Form 990

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

For the 2019 calendar year, or tax year beginning

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 for instructions and the latest information.

, 2019, and ending

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Open to Public Inspection

OMB No. 1545-0047

В	Check	if applicable:	С								D Employ	er identi	ification nu	ımber	
		Address change	THE NONE			RSHIP					20-	5616	727		
	1	Name change	609_WAL		EET						E Telepho	ne numb	per		
	П	nitial return	ERIE, PA	A 16502							814	-240	-2490		
		inal return/terminated													
		Amended return									G Gross r	eceipts :	\$	361.	452.
	\square	Application pending	F Name and a	address of prine	cipal officer:				ŀ	H(a) Is thi	s a group retur	n for sub	ordinates?	Yes	X No
	ш		Same As	C. Above	_				ŀ	H(b) Are a	all subordinates o," attach a list	included	d?	Yes	No
ī	Tax	c-exempt status:	X 501(c)(3)	501(c)) ◀ (insert no.) 4947(a)(1) or	527	IT "INC	o," attach a list	. (see ins	structions)		<u> </u>
J			W.THENON			•	, , , , ,		,	H(c) Grou	p exemption nu	ımber 🕨	-		
K	For	m of organization:	11		Associa			LY	ear of formatio	• •			egal domici	ile:	
Pa	rt I	Summa		<u> </u>	<u> </u>						ı		<u> </u>		
	1			ization's m	ssion or r	nost signific	ant activities:	01	ENHANCE	THE	MANAGE	MENT	AND		
a							S THROUGH							1D	
ğ		SERVICES	S												
Activities & Governance															
ŏ	2	Check this b					operations or c						sets.		
∘প	3 4						l, line 1a) body (Part VI,					3			14
es	5		•	-			19 (Part V, line					5			11 3
₹	6											6			86
Act	7 <i>a</i>						C), line 12					7a			0.
	k	Net unrelate	d business ta	xable incor	ne from F	orm 990-T,	line 39					7b			0.
									4 6		Prior Year		Cur	rent Ye	ar
Φ	8								.nL		281,4				386.
ž	9								/////////		61,5	500.		74,	066.
Revenue	10		ncome (Part \												
ш.	11 12						0c, and 11e) VIII, column (A)		12)		242 (VC 2		2.01	450
	13						es 1-3)				342,9	053.		361,	452.
	14						4)					884.			368.
	15						column (A), li				213,7			222	175.
es											213, 1	07.		223,	1/5.
ens			_	-			e)								
Expenses	ı	Total fundra					-		<u>6,385.</u>						
_	17	•					4e)				119,8				494.
	18						mn (A), line 25				333,9				037.
	19	Revenue les	s expenses. S	Subtract lin	e 18 from	line 12				_		74.			415.
s or		.	(D. 1.)	1.63							ning of Currer		En	d of Yea	
ssets 3alanc	21										76,5				824.
Net Asse Fund Bal			•								50,8				652.
	22			es. Subtrac	t line 21 t	from line 20					25,7	57.		46,	172.
	rt II		re Block												
Unde	er pena olete.	alties of perjury, I o Declaration of prep	leclare that I have arer (other than of	examined this ficer) is based	return, included on all inform	ding accompany ation of which p	ring schedules and s preparer has any kn	tatem owled	nents, and to th Ige.	ne best of	my knowledge	and beli	ef, it is true	e, correct,	and
Cia	ın	Signat	ure of officer								Date				
Siç He	jii re	ע ת ג	M BRATTO	N						Fvac	cutive 1)i ro	stor		
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Üs	e O	nly Firm's add		State S							Firm's EIN	26	164533	2.3	
				, PA 16		24100					Phone no.	(814		9-434	5
May	/ the	IRS discuss t				above? (se	ee instructions)						. X Ye		No

