSERVATORY 301 PENINSULA DR. ERIE, PA 16505	84-4134595	501(C)(3)	6,623.	0.			VARIOUS PROJECTS
ERIE CATHOLIC SCHOOL SYSTEM 1531 EAST GRANDVIEW BLVD. ERIE, PA 16510	81-3075121	501(C)(3)	7,681.	0.			VARIOUS PROJECTS
ERIE CEMETERY ASSOCIATION 2116 CHESTNUT ST ERIE, PA 16502	25-0465530	501(C)(3)	7,069.	0.			VARIOUS PROJECTS
ERIE COUNTY BAR ASSOCIATION 429 W 6TH ST ERIE, PA 16507	25-0918054	501(C)(3)	6,066.	0.			VARIOUS PROJECTS
ERIE COUNTY DEPARTMENT OF HEALTH 606 WEST SECOND ST ERIE, PA 16507	25-6001027	501(C)(3)	30,000.	0.			VARIOUS PROJECTS

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ERIE COUNTY DEPARTMENT OF PLANNING 150 E. FRONT ST. #300 ERIE, PA 16507	25-6001027	501(C)(3)	41,460.	0.			VARIOUS PROJECTS
ERIE COUNTY REDEVELOPMENT AUTHORITY - 1314 GRISWOLD PLAZA - ERIE, PA 16501	25-1193122	501(C)(3)	9,000.	0.			VARIOUS PROJECTS
ERIE FAMILY CENTER 606 RASPBERRY ST ERIE, PA 16502	82-0691825	501(C)(3)	8,840.	0.			VARIOUS PROJECTS
ERIE MASONIC TEMPLE PRESERVATION FOUNDATION - 32 W. 8TH ST., SUITE 400 - ERIE, PA 16501	84-2625500	501(C)(3)	15,220.	0.			VARIOUS PROJECTS
ERIE NATIONAL ASSOC FOR THE ADV OF COLORED PEOPLE - PO BOX 1681 - ERIE, PA 16507	13-1084135	501(C)(3)	5,384.	0.			VARIOUS GRANTS
ERIE REGIONAL AIRPORT AUTHORITY 4411 WEST 12TH ST ERIE, PA 16505	25-6004040	501(C)(3)	5,000.	0.			VARIOUS PROJECTS
ERIE REGIONAL CHAMBER & GROWTH PARTNERSHIP - 1128 STATE STREET, SUITE 300 - ERIE, PA 16501	25-1231891	501(C)(3)	51,500.	0.			VARIOUS PROJECTS
ERIE TRAP AND RELEASE 3335 PEACH ST ERIE, PA 16508	46-2116322	501(C)(3)	5,681.	0.			VARIOUS PROJECTS
ERIE'S BLACK WALL STREET 1033 CHELSEA AVE ERIE, PA 16505	85-1655843	501(C)(3)	34,675.	0.			VARIOUS PROJECTS

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FAMILY SERVICES OF NWPA 5100 PEACH ST. ERIE, PA 16508	26-3842518	501(C)(3)	10,625.	0.			VARIOUS PROJECTS
FINDLEY LAKE WATERSHED FOUNDATION PO BOX 125 FINDLEY LAKE, PA 14736	20-3856978	501(C)(3)	10,000.	0.			VARIOUS PROJECTS
FULLER HOSE COMPANY 68 SOUTH PEARL STREET NORTH EAST, PA 16428	25-1473811	501(C)(3)	5,748.	0.			VARIOUS PROJECTS
GAUDENZIA ERIE, INC. 414 WEST 5TH ST ERIE, PA 16507	23-3083410	501(C)(3)	13,872.	0.			VARIOUS PROJECTS
GIRARD SCHOOL DISTRICT FOUNDATION 1203 LAKE ST GIRARD, PA 16417	20-2176086	501(C)(3)	5,090.	0.			VARIOUS PROJECTS
GIRLS GROUP 2531 JACKSON AVE. #188 ANN ARBOR, MI 48103	20-4814985	501(C)(3)	8,125.	0.			VARIOUS PROJECTS
GREATER ERIE YOUTH FOR CHRIST PO BOX 158 FAIRVIEW, PA 16415	25-1075528	501(C)(3)	5,300.	0.			VARIOUS PROJECTS
GREEN BUILDING ALLIANCE 333 E. CARSON ST. NO 331 PITTSBURGH, PA 15219	25-1832931	501(C)(3)	15,000.	0.			VARIOUS PROJECTS
HOLY FAMILY CHURCH 913 FULTON ST. ERIE, PA 16503	25-1038792	501(C)(3)	7,971.	0.			VARIOUS PROJECTS

