

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

OMB No. 1545-0047  
**2024**  
Open to Public Inspection

<b>A</b> For the 2024 calendar year, or tax year beginning , and ending	
<b>B</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	<b>C</b> Name of organization <b>ERIE COUNTY COMMUNITY FOUNDATION</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>135 EAST WASHINGTON ROW</b> City or town, state or province, country, and ZIP or foreign postal code <b>SANDUSKY OH 44870</b> <b>D</b> Employer identification number <b>34-1792862</b> <b>E</b> Telephone number <b>419-621-9690</b> <b>G</b> Gross receipts \$ <b>10,051,260</b> <b>F</b> Name and address of principal officer: <b>ELIZABETH MAIDEN</b> <b>135 EAST WASHINGTON ROW</b> <b>SANDUSKY OH 44870</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>J</b> Website: <b>WWW.ERIEFOUNDATION.ORG</b> <b>H(c)</b> Group exemption number <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>L</b> Year of formation: <b>1995</b> <b>M</b> State of legal domicile: <b>OH</b>

<b>Part I Summary</b>	
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3 20</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4 20</b>
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a) <b>5 5</b>
	<b>6</b> Total number of volunteers (estimate if necessary) <b>6 20</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a 78,273</b> <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>7b 0</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>Prior Year 4,080,244 Current Year 2,334,163</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) <b>52,500 72,085</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>897,207 2,317,658</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>73,416 73,481</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>5,103,367 4,797,387</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) <b>2,385,694 2,767,599</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) <b>403,407 451,143</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>216,892</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) <b>533,653 584,689</b>
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) <b>3,322,754 3,803,431</b>
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>1,780,613 993,956</b>
	<b>20</b> Total assets (Part X, line 16) <b>Beginning of Current Year 42,020,746 End of Year 44,688,441</b>
	<b>21</b> Total liabilities (Part X, line 26) <b>4,554,787 4,789,087</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>37,465,959 39,899,354</b>

<b>Part II Signature Block</b>	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
<b>Sign Here</b>	Signature of officer <b>ELIZABETH MAIDEN</b> Type or print name and title <b>EXECUTIVE DIRECTOR</b>
	Date
<b>Paid Preparer Use Only</b>	Preparer's name <b>TODD A PARSONS</b>
	Preparer's signature <b>TODD A PARSONS</b>
	Date <b>10/27/25</b>
	Check <input type="checkbox"/> if self-employed PTIN <b>P00807239</b>
<b>Firm's name</b>	<b>WILGING, ROUSH &amp; PARSONS CPAS</b>
	<b>11 E MAIN ST.</b>
<b>Firm's address</b>	<b>SHELBY, OH 44875-1215</b>
	<b>419-347-6734</b>
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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:  
**SEE SCHEDULE O**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ **3,285,288** including grants of \$ **2,767,599** ) (Revenue \$ )  
**THE ORGANIZATION'S PRIMARY PURPOSE IS TO PROVIDE A MEANS FOR PEOPLE TO MAKE GIFTS OF ASSETS TO ENHANCE THE QUALITY OF LIFE IN ERIE COUNTY AND SANDUSKY OHIO, BOTH TODAY AND IN THE FUTURE.**

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**N/A**

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**N/A**

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

**4e** Total program service expenses **3,285,288**

**Part IV Checklist of Required Schedules**

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

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

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
25b			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties? (See the 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? If "Yes," complete Schedule L, Part IV		X
28a			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
28b			
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
28c			
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
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)? If "Yes," complete Schedule R, Part V, line 2		
35b			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
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? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	11	
1a			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0	
1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c			

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

Yes No

<b>2a</b>	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	<b>2a</b>	<b>5</b>			
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		<b>X</b>		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		<b>X</b>		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>		<b>X</b>		
<b>4a</b>	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)?	<b>4a</b>			<b>X</b>	
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			<b>X</b>	
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			<b>X</b>	
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>				
<b>6a</b>	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?	<b>6a</b>			<b>X</b>	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>				
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b>	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?	<b>7a</b>				
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>				
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>				
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>				
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>				
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>				
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>				
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>				
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>				
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>					
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			<b>X</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			<b>X</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:					
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>				
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>				
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:					
<b>a</b>	Gross income from members or shareholders	<b>11a</b>				
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>				
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>				
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>				
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>				
<b>b</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	<b>13b</b>				
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>				
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			<b>X</b>	
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>				
<b>15</b>	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.	<b>15</b>			<b>X</b>	
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			<b>X</b>	
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	<b>17</b>				

**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 ☒ **X**

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 20		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b> 20		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>		<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	<b>3</b>		<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>		<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<b>9</b>		<b>X</b>

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

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

**Section C. Disclosure**

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

**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.

**RANDALL WAGNER**  
**SANDUSKY**

**135 EAST WASHINGTON ROW**

**OH 44870**

**419-621-9690**

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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)ELIZABETH MAIDEN	40.00									
EXECUTIVE DIRECTOR	0.00			X				113,050	0	0
(2)RON PARTHMORE	1.00									
CHAIR	0.00	X		X				0	0	0
(3)DANIEL MONCHER	1.00									
VICE CHAIR	0.00	X		X				0	0	0
(4)MARY JANE HILL	1.00									
SECRETARY	0.00	X		X				0	0	0
(5)RICH FINNERAN	1.00									
TREASURER	0.00	X		X				0	0	0
(6)THOMAS M. WOLF	1.00									
INVEST CHAIR	0.00	X		X				0	0	0
(7)LEE ALEXAKOS	1.00									
DIRECTOR	0.00	X						0	0	0
(8)JARVIS COLE-CASTON	1.00									
DIRECTOR	0.00	X						0	0	0
(9)DEBRALEE DIVERS	1.00									
DIRECTOR	0.00	X						0	0	0
(10)SUE FORTHOFFER	1.00									
DIRECTOR	0.00	X						0	0	0
(11)DAWSON FOSTER	1.00									
DIRECTOR	0.00	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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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			
(12) STACEY HARTLEY										
(12) DIRECTOR	1.00 0.00	X						0	0	0
(13) C. EUGENE KIDWELL										
(13) DIRECTOR	1.00 0.00	X						0	0	0
(14) ERIC MUEHLHAUSER										
(14) DIRECTOR	1.00 0.00	X						0	0	0
(15) ALEXA MURRAY										
(15) DIRECTOR	1.00 0.00	X						0	0	0
(16) JAMES MURRAY										
(16) DIRECTOR	1.00 0.00	X						0	0	0
(17) DR SWATHI RAVICHANDRAN										
(17) DIRECTOR	1.00 0.00	X						0	0	0
(18) TIMOTHY RIESTERER										
(18) DIRECTOR	1.00 0.00	X						0	0	0
(19) LONNIE RIVERA										
(19) DIRECTOR	1.00 0.00	X						0	0	0
1b Subtotal								113,050		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								113,050		

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 1

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	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? If "Yes," complete Schedule J for such individual	4	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? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 0



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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	1a	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	2,334,163		
	g	Noncash contributions included in lines 1a-1f	1g	\$ 637,868		
	h	<b>Total.</b> Add lines 1a-1f		2,334,163		
<b>Program Service Revenue</b>	2a	ADMIN SERVICE FEES	Business Code 541200	72,085	72,085	
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	<b>Total.</b> Add lines 2a-2f		72,085		
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts)		1,863,850		1,863,850
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents	(i) Real 11,100			
	b	Less: rental expenses	6b 4,912			
	c	Rental inc. or (loss)	6c 6,188			
	d	Net rental income or (loss)		6,188	6,188	
	7a	Gross amount from sales of assets other than inventory	(i) Securities 5,702,769	(ii) Other		
	b	Less: cost or other basis and sales exps.	7b 5,248,961			
	c	Gain or (loss)	7c 453,808			
	d	Net gain or (loss)		453,808		453,808
	8a	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				
	9a	Gross income from gaming activities. See Part IV, line 19	9a			
b	Less: direct expenses	9b				
c	Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances	10a				
b	Less: cost of goods sold	10b				
c	Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>	11a	ADMIN FEE REVENUE	Business Code	59,969	59,969	
	b	OTHER INCOME		6,253	6,253	
	c	C.R.U.T'S & GIFT ANNUITY		1,071	1,071	
	d	All other revenue				
	e	<b>Total.</b> Add lines 11a-11d		67,293		
12	<b>Total revenue.</b> See instructions		4,797,387	67,293	78,273	2,317,658