Part	Check if Schedule O contains a response or note to any line in this Part III	
1	riefly describe the organization's mission:	
•	O ENHANCE THE MANAGEMENT AND GOVERNANCE OF NONPROFIT ORGANIZATIONS THROUGH	1
	CAPACITY-BUILDING PROGRAMS AND SERVICES.	
	MINORITE DOLLD INC. TROOLEMS AND DERVIOUS.	
	id the organization undertake any significant program services during the year which were not listed on the prior	
	orm 990 or 990-EZ?	Yes X No
	"Yes," describe these new services on Schedule O.	v 🗔 u
	id the organization cease conducting, or make significant changes in how it conducts, any program services? "Yes," describe these changes on Schedule O.	Yes X No
	escribe the organization's program service accomplishments for each of its three largest program services, as measure ection 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the nd revenue, if any, for each program service reported.	ed by expenses. total expenses,
4 a	Code:) (Expenses \$ 262,502. including grants of \$) (Revenue \$)
	In 2019, hundres of attendees from local and regional nonprofit organization	ns attended
	total of 39 unique educational events on topics like donor retention,	
	cybersecurity, financial management, and graphic design. These events incl	Luded
	seminars, workshops and labs; multi-week intensive training courses; and pr	
	forums. In addition, NPP hosted the 19th annual Nonprofit Day Conference of	
	29, 2019. The conference featured 28 unique breakout sessions and 2 keynot	
	addresses and was attended by 390 nonprofit staff and volunteers from more	
	organizations. NPP also provided consultations and technical assistance to	<u>dozens of</u>
	organizations.	
4 b	Code:) (Expenses \$ including grants of \$) (Revenue \$))
1.0	Code:) (Expenses \$ including grants of \$) (Revenue \$	
40	Tricidality grants of ψ / (Nevertide ψ)
4 d	ther program services (Describe on Schedule O.)	
	Expenses \$ including grants of \$) (Revenue \$)
	otal program service expenses 262 502	· · · · · · · · · · · · · · · · · · ·

Part IV Checklist of Required Schedules

	<u> </u>		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	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.	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
ı	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.	11 b		Х
•	c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
•	d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
ı	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	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Χ
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
ı	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.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		Х
18	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.	18		Х
19	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.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
ł	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х

Form 990 (2019) THE NONPROFIT PARTNERSHIP 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	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 a	a 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	24a		Х
ŀ	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		
C	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ŀ	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	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
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.	27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
ā	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV.	28a		Х
ŀ	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X
(A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		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	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part l</i>	33		Х
	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.	34	Х	
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ŀ	a 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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		X
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pai	TV 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
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		. 33	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
RΛΛ	(gambling) winnings to prize winners?	1 c	X gan (2010

Form 990 (2019) THE NONPROFIT PARTNERSHIP

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

			Yes	No
2 8	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
ı	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
ı	a If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
4 8	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)?	4 a		Х
ı	olf '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).			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 8	a 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?	6 a		Х
ı	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
á	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
	services provided to the payor?	7 a		Х
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year	_		Х
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e 7 f		X
		/1		Λ
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
•	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
ä	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
ı	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	against amounts due or received from them.)	10-		
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
•	Note: See the instructions for additional information the organization must report on Schedule O.	154		
ı	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			
	Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year? If 'Yes,' see instructions and file Form 4720, Schedule N.	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If 'Yes,' complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. . . . 14 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** Enter the number of voting members included on line 1a, above, who are independent. . . 11 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Χ 2 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?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?..... Χ 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... 8 a X X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q. 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a Χ 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? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?....... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c **13** Did the organization have a written whistleblower policy?..... 13 Χ Χ 14 Did the organization have a written document retention and destruction policy?..... 14 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? X a The organization's CEO, Executive Director, or top management official. See . Schedule. . O. 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16 a 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?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > PΑ 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 X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records ERIN YATES 609 WALNUT STREET ERIE PA 16502 814-240-2490