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HOLY ROSARY CHURCH 2701 EAST AVENUE ERIE, PA 16504	25-1074870	501(C)(3)	6,344.	0.			VARIOUS PROJECTS
HVA SENIOR LIVING ALLIANCE 4631 WEST LAKE ROAD ERIE, PA 16505	23-2877142	501(C)(3)	28,750.	0.			VARIOUS PROJECTS
INSPIRATION TIME, INC./WCTL-FM 10912 PEACH STREET ERIE, PA 16441	25-1203214	501(C)(3)	27,453.	0.			VARIOUS PROJECTS
INTERNATIONAL INSTITUTE OF ERIE (USCRI) - 517 EAST 26 ST - ERIE, PA 16511	25-0979363	501(C)(3)	23,537.	0.			VARIOUS PROJECTS
IROQUOIS SCHOOL DISTRICT FOUNDATION - 800 TYNDALL AVENUE - ERIE, PA 16511	56-2386782	501(C)(3)	9,339.	0.			VARIOUS PROJECTS
JULIA HOSPICE AND PALLIATIVE CARE PO BOX 353 MCKEAN, PA 16426	83-4716501	501(C)(3)	101,128.	0.			VARIOUS PROJECTS
JUNIOR ACHIEVEMENT OF ERIE REGION 4213 STATION RD., LOGAN CARRIAGE HO ERIE, PA 16563	25-0983059	501(C)(3)	10,000.	0.			VARIOUS PROJECTS
KALEID-A-SCOPE 4934 PEACH ST ERIE, PA 16509	51-0600720	501(C)(3)	6,667.	0.			VARIOUS PROJECTS
LAKE ERIE REGION CONSERVANCY PO BOX 11046 ERIE, PA 16514	25-1854607	501(C)(3)	6,652.	0.			VARIOUS PROJECTS

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LAKE SHORE FIRE DEPARTMENT P.O. BOX 8566 ERIE, PA 16505	25-1778443	501(C)(3)	7,315.	0.			VARIOUS PROJECTS
LAKEWOOD UNITED METHODIST CHURCH 3856 WEST 10TH ST. ERIE, PA 16505	25-1002944	501(C)(3)	11,216.	0.			VARIOUS PROJECTS
LINKED BY PINK PO BOX 8177 ERIE, PA 16505	80-0230207	501(C)(3)	7,373.	0.			VARIOUS PROJECTS
MERCY HILLTOP CENTER 3715 PENNSYLVANIA AVE. ERIE, PA 16504	25-1248329	501(C)(3)	5,560.	0.			VARIOUS PROJECTS
MINDWORKS 2640 TALLANT RD. SANTA BARBARA, CA 93105	38-3973476	501(C)(3)	10,000.	0.			VARIOUS PROJECTS
NORTH EAST FOOD PANTRY 94 CATAWABA DR. NORTH EAST, PA 16428	20-0145829	501(C)(3)	9,772.	0.			VARIOUS PROJECTS
NURTURING HEARTS 32 WEST 8TH ST ERIE, PA 16501	02-0786777	501(C)(3)	9,705.	0.			VARIOUS PROJECTS
OAHE YMCA 900 E CHURCH ST. PIERRE, SD 57501	23-7169291	501(C)(3)	25,000.	0.			VARIOUS PROJECTS
OPERATION WARM 50 APPLIED BANK BLVD. GLEN MILLS, PA 19342	38-3663310	501(C)(3)	5,000.	0.			VARIOUS PROJECTS

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUR WEST BAYFRONT 408 W. 8TH ST. ERIE, PA 16507	81-5307388	501(C)(3)	22,426.	0.			VARIOUS PROJECTS
PERSEUS HOUSE CHARTER SCHOOL 40 EAGLE PT. BLVD ERIE, PA 16511	20-0027153	501(C)(3)	10,000.	0.			VARIOUS PROJECTS
PRESBYTERIAN SENIORCARE FOUNDATION 1215 HULTON RD. OAKMONT, PA 15139	56-2289600	501(C)(3)	11,000.	0.			VARIOUS PROJECTS
TEMPLE ANSHE HESED 5401 OLD ZUCK RD ERIE, PA 16506	25-0969404	501(C)(3)	19,432.	0.			VARIOUS PROJECTS
THE ANN ARBOR ART CENTER 117 W. LIBERTY ST. ANN ARBOR, MI 48104	23-7205537	501(C)(3)	22,875.	0.			VARIOUS PROJECTS
THE LOGAN CENTER 2505 E. JEFFERSON BLVD. SOUTH BEND, IN 46615	35-0965639	501(C)(3)	5,000.	0.			VARIOUS PROJECTS
THE REASON FOR OUR HOPE FOUNDATION 4506 MILLER AVE. ERIE, PA 16509	20-1674258	501(C)(3)	7,130.	0.			VARIOUS PROJECTS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	410	599,263.	0.		