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,493,248	2,493,248		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	274,351	274,351		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	113,050	56,525	33,915	22,610
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	253,561	126,781	76,068	50,712
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	55,522	27,761	16,657	11,104
<b>10</b> Payroll taxes	29,010	14,504	8,704	5,802
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	405	243	162	
<b>c</b> Accounting	9,200		9,200	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	229,008	137,405	91,603	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion	48,471	18,291	3,224	26,956
<b>13</b> Office expenses	132,444	72,746	16,540	43,158
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	28,498	14,249	5,700	8,549
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	6,364	3,819	1,909	636
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	30,125	8,759	8,052	13,314
<b>23</b> Insurance	7,589	3,720	2,222	1,647
<b>24</b> 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.)				
<b>a</b> HOSPITALITY	74,301	29,198	13,211	31,892
<b>b</b> MISCELLANEOUS	12,548		12,548	
<b>c</b> DUES	5,119	3,071	1,536	512
<b>d</b> YOUTH COUNCIL	617	617		
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	3,803,431	3,285,288	301,251	216,892
<b>26</b> 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 <input type="checkbox"/> 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
<b>Assets</b>	1 Cash—non-interest-bearing		1
	2 Savings and temporary cash investments	108,709	2 51,176
	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		9
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,398,516	
	b Less: accumulated depreciation	10b 238,520	10c 1,159,996
	11 Investments—publicly traded securities	40,684,221	11 43,262,429
	12 Investments—other securities. See Part IV, line 11		12
	13 Investments—program-related. See Part IV, line 11		13
	14 Intangible assets		14
	15 Other assets. See Part IV, line 11	68,730	15 214,840
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	42,020,746	16 44,688,441	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	37,468	17 27,485
	18 Grants payable	292,000	18 204,000
	19 Deferred revenue	2,200	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	386,992	23 330,840
	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	3,836,127	25 4,226,762
	26 <b>Total liabilities.</b> Add lines 17 through 25	4,554,787	26 4,789,087
<b>Net Assets or Fund Balances</b>	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	37,409,294	27 39,699,202
	28 Net assets with donor restrictions	56,665	28 200,152
	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 <b>Total net assets or fund balances</b>	37,465,959	32 39,899,354
33 <b>Total liabilities and net assets/fund balances</b>	42,020,746	33 44,688,441	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>4,797,387</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>3,803,431</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>993,956</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>37,465,959</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>1,439,439</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>39,899,354</b>

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> 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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</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. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b> 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.	<b>X</b>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<b>X</b>
<b>b</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		

**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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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			
(20) JORDAN STERNBERG										
(12) DIRECTOR	1.00 0.00	X						0	0	0
(21) ELIZABETH WAKEFIELD										
(13) DIRECTOR	1.00 0.00	X						0	0	0
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

	Yes	No
3		
4		
5		

**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

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

SCHEDULE A  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public  
Inspection

Name of the organization

ERIE COUNTY COMMUNITY FOUNDATION

Employer identification number

34-1792862

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).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

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

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

Cat. No. 11285F

Schedule A (Form 990) 2024

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	743,938	3,906,262	1,417,137	2,262,044	2,334,163	10,663,544
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b> <b>Total.</b> Add lines 1 through 3	743,938	3,906,262	1,417,137	2,262,044	2,334,163	10,663,544
<b>5</b> 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)						3,082,058
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4.						7,581,486

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4	743,938	3,906,262	1,417,137	2,262,044	2,334,163	10,663,544
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	672,278	2,724,250	1,562,244	1,128,424	1,863,850	7,951,046
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11</b> <b>Total support.</b> Add lines 7 through 10						18,614,590
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	348,299

**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** ☐

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

- |   |           |        |
|---|-----------|--------|
| <b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) | <b>14</b> | 40.73% |
| <b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14                        | <b>15</b> | 37.37% |
- 16a** **33 1/3% support test — 2024.** 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 ☒
- b** **33 1/3% support test — 2023.** 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 ☐
- 17a** **10%-facts-and-circumstances test — 2024.** 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 ☐
- b** **10%-facts-and-circumstances test — 2023.** 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 ☐
- 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 ☐

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> <b>Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8</b> <b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14</b> <b>First 5 years.</b> 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 <b>stop here</b>						<input type="checkbox"/>

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

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2023 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests — 2024.** 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 — 2023.** 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 on 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? If "No," describe in <b>Part VI</b> 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.	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	<b>2</b>	

**Section C. Type II Supporting Organizations**

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

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

	Yes	No
<b>1</b> 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?	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	<b>2</b>	
<b>3</b> By reason of the relationship described on 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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	<b>3</b>	

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

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

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

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

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

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

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

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

Section D – Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019 .....			
<b>b</b> From 2020 .....			
<b>c</b> From 2021 .....			
<b>d</b> From 2022 .....			
<b>e</b> From 2023 .....			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> Excess distributions carryover to 2025. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020 .....			
<b>b</b> Excess from 2021 .....			
<b>c</b> Excess from 2022 .....			
<b>d</b> Excess from 2023 .....			
<b>e</b> Excess from 2024 .....			

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

Name of the organization	Employer identification number
ERIE COUNTY COMMUNITY FOUNDATION	34-1792862

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	<input checked="" type="checkbox"/> 501(c)( 3 ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), 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).

Name of organization

ERIE COUNTY COMMUNITY FOUNDATION

Employer identification number

34-1792862

**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	DORN FOUNDATION DAF 165 EAST WASHINGTON ROW STE 206 SANDUSKY OH 44870	\$ 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MYLANDER FOUNDATION 165 E WASHINGTON ROW SANDUSKY OH 44870	\$ 70,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	LAURENCE & KAREN BETTCHER 5437 PORTAGE DRIVE VERMILLION OH 44089	\$ 110,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CEDAR FAIR CHARITIES ONE CEDAR POINT DRIVE SANDUSKY OH 44870	\$ 95,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	RHONDA WATT 1200 RIVERSIDE DRIVE HURON OH 44839	\$ 70,059	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	PHILLIP AND JANET GARDNER 512 LINDEN WAY SANDUSKY OH 44870	\$ 252,641	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

ERIE COUNTY COMMUNITY FOUNDATION

Employer identification number

34-1792862

**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	DANIEL AND LAURA KELLER 3219 COUNTRY CLUB LANE HURON OH 44839	\$ 104,982	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	BETTCHER FOUNDATION PO BOX 440 VERMILLION OH 44089	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	SUZANNE HANLEY 3800 BOARDWALK BLVD SANDUSKY OH 44870	\$ 100,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	ANDREW ZUCKER DDS 3911 LOUISA DR SANDUSKY OH 44870	\$ 49,009	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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 COUNTY COMMUNITY FOUNDATION

Employer identification number

34-1792862

**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
5	359 SHARES ROWE PRICE GROWTH	\$ 70,059	12/18/24
6	50 SH APPLE	\$ 10,918	08/01/24
6	169 SH JP MORGAN CHASE	\$ 35,145	08/01/24
6	1800 SH NVIDIA CORP	\$ 196,578	08/01/24
7	2263 SH CEDAR FAIR	\$ 104,982	06/14/24
9	247 SH BERKSHIRE HATHAWAY	\$ 100,000	04/24/24

Name of organization  
ERIE COUNTY COMMUNITY FOUNDATION

Employer identification number  
34-1792862

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
10	120 SH ALPHABET INC	\$ 17,983	03/27/24
10	64 SH APPLE INC	\$ 10,874	03/27/24
10	26 SH MICROSOFT	\$ 11,022	03/27/24
10	11 SH LVYH MOET HENNESSY	\$ 9,130	04/24/24
		\$	
		\$	

Supplemental Financial Statements  
Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

Employer identification number

ERIE COUNTY COMMUNITY FOUNDATION

34-1792862

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	64	
2 Aggregate value of contributions to (during year)	1,754,650	
3 Aggregate value of grants from (during year)	1,158,179	
4 Aggregate value at end of year	9,304,477	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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 in 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                     | 36,564,608       | 31,479,391     | 38,678,685         | 27,457,097           | 23,232,316          |
| b Contributions                                  | 2,171,347        | 4,065,844      | 1,350,303          | 9,493,802            | 3,442,732           |
| c Net investment earnings, gains, and losses     | 3,528,089        | 3,937,051      | -5,189,266         | 3,598,688            | 2,420,277           |
| d Grants or scholarships                         | 2,767,599        | 2,385,694      | 2,848,251          | 1,383,083            | 1,096,641           |
| e Other expenditures for facilities and programs | 348,349          | 331,753        | 23,030             | -20,094              | 184,310             |
| f Administrative expenses                        | 346,489          | 200,231        | 489,050            | 507,913              | 357,277             |
| g End of year balance                            | 38,801,607       | 36,564,608     | 31,479,391         | 38,678,685           | 27,457,097          |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100.00 %

b Permanent endowment %

c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) Unrelated organizations?