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

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

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any rela	ited organiz	ation	con	-		d any	y cu	irrent officer, directo	or, or trustee.	
(A)	(C) Position (do not check more than one box, unless person						ore	(D)	(E)	(F)
Name and title	Average hours	rage is both an officer and		and a	on	Reportable compensation from	Reportable compensation from	Estimated amount of other		
	per week (list any hours for related organiza- tions below dotted line)	유도	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ADAM BRATTON	40									
Executive Dir.	0			X				82,770.	0.	20,839.
(2) MARCUS ATKINSON	0	17							0	0
Director (3) KARINNA VERNAZA	0	Х			1	, /		0.	0.	0.
Director	- - <u>-</u> 1 -	X						0.	0.	0.
(4) VICKIE LAMPE		Λ						0.	0.	0.
Director		X						0.	0.	0.
(5) JAMIE MARTIN-STEWART	1	21						0.	0.	<u> </u>
Director		Х						0.	0.	0.
(6) DEL BIRCH	1									
Director	0	Х						0.	0.	0.
(7) NICOLE REITZELL	1									
President	0	X		Χ				0.	0.	0.
(8) JONATHAN RILLING	1									
Vice President	0	Χ		Χ				0.	0.	0.
(9) VINCENT HALUPCZYNSKI	11									
Treasurer	0	Х		Χ				0.	0.	0.
(10) MICHAEL P. THOMAS	0							_	_	_
Secretary	0	Х		Χ				0.	0.	0.
(11) JENNY WEIGOLD GEERTSON	1									
Director	0	X						0.	0.	0.
(12) KIM THOMAS	1	37						0	0	0
Director	1	X						0.	0.	0.
(12) MICUARI DAMCURIOD		1	1					1		
(13) MICHAEL BATCHELOR		v	v					0	0	0
Oirector COURTLAND GOULD	0	Х	Χ					0.	0.	0.

BAA TEEA0107L 07/31/19 Form **990** (2019)

Part VII Section A. Officers, Directors, Tru	1	Key	Еm	_		es,	and	d Highest Com	pensated Empl	oyees	(conti	nued)
	(B)			•	C) sition							
(A)	Average hours	(do	not c	heck	more erson	than	one h an	(D)	(E)		(F)	
Name and title	per week					or/trus	tee)	Reportable compensation from the organization	Reportable compensation from related organizations	(ated amo	
	(list any hours	or d	İnsti	Officer	Key	Highest co employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	the c	nsation rganizati	ion
	for related	dividual director	utio	硂	emp	lest o	ner			an org	d related anization	d is
	organiza - tions	or ta	na t		Key employee	comp						
	below dotted	ndividual trustee or director	nstitutional trustee		ð	Highest compensated employee						
	line)		쓩			ated						
(15) DR. DONALD BAXTER	0											
Director	10	Х	Х					0.	0.			0.
(16)			21					0.	0.			· ·
(17)												
		1										
(18)												
(19)												
(20)		-										
(01)												
(21)												
(22)												
(22)												
(23)												
	1	•					. 1	·	A			
(24)						1	N	1				
(25)			V									
1 b Subtotal	٠٠٠٠						•	82,770.	0.		20,8	
c Total from continuation sheets to Part VII, Secti						• • •		0.	0.		00 0	0.
d Total (add lines 1b and 1c)			obo.				vod.	82,770.	0.	oncotio	20,8	339.
from the organization • 0	i to those i	isteu	abov	ve) v	WHO	recer	veu	more than \$100,00	o or reportable comp	ensalio	H	
Troffi the organization											Yes	No
3 Did the organization list any former officer, direct	tor tructo			امم	01100		hiak	and componented	amplayaa		103	110
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	ch individu	ial				;, OI				3		Х
4 For any individual listed on line 1a, is the sum of	f renortah	le co	mne	nsa	ation	and	oth	er compensation t	from			
the organization and related organizations greate	er than \$1	50,0	00?	If '	Yes,	com	ıple	te Schedule J for		4		37
such individual										4		X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e comper s.' <i>comple</i>	nsatio ete So	on fro ched	om lule	any J fo	unre r suc	late ch p	ed organization or erson	individual	5		Х
Section B. Independent Contractors	·											
1 Complete this table for your five highest compen	sated ind	epen	dent	COI	ntra	ctors	tha	t received more th	nan \$100,000 of			
compensation from the organization. Report compen		tne c	alend	dar <u>.</u>	year	enai	ng v				<u>^</u>	
(A) Name and business add	ress							(B) Description of	of services	Compe	C) ensatio	n
2 Total number of independent contractors (including to	out not lim	ited t	o tho	se I	listed	abo	ve)	who received more	than			
\$100,000 of compensation from the organization	• 0											