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

PART I, LINE 2:

FORM 990, SCHEDULE I, PART II & III:

OUR GRANT MAKING FALLS INTO 3 CATEGORIES:

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

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

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

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

Part IV Supplemental Information

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

SCHOLARSHIP:

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

COMPETITIVE:

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

ERIE COMMUNITY FOUNDATION

Employer identification number

25-6032032

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2020

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				
(1) MICHAEL BATCHELOR PRESIDENT	(i)	234,000.	35,000.	18,228.	29,590.	20,352.	337,170.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

IT IS THE POLICY OF THE FOUNDATION TO CONSIDER MEMBERSHIP IN ORGANIZATIONS THAT WOULD PROMOTE THE ADVANCEMENT OF THE FOUNDATION, ENHANCE THE PROFESSIONAL STANDING OF ITS SENIOR PERSONNEL, AND FACILITATE FAVORABLE COMMUNITY RELATIONS. COSTS IN RELATION TO BENEFITS SHALL BE CONSIDERED. MEMBERSHIP IN AN ORGANIZATION MUST BE USED PRIMARILY FOR BUSINESS PURPOSES. MICHAEL BATCHELOR IS THE ONLY PERSON WHO RECEIVES THE SOCIAL CLUB BENEFIT. THIS BENEFIT IS INCLUDED IN MICHAEL BATCHELOR'S TAXABLE COMPENSATION.

PART I, LINE 4B:

THE FOUNDATION MATCHED/CONTRIBUTED \$18,830 TO THE 401(K) PLAN AND \$10,760 TO THE DEFERRED COMPENSATION PLAN FOR MICHAEL BATCHELOR.

FORM 990, SCHEDULE J, PART II, COLUMN C

THE FOUNDATION MATCHED/CONTRIBUTED 18,830 TO THE 401(K) PLAN AND 10,760 TO THE DEFERRED COMPENSATION PLAN FOR MICHAEL BATCHELOR.

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

MICHAEL BATCHELOR'S BASE COMPENSATION IS \$234,000.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

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

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	18	362,546.	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 V, 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.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

ERIE COMMUNITY FOUNDATION

Employer identification number

25-6032032

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

EVALUATING AND ADDRESSING COMMUNITY ISSUES, BUILDING PERMANENT

CHARITABLE ENDOWMENTS, AND BY PROMOTING PHILANTHROPIC AND COMMUNITY

LEADERSHIP.

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

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

PRESIDENT. THIS REVIEW CONSISTS OF TRACING ALL FIGURES FROM INTERNALLY

DEVELOPED SCHEDULES TO THE 990 AND REVIEWING ALL

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

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

FINAL REVIEW IS CONDUCTED BY THE FINANCE COMMITTEE.

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

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

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

MATERIAL INTEREST IN ANY PROPOSED EXISTING CONTRACT, TRANSACTION OR

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

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

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

FOR THIS PURPOSE.

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

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

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

YEAR, PROVIDES THAT TRUSTEES HAVING A CONTINUING OBLIGATION TO REPORT

CONFLICTS AND MUST PROMPTLY REPORT ANY CONFLICT THAT HAS NOT BEEN

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

PREVIOUSLY REPORTED.

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

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

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

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

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

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

REFUND OF PRIOR YEAR GRANTS	41,786.
CHANGE IN VALUE OF SPLIT INTERESTS	26,672.
ROUNDING DIFFERENCE	1.
TOTAL TO FORM 990, PART XI, LINE 9	68,459.

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

FORM 990, PART XII, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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
CORRY COMMUNITY FOUNDATION - 25-1850006 459 WEST 6TH ST. ERIE, PA 16507	COMMUNITY FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 7	ECF	X	
NORTH EAST COMMUNITY FOUNDATION - 25-1650208 459 WEST 6TH ST. ERIE, PA 16507	COMMUNITY FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 7	ECF	X	
UNION CITY COMMUNITY FOUNDATION - 25-1672243 459 WEST 6TH ST. ERIE, PA 16507	COMMUNITY FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12C, III-FI	ECF	X	
NONPROFIT PARTNERSHIP - 20-5616727 609 WALNUT ST ERIE, PA 16502	MANAGEMENT	PENNSYLVANIA	501(C)(3)	LINE 7	N/A	X	

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

Schedule R (Form 990) 2020

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CORRY COMMUNITY FOUNDATION	L	108,978.	FMV
(2) CORRY COMMUNITY FOUNDATION	B	36,326.	FMV
(3) UNION CITY COMMUNITY FOUNDATION	L	37,538.	FMV
(4) NORTH EAST COMMUNITY FOUNDATION	L	67,867.	FMV
(5) NONPROFIT PARTNERSHIP	B	182,683.	FMV
(6)			