Yes

No

3a(i)

☐

☒

(ii) Related organizations?

Yes

No

3a(ii)

☐

☒

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

Yes

No

3b

☐

☐

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

Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
- | Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      | 522,120                         | 33,373                       | 488,747        |
| c Leasehold improvements   |                                      | 793,684                         | 130,627                      | 663,057        |
| d Equipment  |                                      | 82,712                          | 74,520                       | 8,192          |
| e Other  |                                      |                                 |                              |                |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) |                                      |                                 |                              | 1,159,996      |
- Schedule D (Form 990) (Rev. 12-2024)
- DAA

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

**Part VIII Investments – Program Related**

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

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

**Part IX Other Assets**

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

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

**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) <b>DUE TO OTHER AGENCIES</b>	<b>4,222,262</b>
(3) <b>SCHOLARSHIP PAYABLE</b>	<b>4,500</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>4,226,762</b>

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	<b>6,012,730</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	<b>1,439,439</b>
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>4,912</b>
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	<b>1,444,351</b>
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	<b>4,568,379</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	<b>229,008</b>
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	<b>229,008</b>
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<b>5</b>	<b>4,797,387</b>

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	<b>3,579,335</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>4,912</b>
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	<b>4,912</b>
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	<b>3,574,423</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	<b>229,008</b>
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	<b>229,008</b>
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<b>5</b>	<b>3,803,431</b>

**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 - INTENDED USES FOR ENDOWMENT FUNDS**

THE ENRICHMENT OF THE QUALITY OF LIFE IN THE ERIE COUNTY AND SANDUSKY, OHIO  
COMMUNITY BY DEVELOPING A PERMANENT ENDOWMENT TO ASSESS AND RESPOND TO  
CHANGING COMMUNITY NEEDS AND BY SERVING A CHARITABLE MECHANISM FOR DONORS  
OF ALL LEVELS OF CHARITABLE GIVING.

**PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER  
DEPRECIATION**

\$ 4,912

**PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER  
INVESTMENT FEES**

\$ 229,008

**PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER  
DEPRECIATION**

\$ 4,912

**PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER  
INVESTMENT FEES**

\$ 229,008

## Part XIII Supplemental Information (continued)

Schedule D (Form 990) (Rev. 12-2024)

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Employer identification number  
**34-1792862**

**Y COMMUNITY FOUNDATION**  
**n Grants and Assistance**

to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance,  
of the grants or assistance? ☐ Yes ☒ No  
procedures for monitoring the use of grant funds in the United States.

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

ation	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
4870	34-1150124	501C3	10,000				EMERGENCY RESPONSE
4824	35-2200572	501C3	8,323				PROGRAM AND VARIOUS
ION OF							EDUCATIONAL
3294	54-0575803	501C3	40,000				
ARTS							PROGRAM
4811	34-1838243	501C3	7,025				STUDENT SUPPORT
4839	34-6007199	501C3	25,000				YOUTH SERVICES
NORTHEAST OH							CANCER MED PROGRAM
4307	34-1856214	501C3	22,325				YOUTH SERVICES
COUNTY							PROGRAM
4307	34-0877577	501C3	18,288				
UNITY CENTER							
4871	26-0355795	501C3	12,800				
ISE OF TOLED							
3604	34-4428254	501C4	5,500				

and government organizations listed in the line 1 table  
ns listed in the line 1 table

the Instructions for Form 990.

Schedule I (Form 990) (Rev. 12-2024)



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

**n Grants and Assistance**

to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance,  
of the grants or assistance?

procedures for monitoring the use of grant funds in the United States.

☐ Yes

☐ No

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

(a) Name of the organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>RECREATION</b>							
4870	34-6401311	GOV	6,000				<b>INTERSHIP INITIATIVE</b>
4870	93-1338578	501C3	17,000				<b>PROGRAM</b>
<b>RAL HISTORY</b>							
4106	34-0714338	501C3	15,000				<b>PROGRAM</b>
<b>IG</b>							
4870	34-1096604	501C3	14,519				<b>PROGRAM EXPENSES</b>
<b>USA</b>							
1741	13-3433452	501C3	9,200				<b>HEALTH SERVICES</b>
<b>ATION</b>							
4846	22-1528860	501C3	34,885				<b>GENERAL OPERATIONS</b>
<b>RICT</b>							
4846	34-6400902	GOV	6,390				<b>PROGRAM</b>
<b>VE 5</b>							
4870	34-1685570	501C3	5,179				<b>WEBSITE DESIGN</b>
<b>ELOPMENT</b>							
4870	34-1590450	501C3	37,851				<b>PROGRAM</b>

and government organizations listed in the line 1 table

ns listed in the line 1 table

the Instructions for Form 990.

Schedule I (Form 990) (Rev. 12-2024)

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

to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance,  
of the grants or assistance? ☐ Yes ☐ No  
procedures for monitoring the use of grant funds in the United States.

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

ation	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MENT							PROGRAM
4870	34-6400428	GOV	7,500				
							PROGRAM
4870	37-1758409	501C3	7,500				
ERVATION							GENERAL OPERATING
4870	34-1519274	GOV	15,000				
OF ERIE							GENERAL OPERATING
4870	26-3607741	501C3	15,000				
							FOOD PANTRY
4870	34-1894288	501C3	22,482				
MANITY							BUILDING UPGRADES
4870	34-1616719	501C3	10,376				
AL CENTER							SCHOLARSHIP
4870	34-4428218	501C3	5,924				
ISTRA							GRANTS / PROGRAMS
4839	34-1573397	501C3	50,308				
H							SOCIAL SERVICES
4839	34-4455949	501C3	13,049				

and government organizations listed in the line 1 table  
ns listed in the line 1 table

the Instructions for Form 990.

Schedule I (Form 990) (Rev. 12-2024)

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Employer identification number  
**34-1792862**

**Y COMMUNITY FOUNDATION**  
**n Grants and Assistance**

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of the grants or assistance? ☐ Yes ☐ No  
procedures for monitoring the use of grant funds in the United States.

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.4870	34-0961017	501C3	5,583				PROGRAM
IRCH							
.4870	34-4428220	501C3	12,500				SOCIAL SERVICES
OUNTY							
.4870	34-6547096	501C3	25,163				PROGRAM
ON							
.4839	27-5400533	501C3	8,409				EDUCATION
UM							
.4839	34-6007199	501C3	10,184				ENVIRONMENTAL
.4839	34-1933062	501C3	6,500				YOUTH SERVICES
.4022	34-1726543	501C3	10,000				EDUCATION PROGRAM
.4089	34-1940494	501C3	8,417				ECONOMIC DEVELOPMENT
.4824	34-6400833	GOV	12,709				EDUCATION PROGRAMS

and government organizations listed in the line 1 table  
ns listed in the line 1 table

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ISKY							PROGRAM
4870	34-1735033	501C3	12,949				PROGRAM
4839	34-6007199	501C3	16,000				PROGRAM
4870	34-1622284	501C3	16,567				GENERAL OPERATIONS
4870	92-4011630	501C3	10,000				CHILD PLAYGROUND
4870	47-5238446	501C3	51,675				FOOD INSECURITY
4017	34-0720558	501C3	10,000				PROGRAM
4846	34-6539143	501C3	15,298				PROGRAM
FOUNDATION							EDUCATIONAL
3221	34-1145986	GOV	20,000				
TRICT							SCHOLARSHIPS/ PROGRA
4870	34-6401059	GOV	18,327				

and government organizations listed in the line 1 table  
ns listed in the line 1 table

the Instructions for Form 990.