		Check if Schedule O contains a response or note to any	y line in this Part V	III		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns				
	h	Total. Add lines 1a-1f	287,386.			
Program Service Revenue	2a b c	FEE-FOR-SERVICE REVENUE	74,066.	74,066.		
ıram Servi	d e f	All other program service revenue				
rog.		Total. Add lines 2a-2f	74,066.			
	b c d 7a	Investment income (including dividends, interest, and other similar amounts)	170	NAIL		
nue	c d	and sales expenses 7b Gain or (loss) 7c Net gain or (loss)				
Other Revenu		of contributions reported on line 1c). See Part IV, line 18				
	b	Gross income from gaming activities. See Part IV, line 19				
	b	Gross sales of inventory, less returns and allowances Less: cost of goods sold				
	C	Business Code				
Miscellaneous Revenue	11 a b c d					
Ξ̈́		Total. Add lines 11a-11d				
		Total revenue. See instructions.	361.452.	74.066	0.	0.

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 r	<u>'</u>			
Do i 6b, i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·	3 1	·
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	368.	368.		
5	Compensation of current officers, directors, trustees, and key employees	82,770.	66,216.	12,416.	4,138.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	82,475.	65,436.	12,293.	4,746.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,746.	4,597.	1,149.	
9	Other employee benefits	37,993.	27,849.	6,897.	3,247.
10	Payroll taxes	14,191.	11,353.	2,129.	709.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
C	: Accounting	2,569.		2,569.	
	Lobbying		4	1	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion	16,331. 70.	10,725. 70.	5,589.	17.
13	Office expenses	21,900.	14,636.	6,184.	1,080.
14	Information technology.	21,900.	14,030.	0,104.	1,000.
15	Royalties	,			
16	Occupancy	9,468.	5,446.	3,798.	224.
17	Travel	3,400.	3,440.	3,730.	224.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	62,261.	55,316.	4,721.	2,224.
20	Interest	,	,	,	,
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	43.		43.	
23	Insurance	3,026.		3,026.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	MISCELLANEOUS	1,826.	490.	1,336.	
b					
C	:				
C	`				
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	341,037.	262,502.	62,150.	16,385.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to	any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			74,807.	1	107,041.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	cer, director, butor, or 35%		5		
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), and persons described in section	ersons	(as defined under		6	
	7	Notes and loans receivable, net			7		
S	8	Inventories for sale or use				8	
set	9	Prepaid expenses and deferred charges			1,710.	9	1,783.
Assets	_	i i			1,/10.	9	1,703.
?		·	10 a	9,160.			
	b	Less: accumulated depreciation		9,160.	43.	10 c	
	11	Investments — publicly traded securities		F		11	
	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		F		15	
	16	Total assets. Add lines 1 through 15 (must equal line	33)		76,560.	16	108,824.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable		18			
	19	Deferred revenue	48,338.	19	60,174.		
	20	Tax-exempt bond liabilities		20			
ies	21	Escrow or custodial account liability. Complete Part I				21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	itor, or	35%		22	
_	23	Secured mortgages and notes payable to unrelated th				23	
	24	Unsecured notes and loans payable to unrelated third		_		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•		2,465.	25	2,478.
	26	Total liabilities. Add lines 17 through 25			50,803.	26	62,652.
ses		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	•	X	<u> </u>		
an	27	•			25 757	27	AC 172
3al	28	Net assets with donor restrictions		L.	25,757.	28	46,172.
P	20	Organizations that do not follow FASB ASC 958, che		h		20	
Net Assets or Fund Balance		and complete lines 29 through 33.					
0	29	Capital stock or trust principal, or current funds				29	
že į	30	Paid-in or capital surplus, or land, building, or equipment of the surplus of the				30	
488	31	Retained earnings, endowment, accumulated income,		<u> </u>		31	
et/	32	Total net assets or fund balances		<u> </u>	25,757.	32	46,172.
Ž	33	Total liabilities and net assets/fund balances			76,560.	33	108,824.