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

2020

Department of the Treasury
Internal Revenue Service

For calendar year 2020 or other tax year beginning _____, and ending _____

▶ **Go to www.irs.gov/Form990T for instructions and the latest information.**
▶ **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

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) ERIE COMMUNITY FOUNDATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 459 WEST 6TH STREET</p> <p>City or town, state or province, country, and ZIP or foreign postal code ERIE, PA 16507</p>	<p>D Employer identification number 25-6032032</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year ▶ 290,579,169.</p>			

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶ **1**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

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

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	-121,559.
2 Reserved	2	
3 Add lines 1 and 2	3	-121,559.
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	-121,559.
6 Deduction for net operating loss. See instructions	6	0.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	-121,559.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments				
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2019 overpayment credited to 2020	6a		
b	2020 estimated tax payments. Check if section 643(g) election applies	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439	6g		
	<input type="checkbox"/> Form 4136			
7	Total payments. Add lines 6a through 6g	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax	11		

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ CAYMAN ISLANDS	Yes	No
		X	
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year		
4a	Did the organization change its method of accounting? (see instructions)		X
b	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	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 of officer _____	Date _____	CFO	Title _____
				May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name VINCENT HALUPCZYNSKI	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P00347533
	Firm's name ▶ MCGILL, POWER, BELL & ASSOCIATES, LLP	Firm's address ▶ 2402 W. 8TH STREET		Firm's EIN ▶ 25-1031405
	Firm's address ▶ ERIE, PA 16505-4935		Phone no. (814) 453-6594	

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY 1

OMB No. 1545-0047

2020

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

A Name of the organization ERIE COMMUNITY FOUNDATION	B Employer identification number 25-6032032
C Unrelated business activity code (see instructions) ▶ 525990	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **INCOME FROM PARTNERSHIP INVESTMENTS**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶			
2 Cost of goods sold (Part III, line 8)	1c			
3 Gross profit. Subtract line 2 from line 1c	2			
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	3			
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4a	46,587.		46,587.
c Capital loss deduction for trusts	4b			
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 1	4c			
6 Rent income (Part IV)	5	-168,146.		-168,146.
7 Unrelated debt-financed income (Part V)	6			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	7			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	8			
10 Exploited exempt activity income (Part VIII)	9			
11 Advertising income (Part IX)	10			
12 Other income (see instructions; attach statement)	11			
13 Total. Combine lines 3 through 12	12	-121,559.		-121,559.
	13			

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

1 Compensation of officers, directors, and trustees (Part X)				
2 Salaries and wages				
3 Repairs and maintenance				
4 Bad debts				
5 Interest (attach statement) (see instructions)				
6 Taxes and licenses				
7 Depreciation (attach Form 4562) (see instructions)		7		
8 Less depreciation claimed in Part III and elsewhere on return		8a		8b
9 Depletion				
10 Contributions to deferred compensation plans				
11 Employee benefit programs				
12 Excess exempt expenses (Part VIII)				
13 Excess readership costs (Part IX)				
14 Other deductions (attach statement)				
15 Total deductions. Add lines 1 through 14				0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				-121,559.
17 Deduction for net operating loss (see instructions)				0.
18 Unrelated business taxable income. Subtract line 17 from line 16				-121,559.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation

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

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
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)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____

B _____

C _____

D _____

	A	B	C	D
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 statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	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		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Totals			0.	0.		

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

**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.
▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2020

Name ERIE COMMUNITY FOUNDATION	Employer identification number 25-6032032
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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)
1a 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				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked	6,590.			6,590.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	6,590.

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)
8a 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				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	11,200.			11,200.
11 Enter gain from Form 4797, line 7 or 9			11	28,797.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	39,997.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	6,590.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	39,997.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	46,587.

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

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 generally long-term (see instructions). 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 of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	LONG TERM CAPITAL GAIN	VARIOUS	12/31/20	11,200.	0.			11,200.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)								
				11,200.				11,200.

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))
 Attach to your tax return.

▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

ERIE COMMUNITY FOUNDATION

Identifying number
25-6032032

1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 **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)
	PARTNERSHIP INTERESTS	VARIOUS	12/31/20	28,797.		0.	28,797.

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 Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, 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.	7	28,797.
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	28,797.

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	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 loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4	18a	
		18b	

LHA 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)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23			
24	Total gain. Subtract line 23 from line 20	24			
25 If section 1245 property:					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage	27b			
c	Enter the smaller of line 24 or 27b	27c			
28 If section 1254 property:					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b	Enter the smaller of line 24 or 28a	28b			
29 If section 1255 property:					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b	Enter the smaller of line 24 or 29a. See instructions	29b			

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

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

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

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 1

<u>DESCRIPTION</u>	<u>NET INCOME OR (LOSS)</u>
- ORDINARY BUSINESS INCOME (LOSS)	-168,146.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-168,146.