Schedule I (Form 990) (Rev. 12-2024)

**Grants and Other Assistance to Organizations,  
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the grants or assistance? ☐ Yes ☐ No  
procedures for monitoring the use of grant funds in the United States.

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

(a) Line number	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
4870	34-6401058	GOV	9,000				PROGRAM
4857	82-3901480	501C3	5,900				PROGRAM
4089	30-0448081	501C3	10,000				OPERATIONS
4870	13-5562351	501C3	10,000				EMERGENCY SOCIAL SER
4870	51-0185822	501C8	9,371				PROGRAM EXPENSES
4870	43-1961776	501C3	22,724				OPERATIONS
4870	34-6401310	GOV	53,696				VARIOUS PROGRAMS
4871	99-0658478	501C3	30,641				ARTS AND HUMANITIES
4870	46-1800323	GOV	500,600				NATATORIUM PROJECT

and government organizations listed in the line 1 table  
ns listed in the line 1 table

the Instructions for Form 990.

Schedule I (Form 990) (Rev. 12-2024)

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

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procedures for monitoring the use of grant funds in the United States.

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

(a) Line number	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
4870	34-6401311	GOV	9,987				PROGRAM
4870	34-1670801	501C3	8,867				PROGRAM / EQUIPMENT
4870	34-1568622	501C3	242,456				VARIOUS PROGRAMS
4053	34-1446685	501C3	10,500				FOOD PANTRY
4870	34-1256377	501C3	40,310				VARIOUS PROGRAMS
3302	31-4389673	501C3	12,000				VARIOUS PROGRAMS
4601	34-0714687	GOV	10,000				EDUCATIONAL
4089	34-6401512	GOV	10,500				SPRAY PAD PROJECT
4089	34-6401511	GOV	11,574				EDUCATIONAL PROGRAMS

and government organizations listed in the line 1 table  
ns listed in the line 1 table

the Instructions for Form 990.

Schedule I (Form 990) (Rev. 12-2024)

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
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Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Employer identification number  
**34-1792862**

**Y COMMUNITY FOUNDATION**  
**n Grants and Assistance**

to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance,  
the grants or assistance? ☐ Yes ☐ No  
procedures for monitoring the use of grant funds in the United States.

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

ation	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>ATIC BOOSTER</b>							
<b>4089</b>	<b>34-1778840</b>	<b>501C4</b>	<b>20,000</b>				<b>SAILORS ANCHOR PROJE</b>
<b>4871</b>	<b>34-1751783</b>	<b>501C3</b>	<b>8,117</b>				<b>PROGRAM</b>
<b>IO &amp;</b>							
<b>4870</b>	<b>34-0861121</b>	<b>501C3</b>	<b>10,117</b>				<b>SOCIAL SERVICES</b>
<b>ISERVANCY</b>							
<b>4022</b>	<b>34-1571233</b>	<b>501C3</b>	<b>8,556</b>				<b>VARIOUS PROGRAM</b>
<b>0090</b>	<b>27-3521132</b>	<b>501C3</b>	<b>9,200</b>				<b>SOCIAL SERVICES</b>
<b>IN CHURCH</b>							
<b>4870</b>	<b>34-0929864</b>	<b>501C3</b>	<b>29,919</b>				<b>OPERATIONS</b>

and government organizations listed in the line 1 table .....  
ns listed in the line 1 table .....

istance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
ed if additional space is needed.

	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	104	274,351			

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

EDURES FOR MONITORING THE USE OF GRANT FUNDS  
A COMPETITIVE BASIS TO ERIE COUNTY NON-PROFIT  
S ARE MADE FOR A VARIETY OF PURPOSES, AND ACROSS A  
DS, INCLUDING ARTS AND HUMANITITIES, COMMUNITY AND  
EDUCATION, ENVIRONMENT, HEALTH AND SOCIAL SERVICES,  
RE THOROUGHLY REVIEWED BY A STANDING COMMITTEE OF THE  
MMITTEE COMPLETES A CONFLICT OF INTEREST STATEMENT FOR  
AND VOTES ON ALL GRANTS, WITH ABSTENTIONS RECORDED.  
A RECOMMENDATION FOR FUNDING TO THE FULL BOARD TWICE  
COMMITTEE LISTENS TO THE PRESENTATIONS AND MAKES SITE  
FOR FUNDED ORGANIZATIONS AS A PART OF THEIR DUE  
ID ALL FUNDED ORGANIZATIONS ARE REQUIRED TO SUBMIT A  
IT AND FINAL REPORT AT THE CONCLUSION OF THE GRANT  
ATION MATERIALS AND GUIDELINES ARE AVAILABLE ON THE  
WHICH ALSO INCLUDES A LISTING OF ALL FUNDED GRANTS.



Supplemental Information

SCHEDULE I  
(Form 990)

For calendar year 2024, or tax year beginning

, and ending

2024

Name of the organization

ERIE COUNTY COMMUNITY FOUNDATION

Employer identification number

34-1792862

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

GRANTS ARE AWARDED ON A COMPETITIVE BASIS TO ERIE COUNTY NON-PROFIT ORGANIZATIONS. GRANTS ARE MADE FOR A VARIETY OF PURPOSES, AND ACROSS A WIDE SPECTRUM OF FIELDS, INCLUDING ARTS AND HUMANITITIES, COMMUNITY AND ECONOMIC DEVELOPMENT, EDUCATION, ENVIRONMENT, HEALTH AND SOCIAL SERVICES, AND YOUTH SERVICES.

GRANT APPLICATIONS ARE THOROUGHLY REVIEWED BY A STANDING COMMITTEE OF THE BOARD. THE GRANTS COMMITTEE COMPLETES A CONFLICT OF INTEREST STATEMENT FOR EACH FUNDING CYCLE, AND VOTES ON ALL GRANTS, WITH ABSTENTIONS RECORDED. THE COMMITTEE MAKES A RECOMMENDATION FOR FUNDING TO THE FULL BOARD TWICE YEARLY. THE GRANTS COMMITTEE LISTENS TO THE PRESENTATIONS AND MAKES SITE VISITS PERIODICALLY FOR FUNDED ORGANIZATIONS AS A PART OF THEIR DUE DILIGENCE PROCESS, AND ALL FUNDED ORGANIZATIONS ARE REQUIRED TO SUBMIT A SIGNED GRANT AGREEMENT AND FINAL REPORT AT THE CONCLUSION OF THE GRANT PERIOD. GRANT APPLICATION MATERIALS AND GUIDELINES ARE AVAILABLE ON THE FOUNDATION'S WEBSITE, WHICH ALSO INCLUDES A LISTING OF ALL FUNDED GRANTS.

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2024

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 COUNTY COMMUNITY FOUNDATION

Employer identification number

34-1792862

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	13	637,868	STOCK EXCHANGE
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

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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31		X
32a		X

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

**SCHEDULE O**  
**(Form 990)**  
(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Employer identification number

**ERIE COUNTY COMMUNITY FOUNDATION**

**34-1792862**

**FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES**

THE MISSION OF THE ECCF IS TO PROVIDE FOR THE ENRICHMENT OF THE QUALITY OF LIFE IN THE ERIE COUNTY AND SANDUSKY, OHIO COMMUNITY BY DEVELOPING A PERMANENT ENDOWMENT TO ASSESS AND RESPOND TO CHANGING COMMUNITY NEEDS AND BY SERVING AS A CHARITABLE MECHANISM FOR DONORS OF ALL LEVELS OF CHARITABLE GIVING.

**FORM 990 - ORGANIZATION'S MISSION**

THE MISSION OF THE ECCF IS TO PROVIDE FOR THE ENRICHMENT OF THE QUALITY OF LIFE IN THE ERIE COUNTY AND SANDUSKY, OHIO COMMUNITY BY DEVELOPING A PERMANENT ENDOWMENT TO ASSESS AND RESPOND TO CHANGING COMMUNITY NEEDS AND BY SERVING AS A CHARITABLE MECHANISM FOR DONORS OF ALL LEVELS OF CHARITABLE GIVING.