	() III NONINGILI IIIKINDIKIIII	0010101			J -
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		3	61,4	452.
2	Total expenses (must equal Part IX, column (A), line 25).		3	41,0	037.
3	Revenue less expenses. Subtract line 2 from line 1	3		20,4	415.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		25,	757.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10		46,	<u> 172.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain				
	in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review	ed on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
ļ	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both:	ate			
	X Separate basis Consolidated basis Both consolidated and separate basis				
,	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi review, or compilation of its financial statements and selection of an independent accountant?.	l, 	2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain				
	on Schedule O.				
3	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х
			Sa		Λ
	o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits	ait	3 b		
BAA				. 000	(2019)
DAA	TELANTIZE ONZINZO		LOID	1 220	(2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name o	Name of the organization Employer identification number										
	NONPROFIT PARTNERSH					20-561672					
	Reason for Public Cha	•	9			,	tions.				
1	A church, convention of church	nes, or association of ch	nurches described in sec t	tion 1 70 (b)(1)(A)(•					
2 3	A school described in section 1 A hospital or a cooperative h		·		•	W:::					
4	A medical research organiza					• • •	entar the beenital's				
7	name, city, and state:		•				inter the hospital's				
5											
6	A federal, state, or local gov		ental unit described in s	ection 1	70/h)/1)	(Δ)(ν)					
7	X An organization that normally r in section 170(b)(1)(A)(vi).	receives a substantial p					blic described				
8	A community trust described	•	A)(vi). (Complete Part I	L)							
9	An agricultural research organi or university or a non-land-grauniversity:	zation described in sec	tion 170(b)(1)(A)(ix) oper	ated in c							
10	An organization that normally refrom activities related to its a investment income and unreughe 30, 1975. See section 9	exempt functions—sub lated business taxable	oject to certain exception in the community of the commun	ns, and	(2) no i	more than 33-1/3% of	its support from gross				
11	An organization organized a	nd operated exclusive	ly to test for public safe	ety. See	section	1 509(a)(4).					
12	An organization organized at or more publicly supported of lines 12a through 12d that do	rganizations describe	d in section 509(a)(1) d	r sectio	n 509(a)(2). See section 509(a	ut the purposes of one a)(3). Check the box in				
а	Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	on operated, supervise gularly appoint or elect	d, or controlled by its sup a majority of the directo	ported or rs or trus	rganizat tees of t	ion(s), typically by giving the supporting organizat	g the supported ion. You must				
b	Type II. A supporting organize management of the supporting must complete Part IV, Sect	zation supervised or c organization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organiza	having control or tion(s). You				
С			ion operated in connectio	n with, ar	nd functio	onally integrated with, its	supported				
d	Type III functionally integrated organization(s) (see instructing Type III non-functionally integrated)	rated. A supporting org	anization operated in cor	nection	with its s	supported organization(s) that is not				
e	functionally integrated. The cinstructions). You must com Check this box if the organiz	plete Part IV, Section	s A and D, and Part V.								
	integrated, or Type III non-fu Enter the number of supported	inctionally integrated:	supporting organizatior	١.							
g	Provide the following informatio	n about the supported	d organization(s).								
() Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I organizat in your g docur	overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
				Yes	No						
(A)											
<u>(, ,)</u>											
<u>(B)</u>											
(C)											
(D)											
<u>(E)</u>											
Total											