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**  
FORM 990 IS PROVIDED TO DESIGNATED GOVERNING BODY MEMBERS AND AUDIT COMMITTEE FOR REVIEW AND APPROVAL. PRIOR TO FILING, QUESTIONS AND COMMENTS OF THE MEMBERS ARE RESPONDED TO AND INCORPORATED INTO THE TAX FILING AS NECESSARY.

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**  
THE ORGANIZATION REQUIRES ITS DIRECTORS, OFFICERS, COMMITTEE MEMBERS, AND STAFF TO DISCLOSE CONFLICTS ANNUALLY. THE ORGANIZATION THEN PROMPTLY EVALUATES ANY DISCLOSED CONFLICTS OF INTEREST.

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL**  
THE EXECUTIVE COMMITTEE REVIEWS, RECOMMENDS, AND APPROVES COMPENSATION FOR THE EXECUTIVE DIRECTOR. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS EVALUATES THE PROGRESS OF THE ORGANIZATION AND KEY EMPLOYEES' CONTRIBUTION TOWARD GOALS ATTAINED BY THE ENTITY. THE COMMITTEE UTILIZES COMPENSATION TRENDS IN GENERAL AND ERIE COUNTY IN PARTICULAR WHEN ESTABLISHING SALARY RANGES. THE EXECUTIVE COMMITTEE APPROVES EACH KEY EMPLOYEE'S COMPENSATION FOR THE COMING YEAR AFTER APPROPRIATE REVIEW AND DELIBERATION.

**FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS**  
THE EXECUTIVE DIRECTOR REVIEWS, RECOMMENDS, AND APPROVES COMPENSATION FOR THE STAFF. THE EXECUTIVE DIRECTOR EVALUATES THE PROGRESS OF THE ORGANIZATION AND KEY EMPLOYEES' CONTRIBUTION TOWARD GOALS ATTAINED BY THE ENTITY. THE EXECUTIVE DIRECTOR UTILIZED COMPENSATION TRENDS IN GENERAL AND ERIE COUNTY IN PARTICULAR WHEN ESTABLISHING SALARY RANGES. THE EXECUTIVE DIRECTOR APPROVES EACH KEY EMPLOYEE'S COMPENSATION FOR THE COMING YEAR AFTER APPROPRIATE REVIEW AND DELIBERATION.

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION**  
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION INFORMATION PROVIDED UPON REQUEST.

**FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION**

DEPRECIATION	\$	4,912
INVESTMENT FEES	\$	-229,008

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 Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**Open to Public  
Inspection**

Name of the organization	Employer identification number
ERIE COUNTY COMMUNITY FOUNDATION	34-1792862

DEPRECIATION	\$	-4,912
INVESTMENT FEES	\$	229,008

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

OMB No. 1545-0047

Open to Public Inspection

Y COMMUNITY FOUNDATION	Employer identification number 34-1792862
------------------------	--

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

(a) Name 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

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

(a) Name 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

ed Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, one or more related organizations treated as a partnership during the tax year.

	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

ed Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, one or more related organizations treated as a corporation or trust during the tax year.

ation	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
TRUSTS									
44870		OH	N/A	T					X

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

in Parts II, III, or IV of this schedule.		Yes	No
n engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
) royalties, or (iv) rent from a controlled entity	1a		X
ated organization(s)	1b		X
related organization(s)	1c		X
led organization(s)	1d		X
ganization(s)	1e		X
	1f		X
i)	1g		X
zation(s)	1h		X
zation(s)	1i		X
assets to related organization(s)	1j		X
assets from related organization(s)	1k		X
p or fundraising solicitations for related organization(s)	1l		X
p or fundraising solicitations by related organization(s)	1m		X
l lists, or other assets with related organization(s)	1n		X
organization(s)	1o		X
ation(s) for expenses	1p		X
zation(s) for expenses	1q		X
lated organization(s)	1r		X
related organization(s)	1s		X

is," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) me of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved



tity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets  
ization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

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

Form **990****Two Year Comparison Report****2023 & 2024**

For calendar year 2024, or tax year beginning

, ending

Name

Taxpayer Identification Number

**ERIE COUNTY COMMUNITY FOUNDATION****34-1792862**

		2023	2024	Differences
<b>Revenue</b>	1. Contributions, gifts, grants .....	1. 4,080,244	2,334,163	-1,746,081
	2. Membership dues and assessments .....	2.		
	3. Government contributions and grants .....	3.		
	4. Program service revenue .....	4. 52,500	72,085	19,585
	5. Investment income .....	5. 1,128,424	1,863,850	735,426
	6. Proceeds from tax exempt bonds .....	6.		
	7. Net gain or (loss) from sale of assets other than inventory .....	7. -231,217	453,808	685,025
	8. Net income or (loss) from fundraising events .....	8.		
	9. Net income or (loss) from gaming .....	9.		
	10. Net gain or (loss) on sales of inventory .....	10.		
	11. Other revenue .....	11. 73,416	73,481	65
	12. <b>Total revenue.</b> Add lines 1 through 11 .....	12. 5,103,367	4,797,387	-305,980
<b>Expenses</b>	13. Grants and similar amounts paid .....	13. 2,385,694	2,767,599	381,905
	14. Benefits paid to or for members .....	14.		
	15. Compensation of officers, directors, trustees, etc. ....	15. 99,750	113,050	13,300
	16. Salaries, other compensation, and employee benefits .....	16. 303,657	338,093	34,436
	17. Professional fundraising fees .....	17.		
	18. Other professional fees .....	18. 219,177	238,613	19,436
	19. Occupancy, rent, utilities, and maintenance .....	19. 29,898	28,498	-1,400
	20. Depreciation and Depletion .....	20. 34,005	30,125	-3,880
	21. Other expenses .....	21. 250,573	287,453	36,880
	22. <b>Total expenses.</b> Add lines 13 through 21 .....	22. 3,322,754	3,803,431	480,677
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12 .....	23. 1,780,613	993,956	-786,657
<b>Other Information</b>	24. Total exempt revenue .....	24. 5,103,367	4,797,387	-305,980
	25. Total unrelated revenue .....	25. 64,534	78,273	13,739
	26. Total excludable revenue .....	26. 958,589	2,384,951	1,426,362
	27. Total assets .....	27. 42,020,746	44,688,441	2,667,695
	28. Total liabilities .....	28. 4,554,787	4,789,087	234,300
	29. Retained earnings .....	29. 37,465,959	39,899,354	2,433,395
	30. Number of voting members of governing body .....	30. 22	20	
	31. Number of independent voting members of governing body .....	31. 22	20	
	32. Number of employees .....	32. 4	5	
	33. Number of volunteers .....	33. 22	20	

For calendar year 2024, or tax year beginning , ending

Organization Name

**ERIE COUNTY COMMUNITY FOUNDATION**

Taxpayer Identification Number

**34-1792862**Activity: **RENT AND ADMIN SERVICES**Unincorporated Business Income Tax Code: **541200**

			2023	2024	Differences
Revenue	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.	<b>12,034</b>	<b>6,188</b>	<b>-5,846</b>
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.	<b>52,500</b>	<b>72,085</b>	<b>19,585</b>
	11. <b>Total trade or business income.</b> Combine lines 1 through 10	11.	<b>64,534</b>	<b>78,273</b>	<b>13,739</b>
Expenses	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.	<b>65,436</b>	<b>85,978</b>	<b>20,542</b>
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Depreciation and Depletion	18.			
	19. Contributions to deferred compensation plans	19.			
	20. Employee benefit programs	20.			
	21. Other deductions	21.			
	22. <b>Total deductions.</b> Add lines 12 through 22	22.	<b>65,436</b>	<b>85,978</b>	<b>20,542</b>
	23. <b>Taxable income before deductions.</b> Subtract line 23 from 11	23.	<b>-902</b>	<b>-7,705</b>	<b>-6,803</b>
	24. Deductible losses	24.		<b>2,077</b>	<b>2,077</b>
	25. <b>Unrelated business taxable income (loss)</b>	25.	<b>-902</b>	<b>-9,782</b>	<b>-8,880</b>

## Tax Return History

2024

Employer Identification Number

34-1792862

Y COMMUNITY FOUNDATION

2020	2021	2022	2023	2024	2025
3,361,802	9,381,695	1,417,137	4,080,244	2,334,163	
8,987	24,438	41,737	52,500	72,085	
-57,786	406,402	-515,069	-231,217	453,808	
672,278	2,724,250	1,562,244	1,128,424	1,863,850	
73,032	91,661	65,813	73,416	73,481	
4,058,313	12,628,446	2,571,862	5,103,367	4,797,387	
1,096,641	1,383,083	2,848,251	2,385,694	2,767,599	
80,073	84,990	92,600	99,750	113,050	
197,696	241,422	291,719	303,657	338,093	
153,642	213,639	227,000	219,177	238,613	
55,009	54,595	38,291	29,898	28,498	
40,519	30,316	29,930	34,005	30,125	
151,772	160,473	198,427	250,573	287,453	
1,775,352	2,168,518	3,726,218	3,322,754	3,803,431	
2,282,961	10,459,928	-1,154,356	1,780,613	993,956	
4,058,313	12,628,446	2,571,862	5,103,367	4,797,387	
8,987	24,438	52,619	64,534	78,273	
687,524	3,222,313	1,102,106	958,589	2,384,951	
32,114,176	43,609,208	36,718,322	42,020,746	44,688,441	
3,638,633	4,000,644	4,282,251	4,554,787	4,789,087	
28,475,543	39,608,564	32,436,071	37,465,959	39,899,354	

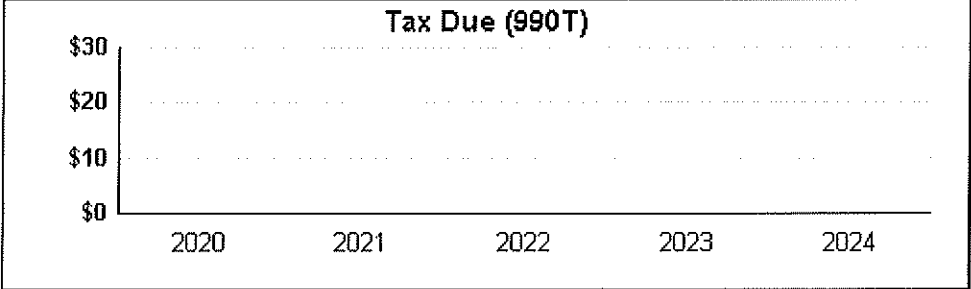
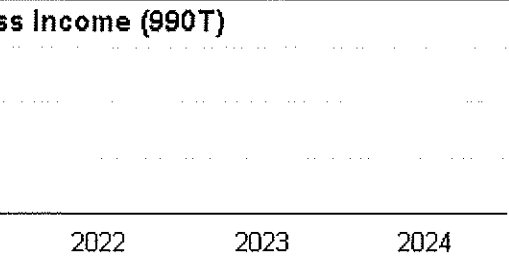
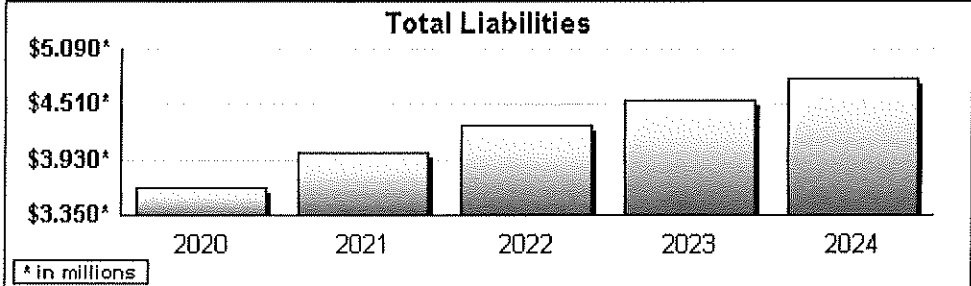
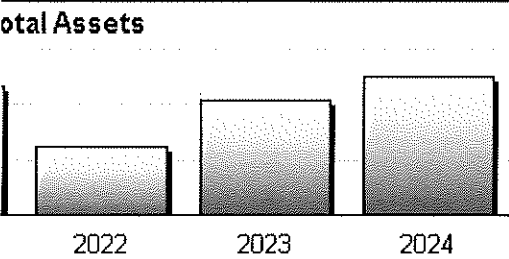
Tax Return History

2024

Y COMMUNITY FOUNDATION

Employer Identification Number  
34-1792862

2020	2021	2022	2023	2024	2025
0	0	0	0	0	
1,000	1,000	1,000	1,000	1,000	



Taxable Interest on Investments

Description						
	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
INTEREST AND DIVIDENDS	\$ 1,863,850					
TOTAL	\$ 1,863,850		14			

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
	\$ 2,334,163
	\$ 2,334,163



**Federal Statements**

**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
FROST-PARKER ESTATE	\$	\$
RICHARD COLLINGWOOD	49,350	
ADELE KOVANIC LIVING TRUST		
JOHN BACON		
DORN FOUNDATION DAF	200,000	
RANDOLPH & ESTELLE DORN FOUNDATION	1,135,104	762,812
FIRELANDS REGIONAL MEDICAL CENTER	10,000	
KATHLEEN FLOYD		
MARILYN KOBY ESTATE		
PETER MELLIO		
SANDUSKY FIRELANDS ALZHEIMER		
SANDUSKY STATE THEATRE		
MAPLE CITY BUILDERS		
ARLENE C STOCKHAM		
MCBRIDE ESTATE		
EDWARD BEER		
NANCY AND KENNETH BLISS FUND		
DAVID AND SANDRA FOSTER	10,000	
ROBERT JACOBS	357,164	
RANDY KOCH	19,411	
MYLANDER FOUNDATION	145,833	
CIVISTA BANK		
HURON EDUCATION FOUNDATION	213,717	
YOUNG & JAE HONG	102,737	
RITTER PUBLIC LIBRARY FOUNDATION	25,000	
BRETT CHARVILLE	80,000	
COLLECTORS UNIVERSE	131,245	
LAURENCE & KAREN BETTCHER	2,472,382	2,100,090
ESTATE OF VAL JOSEPH COSTANTINO	591,448	219,156
CEDAR FAIR CHARITIES	295,000	
HILDEBRANDT, MARIE HORTICULTURE FUND	52,900	
KENNETH BLISS	30,000	
RHONDA WATT	124,542	
REBECCA CZARNIK		
ROBERT WENSINK	65,000	
PATRICK AND LOUISE E MURRAY	25,000	
PHILLIP AND JANET GARDNER	252,641	
DANIEL AND LAURA KELLER	104,982	
BETTCHER FOUNDATION	100,000	
SUZANNE HANLEY	100,000	
ANDREW ZUCKER DDS	49,009	
TOTAL	\$ 6,742,465	\$ 3,082,058

Federal Statements

Schedule A, Part II, Line 8(e)

Description	Amount
	\$ 1,863,850
	\$ 1,863,850

Schedule A, Part II, Line 9(e)

Description	Amount
	\$ 72,085
	6,188
	-86,978
	\$ -8,705

Schedule A, Part II, Line 12 - Current year

Description	Amount
	\$ 1,071
	59,969
	6,253
	\$ 67,293

Form **8879-TE**

**IRS E-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service  
Name of filer

For calendar year 2024, or fiscal year beginning ..... 2024, and ending ..... 20 .....

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

**2024**

**ERIE COUNTY COMMUNITY FOUNDATION**

EIN or SSN

**34-1792862**

Name and title of officer or person subject to tax **ELIZABETH MAIDEN  
EXECUTIVE DIRECTOR**

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a 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, 7b, 8b, 9b, or 10b, 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.