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

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

Sec	Section A. Public Support								
begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	298,192.	354,000.	291,247.	281,463.	287,386.	1,512,288.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
	Total. Add lines 1 through 3 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)	298,192.	354,000.	291,247.	281,463.	287,386.	1,512,288.		
6	Public support. Subtract line 5 from line 4						1,512,288.		
Sec	tion B. Total Support								
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
7	Amounts from line 4	298,192.	354,000.	291,247.	281,463.	287,386.	1,512,288.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			- N	AIL		0.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on		JNC), ,			0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI.	55,102.	37,178.	48,329.	61,500.	74,066.	276,175.		
	Total support. Add lines 7 through 10						1,788,463.		
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			12	0.		
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	▶		
Sec	tion C. Computation of Pul	blic Support P	ercentage						
	Public support percentage for 20						84.56%		
	Public support percentage from 2						85.60 %		
16a	16a 33-1/3% support test—2019. 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	b 33-1/3% support test—2018. 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	17a 10%-facts-and-circumstances test—2019. 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—2018. 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								

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.)

Sec	tion A. Public Support	ists noted below,	picase complete	. a.c.m			
Calend	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	,,	.,				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)				AIL		
Sec	tion B. Total Support			11/4		1	
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	D) (4				
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here	· · · · · · · · · · · · · · · · · · ·				
	tion C. Computation of Pul					1 1	
	Public support percentage for 20	• •			•		%
	Public support percentage from 2					16	0/0
	tion D. Computation of Inv					1 1	
17	Investment income percentage for	•	• • •	-			0/0
18	Investment income percentage fr						%
	33-1/3% support tests—2019. If t is not more than 33-1/3%, check	this box and stop	p here. The organ	nization qualifies a	as a publicly suppo	orted organization	▶ ∐
	33-1/3% support tests—2018. If t line 18 is not more than 33-1/3% Private foundation. If the organization of the organizat	, check this box a	and stop here. Th	ne organization qu	ialifies as a publicl	y supported orgar	nization ►

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Par	<u>t IV</u>	Supporting Organizations (continued)					
11	∐ac tl	he organization accepted a gift or contribution from any of the following persons?		Yes	No		
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the					
	gover	ning body of a supported organization?	11a				
ŀ	A fam	nily member of a person described in (a) above?	11b				
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c				
Sec	tion E	B. Type I Supporting Organizations					
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No		
'	or elect Part \ If the direct	vi how the supported organization's directors or trustees at all times during the tax year? If 'No,' describe in vi how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, ed to such powers during the tax year.	1				
2		ne organization operate for the benefit of any supported organization other than the supported organization(s)	-				
-	that o	operated, supervised, or controlled the supported organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2				
Sec	tion (C. Type II Supporting Organizations					
				Yes	No		
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees					
		ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1				
Sec		D. All Type III Supporting Organizations					
-		517 iii 13pc iii Gapporang Grganizations		Yes	No		
1	Did thorgan	ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax					
У	year,	ear, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the rganization's governing documents in effect on the date of notification, to the extent not previously provided?					
	organization's governing documents in effect on the date of notification, to the extent not breviously provided?						
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported						
organization(the organiza		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how reganization maintained a close and continuous working relationship with the supported organization(s).	2				
		ason of the relationship described in (2), did the organization's supported organizations have a significant					
	voice	in the organization's investment policies and in directing the use of the organization's income or assets at					
		nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played s regard.	3				
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations					
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).					
	_	the organization satisfied the Activities Test. Complete line 2 below.					
	H	,					
	믐	he organization is the parent of each of its supported organizations. Complete line 3 below.					
(; ∐ ⊤	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struc	tions).			
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No		
ā	suppo organ respo	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted					
	subst	antially all of its activities.	2a				
ł	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the					
		ization's involvement.	2b				
3	Parer	nt of Supported Organizations. <i>Answer (a) and (b) below.</i>					
ā	Did the	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i> .	3a				
ŀ		be organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b				