<input type="checkbox"/> 1a Form 990 check here	<input type="checkbox"/> b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
<input type="checkbox"/> 2a Form 990-EZ check here	<input type="checkbox"/> b Total revenue, if any (Form 990-EZ, line 9)	2b
<input type="checkbox"/> 3a Form 1120-POL check here	<input type="checkbox"/> b Total tax (Form 1120-POL, line 22)	3b
<input type="checkbox"/> 4a Form 990-PF check here	<input type="checkbox"/> b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
<input type="checkbox"/> 5a Form 8868 check here	<input type="checkbox"/> b Balance due (Form 8868, line 3c)	5b
<input checked="" type="checkbox"/> 6a Form 990-T check here	<input type="checkbox"/> b Total tax (Form 990-T, Part III, line 4)	6b
<input type="checkbox"/> 7a Form 4720 check here	<input type="checkbox"/> b Total tax (Form 4720, Part III, line 1)	7b
<input type="checkbox"/> 8a Form 5227 check here	<input type="checkbox"/> b FMV of assets at end of tax year (Form 5227, Item D)	8b
<input type="checkbox"/> 9a Form 5330 check here	<input type="checkbox"/> b Tax due (Form 5330, Part II, line 19)	9b
<input type="checkbox"/> 10a Form 8038-CP check here	<input type="checkbox"/> b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

**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 entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2024 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 **WILGING, ROUSH & PARSONS CPAS** to enter my PIN **92862** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2024 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 entity, I will enter my PIN as my signature on the tax year 2024 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 *[Signature]* Date **10/23/25**

**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.

**34909307239**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 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 **TODD A PARSONS** Date **10/23/25**

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

Form 8879-TE

IRS E-file Signature Authorization  
for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning ....., 2024, and ending ....., 20 .....

Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

2024

Department of the Treasury  
Internal Revenue Service

Name of filer

ERIE COUNTY COMMUNITY FOUNDATION

EIN or SSN

34-1792862

Name and title of officer or person subject to tax **ELIZABETH MAIDEN**  
**EXECUTIVE DIRECTOR****Part I** Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a 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, 7b, 8b, 9b, or 10b, 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 checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	1b	4,797,387
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 V, 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 type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) .....	6b	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) .....	7b	
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D) .....	8b	
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19) .....	9b	
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b		

**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 entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2024 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 **WILGING, ROUSH & PARSONS CPAS** to enter my PIN **92862** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2024 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 entity, I will enter my PIN as my signature on the tax year 2024 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 *Elizabeth Maiden* Date **10/23/25****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.

**34909307239**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 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 **TODD A PARSONS** Date **10/23/25**

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



Department of the Treasury  
Internal Revenue Service  
Ogden, UT 84201-0074

212253.674693.485925.27133 1 AB 0.593 372



THE ERIE COUNTY COMMUNITY  
% MARY JANE S HILL  
135 EAST WASHINGTON ROW  
SANDUSKY OH 44870-2643

Notice	CP211A
Tax period	December 31, 2024
Notice date	June 2, 2025
Employer ID number	34-1792862
To contact us	Phone 877-829-5500
Page 1 of 1	

Important information about your December 31, 2024, Form 990T

## We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans.

We approved the Form 8868 for your December 31, 2024, Form 990T, Exempt Organization Business Income Tax Return. Your due date is now November 15, 2025.

### What you need to do

File your December 31, 2024, Form 990T by November 15, 2025, electronically. The IRS will not accept Form 990T filed on paper. For more information, see [IRS.gov/eoefile](https://www.irs.gov/eoefile).

You can find available tax return filing software at [IRS.gov/eomefproviders](https://www.irs.gov/eomefproviders).

### Additional information

- Visit [IRS.gov/cp211a](https://www.irs.gov/cp211a).
- Go to [IRS.gov/charities](https://www.irs.gov/charities) or call 877-829-5500 to learn more about electronic filing requirements.
- Keep this notice for your records.



Department of the Treasury  
Internal Revenue Service  
Ogden, UT 84201-0074

212252.674693.485925.27133 1 AB 0.593 372



THE ERIE COUNTY COMMUNITY  
% MARY JANE S HILL  
135 EAST WASHINGTON ROW  
SANDUSKY OH 44870-2643

Notice	CP211A
Tax period	December 31, 2024
Notice date	June 2, 2025
Employer ID number	34-1792862
To contact us	Phone 877-829-5500
Page 1 of 1	

Important information about your December 31, 2024, Form 990

## We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans.

We approved the Form 8868 for your  
December 31, 2024, Form 990, Return of  
Organization Exempt From Income Tax.  
Your due date is now November 15, 2025.

### What you need to do

File your December 31, 2024, Form 990 by November 15, 2025, electronically. The IRS will not accept Form 990 filed on paper. For more information, see [IRS.gov/eoefile](https://www.irs.gov/eoefile).  
You can find available tax return filing software at [IRS.gov/eomefproviders](https://www.irs.gov/eomefproviders).

### Additional information

- Visit [IRS.gov/cp211a](https://www.irs.gov/cp211a).
- Go to [IRS.gov/charities](https://www.irs.gov/charities) or call 877-829-5500 to learn more about electronic filing requirements.
- Keep this notice for your records.

## Randy Wagner

---

**From:** CharitableRegistration@OhioAGO.gov  
**Sent:** Wednesday, November 12, 2025 4:48 PM  
**To:** Randy Wagner  
**Subject:** Submitted: Charitable registration annual report

---  
Organization: The Erie County Community Foundation  
EIN: 34-1792862  
---

Randy Wagner has submitted an annual report for fiscal year end 2024 for The Erie County Community Foundation on 11/12/2025 at 3:58 PM. Please review the information listed below and print for your records. If there are any errors, please contact us.

**Not all organizations are required to file a full annual report. If your organization was not required to file a full annual report you will see several blank fields in the filing summary below.**

### **Step 1 Determine Filing Status -**

Report Year:	2024
Is the organization located, organized or incorporated in the State of Ohio?	Yes
Does the organization have assets in Ohio?	Yes
Does the Organization conduct program services in Ohio?	Yes
Total assets:	\$44,688,441.00
Did your organization play bingo during this reporting period?	No
Did your organization, on its own behalf, solicit charitable contributions in Ohio (also includes No instance pull tabs and traditional bingo games)?	No
Did you hire a professional solicitor, fund-raising counsel, and/or commercial co-venturer to solicit in Ohio?	No
Gross revenue (does NOT include governmental grants and funding from other 501(c)(3) organizations)	\$4,797,387.00
Reporting Filing Status	109

### **Step 2 Organization Profile / Chapters -**

EIN: 34-1792862  
Name of Organization: The Erie County Community Foundation  
DBA Names:  
Phone: (419)621-9690  
Fax: (419)621-8420

Tax Exempt Type:

Secretary of State  
charter number: 893010

Web Address: www.eriefoundation.org

Organization

Email:

Organization's Purpose: The organization's primary purpose is to provide a means for people to make gifts of assets to enhance the quality of life in Erie County and Sandusky, OH, both today and in the future.

Business location

Country:	United States
Address Line 1:	135 E Washington Row
City:	Sandusky
State:	Ohio
Zip:	44870
County:	Erie

Mailing address

Country:	United States
Address Line 1:	135 E Washington Row
City:	Sandusky
State:	Ohio
Zip:	44870
County:	Erie

Chapters

**Step 3 Financials -**

Total revenue:	\$4,797,387.00
Total expenses:	\$3,803,431.00
Program service expense:	\$3,285,288.00
Fund-raising expense:	\$216,892.00
Management & general expense:	\$301,251.00
Total assets:	\$44,688,441.00
Disposed of 50% or more of assets:	No

Diversion of Assets: No



Total liabilities: \$4,789,087.00  
Non-cash Contributions over \$100,000: Yes

**Step 4 Governmental Authority Actions -**

Organization enjoined or prohibited from soliciting?	No
Organization registration or authority denied / suspended / revoked / enjoined?	No
Organization had voluntary agreement with government authority?	No
Organization received cease and desist order?	No

**Step 5 Solicitation Info -**

Will solicitation be year-round?  
If not year-round, when will solicitation be conducted:  
Will solicitation be conducted in all Ohio counties?  
If no, Ohio counties where solicitation will be conducted:  
Is organization registered with another government authority within Ohio?

Registered with another government authority outside of Ohio to solicit?

Amount contributed by Ohio residents, including Bingo proceeds:  
Charitable Purpose:  
Schedule of activity description:

Is primary office in Ohio?	Yes
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Primary business address:

Form of the charitable organization:

Financial records custodian

Amount of distribution to Ohio residents for national / out  
of Ohio organizations:

Co-venturers and specific terms

Did you receive the amount guaranteed?

Independent contractors paid over \$100,000:

**Step 6 Board Members / Custodians / Updated Bylaws Info -**

Directors and trustees information

First Name:	Sue
Last Name:	Forthofer
Country:	United States
Address Line 1:	135 East Washington Row
Address Line 2:	Suite A
City:	Sandusky
State:	Ohio
Zip:	44870
County:	Erie
Title/Position:	Director
Average Weekly Hours:	1
Compensation:	\$0.00

First Name:	Dawson
Last Name:	Foster
Country:	United States
Address Line 1:	135 East Washington Row
Address Line 2:	Suite A
City:	Sandusky
State:	Ohio
Zip:	44870
County:	Erie
Title/Position:	Director
Average Weekly Hours:	1
Compensation:	\$0.00

First Name:	Stacey
Last Name:	Hartley
Country:	United States
Address Line 1:	135 East Washington Row
Address Line 2:	Suite A
City:	Sandusky
State:	Ohio
Zip:	44870

County:	Erie
Title/Position:	Director
Average Weekly Hours:	1
Compensation:	\$0.00

First Name:	Eugene
Last Name:	Kidwell
Country:	United States
Address Line 1:	135 East Washington Row
Address Line 2:	Suite A
City:	Sandusky
State:	Ohio
Zip:	44870
County:	Erie
Title/Position:	Director
Average Weekly Hours:	1
Compensation:	\$0.00

First Name:	Eric
Last Name:	Muehlhauser
Country:	United States
Address Line 1:	135 East Washington Row
Address Line 2:	Suite A
City:	Sandusky
State:	Ohio
Zip:	44870
County:	Erie
Title/Position:	Director
Average Weekly Hours:	1
Compensation:	\$0.00

First Name:	Alexa
Last Name:	Murray
Country:	United States
Address Line 1:	135 East Washington Row
Address Line 2:	Suite A
City:	Sandusky
State:	Ohio
Zip:	44870
County:	Erie
Title/Position:	Director

Average Weekly Hours: 1	
Compensation:	\$0.00

First Name:	James
Last Name:	Murray
Country:	United States
Address Line 1:	135 East Washington Row
Address Line 2:	Suite A
City:	Sandusky
State:	Ohio
Zip:	44870
County:	Erie
Title/Position:	Director
Average Weekly Hours: 1	
Compensation:	\$0.00

First Name:	Swathi
Last Name:	Ravichandran
Country:	United States
Address Line 1:	135 East Washington Row
Address Line 2:	Suite A
City:	Sandusky
State:	Ohio
Zip:	44870
County:	Erie
Title/Position:	Director
Average Weekly Hours: 1	
Compensation:	\$0.00

First Name:	Timothy
Last Name:	Riesterer
Country:	United States
Address Line 1:	135 East Washington Row
Address Line 2:	Suite A
City:	Sandusky
State:	Ohio
Zip:	44870
County:	Erie
Title/Position:	Director
Average Weekly Hours: 1	

Compensation:	\$0.00
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First Name:	Lonnie
Last Name:	Rivera
Country:	United States
Address Line 1:	135 East Washington Row
Address Line 2:	Suite A
City:	Sandusky
State:	Ohio
Zip:	44870
County:	Erie
Title/Position:	Director
Average Weekly Hours:	1
Compensation:	\$0.00

First Name:	Jordan
Last Name:	Sternberg
Country:	United States
Address Line 1:	135 East Washington Row
Address Line 2:	Suite A
City:	Sandusky
State:	Ohio
Zip:	44870
County:	Erie
Title/Position:	Director
Average Weekly Hours:	1
Compensation:	\$0.00

First Name:	Ron
Last Name:	Parthemore
Country:	United States
Address Line 1:	135 East Washington Row
Address Line 2:	Suite A
City:	Sandusky
State:	Ohio
Zip:	44870
County:	Erie
Title/Position:	Board Chair
Average Weekly Hours:	1
Compensation:	\$0.00

First Name:	Daniel
Last Name:	Moncher
Country:	United States
Address Line 1:	135 East Washington Row
Address Line 2:	Suite A
City:	Sandusky
State:	Ohio
Zip:	44870
County:	Erie
Title/Position:	Vice Chair
Average Weekly Hours:	1
Compensation:	\$0.00

First Name:	Mary Jane
Last Name:	Hill
Country:	United States
Address Line 1:	135 East Washington Row
Address Line 2:	Suite A
City:	Sandusky
State:	Ohio
Zip:	44870
County:	Erie
Title/Position:	Secretary
Average Weekly Hours:	1
Compensation:	\$0.00

First Name:	Rich
Last Name:	Finneran
Country:	United States
Address Line 1:	135 East Washington Row
Address Line 2:	Suite A
City:	Sandusky
State:	Ohio
Zip:	44870
County:	Erie
Title/Position:	Treasurer
Average Weekly Hours:	1
Compensation:	\$0.00

First Name:	Lee
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Last Name:	Alexakos
Country:	United States
Address Line 1:	135 East Washington Row
Address Line 2:	Suite A
City:	Sandusky
State:	Ohio
Zip:	44870
County:	Erie
Title/Position:	Director
Average Weekly Hours:	1
Compensation:	\$0.00

First Name:	Jarvis
Last Name:	Cole-Caston
Country:	United States
Address Line 1:	135 East Washington Row
Address Line 2:	Suite A
City:	Sandusky
State:	Ohio
Zip:	44870
County:	Erie
Title/Position:	Director
Average Weekly Hours:	1
Compensation:	\$0.00

First Name:	Debralee
Last Name:	Divers
Country:	United States
Address Line 1:	135 East Washington Row
Address Line 2:	Suite A
City:	Sandusky
State:	Ohio
Zip:	44870
County:	Fairfield
Title/Position:	Director
Average Weekly Hours:	1
Compensation:	\$0.00

First Name:	Elizabeth
Last Name:	Wakefield
Country:	United States

Address Line 1:	135 East Washington Row
Address Line 2:	Suite A
City:	Sandusky
State:	Ohio
Zip:	44870
County:	Fairfield
Title/Position:	Director
Average Weekly Hours:	1
Compensation:	\$0.00

First Name:	Elizabeth
Last Name:	Maiden
Country:	United States
Address Line 1:	570 Lauren Lane
City:	Amherst
State:	Ohio
Zip:	44001
County:	Lorain
Title/Position:	Executive Director
Average Weekly Hours:	40
Compensation:	\$113,050.00

Custodian of contributions

Custodian of distributions

Board meetings in last fiscal year: 5  
 Were there loans to or from board members: No

Any transactions over \$5,000 with related parties? No

Conflict of interest policy? Yes  
 Was organization Audited this year? Yes  
 Were bylaws updated in the past year? No

Office of Ohio Attorney General Dave Yost  
[CharitableRegistration@OhioAGO.gov](mailto:CharitableRegistration@OhioAGO.gov) | 800-282-0515



# Successful Payment

Your electronic check payment has been successfully authorized. Thank you for using the Central Payment Portal online payment processing system.

This page will serve as your receipt. Please print this page for your records and note the confirmation number below:

Print Receipt

## Charitable Trust Payment Summary

Payment Status	Confirmation Number	Authorization Date
Authorized	255407	11/12/2025 4:00:04 PM EST

Total	Subtotal	Total
\$200.00	\$200.00	

Quantity	Description	Price	Total
1	CRISP   EIN: 34-1792862   Year:2024   Trust	\$200.00	\$200.00

## Payment Information

\* Bank Routing Number

\* Confirm Routing Number

\* Bank Account Number

\* Confirm Account Number

## Billing Information

First Name

# KeyBank Business Interest Checking | KeyBank Account Details

Date  
November 17, 2025  
Description  
8405ohio-agochartrust fees  
Status  
pending  
Type  
Misc  
Transaction Total  
\$200.00