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	710727				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on N ns mu	lov. 20, 1970 (explain in st complete Sections A	n Part VI). See through E.				
Sec	Section A — Adjusted Net Income (A) Prior Year							
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6						
_ 7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sec	tion 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):							
	Average monthly value of securities	1a						
	Average monthly cash balances	1b						
	c Fair market value of other non-exempt-use assets	1c						
	d Total (add lines 1a, 1b, and 1c)	1d						
	e Discount claimed for blockage or other factors (explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by .035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sec	tion C — Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2	Enter 85% of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grate	d Type III supporting or	ganization				

Schedule A (Form 990 or 990-EZ) 2019

9 Distributable amount for 2019 from Section C, line 6

10 Line 8 amount divided by line 9 amount

	MONITOR IT TAKENDED	20 3010121				
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (cont	tinued)				
Sec	Section D — Distributions Current Year					
1	Amounts paid to supported organizations to accomplish exempt purposes					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purposes of supported organizations					
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.					

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount	AND	112	
i Carryover from 2014 not applied (see instructions)	A MI		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

BAA

Schedule A (Form 990 or 990-EZ) 2019

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.)

Part II, Line 10 - Other Income

Nature and Source		2019	 2018	 2017	 2016	 2015
Tota	\$ 1 \$	74,066. 74,066.			37,178. 37,178.	55,102. 55,102.



Schedule B

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

Department of the Treasury Internal Revenue Service

THE NONPROFIT PARTNERSHIP

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Employer identification number

20-5616727

Organization type (check one):						
Filers of:	Section:					
Form 990 or 99	0-EZ \overline{X} 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
Form 990-PF	527 political organization					
	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
, ,	anization is covered by the General Rule or a Special Rule . ection 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule	_ 11					
	n organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money perty) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules	n0 14					
unde recei	n organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that yed from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
durin	n organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, g the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational ses, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
durin \$1,00 chari	n organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, g the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than 0. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, able, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because eived nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.					
	ganization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF,					

Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Scriedule D (FOITH 990,	, 990-⊑∠, 01	990-66)	(2019)
Name of organization			

THE NONPROFIT PARTNERSHIP

Employer identification number

20-5616727

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ERIE COMMUNITY FOUNDATION 459 WEST 6TH STREET ERIE, PA 16507	\$ <u>175,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	N	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

THE NONPROFIT PARTNERSHIP

Name of organization

BAA

20-5616727

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (b)
Description of noncash property given (a) No. from Part I (c) FMV (or estimate) (See instructions.) (d) Date received N/A (a) No. from Part I (c) FMV (or estimate) (See instructions.) (b) (d) Description of noncash property given Date received (a) No. from (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (See instructions.) Part I (b) Description of noncash property given (a) No. from Part I (c) FMV (or estimate) (d) Date received (See instructions.) (a) No. from (d) Date received (b) Description of noncash property given (c) FMV (or estimate) Part I (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (d) (a) No. Date received from (See instructions.) Part I

Employer identification number 20-5616727

Part III	<i>Exclusively</i> religious, charitable, et or (10) that total more than \$1,000 for the		zations described in section 501(c)(7), (8),						
	the following line entry. For organizations co- contributions of \$1,000 or less for the year.	ompleting Part III, enter the total of (Enter this information once. See	of exclusively religious, charitable, etc.,						
(0)	Use duplicate copies of Part III if additional	<u>'</u>	(4)						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	N/A								
			+						
		(e) Transfer of gift							
	Transferee's name, address	s, and ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift								
	Transferee's name, address	Relationship of transferor to transferee							
	AAAA								
			Y						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift								
	Transferee's name, address	s, and ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	<u> </u>		+						
		(e) Transfer of gift							
	Transferee's name, address	s, and ZIP + 4	Relationship of transferor to transferee						
			·						

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE NONPROFIT PARTNERSHIP 20-5616727 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 Aggregate value of contributions to (during year). Aggregate value of grants from (during year)...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Yes 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 No impermissible private benefit? Yes **Conservation Easements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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..... 2 a 2 b **b** Total acreage restricted by conservation easements..... c Number of conservation easements on a certified historic structure included in 2 c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?..... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... 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 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..... 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 Colle	ections of Art, Histo	orical Treasures, or	Other Similar Ass	sets (continu	ıed)							
3 Using the organization's acquisition, accession, a items (check all that apply):	and other records, check a	ny of the following that m	ake significant use of its	collection								
a Public exhibition	d Loan	or exchange program										
b Scholarly research	e Other											
c Preservation for future generations												
Provide a description of the organization's collect Part XIII.	tions and explain how they	further the organization's	s exempt purpose in									
5 During the year, did the organization solicit or to be sold to raise funds rather than to be ma	aintained as part of the o	rganization's collection	?	Yes	No							
Part IV Escrow and Custodial Arranger line 9, or reported an amount or	nents. Complete if the Form 990, Part X,	the organization and line 21.	swered 'Yes' on Fo	orm 990, Pai	rt IV,							
1 a Is the organization an agent, trustee, custodia on Form 990, Part X?	an or other intermediary	for contributions or other	er assets not included	Yes	No							
b If 'Yes,' explain the arrangement in Part XIII												
				Amount								
c Beginning balance			1c									
d Additions during the year			1 d									
e Distributions during the year			1e									
f Ending balance												
2a Did the organization include an amount on Fo b If 'Yes,' explain the arrangement in Part XIII.			•	<u> </u>	No							
<u> </u>		, , , , , , , , , , , , , , , , , , ,		L								
Part V Endowment Funds. Complete if	the organization ar	swered 'Yes' on Fo	orm 990, Part IV, li	ne 10.								
(a) Curren	t year (b) Prior yea	r (c) Two years back	(d) Three years back	(e) Four year	rs back							
1 a Beginning of year balance												
b Contributions												
c Net investment earnings, gains,												
and losses												
d Grants or scholarships												
e Other expenditures for facilities and programs	10	14.										
f Administrative expenses		,										
g End of year balance	<u> </u>											
2 Provide the estimated percentage of the curre	ent year end balance (lin	ne 1g, column (a)) held	as:	l								
a Board designated or quasi-endowment	%											
b Permanent endowment ►	5											
c Term endowment ► %												
The percentages on lines 2a, 2b, and 2c should e	equal 100%.											
3 a Are there endowment funds not in the possession	n of the organization that a	are held and administered	I for the									
organization by:	n or the organization that t	are riole and dariiinsteree		Yes	No							
(i) Unrelated organizations				3a(i)								
(ii) Related organizations				. 3a(ii)								
b If 'Yes' on line 3a(ii), are the related organization	· ·			. 3b								
4 Describe in Part XIII the intended uses of the		ent funds.										
Part VI Land, Buildings, and Equipmen												
Complete if the organization ans	swered 'Yes' on Forr	m 990, Part IV, line	11a. See Form 99	90, Part X, li	ne 10.							
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	alue							
1 a Land	(240.0 (01101)	306. 2014(01)									
b Buildings.												
c Leasehold improvements												
d Equipment		8,265.	8,265.		0.							
e Other		895.	895.		0.							
Total. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part X,				0.							

BAA Schedule D (Form 990) 2019

Part VII Investments — Other Securities. Complete if the organization answered	l'Ves' on Form 99	N/A 0 Part IV line 11b See Form 9	990 Part Y line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	
(1) Financial derivatives	(D) Doon talls	(b) motion of variations cook of one	or your market value
(2) Closely held equity interests.			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) •			
Part VIII Investments - Program Related.		N/A	
Complete if the organization answered		0, Part IV, line 11c. See Form 9	990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)	_		
(4)	_		
(5)	_		
(6)			
(7)			
(8)			
(9)			
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . •			
Part IX Other Assets.	N/A	<u> </u>	
Complete if the organization answered	l 'Yes' on Form 99	0, Part IV, line 11d. See Form 9	990, Part X, line 15.
	scription		(b) Book value
(1)			
(2)			
(3)			
(5)			
(6)			
(7)			
(8)	-		
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)		•
Part X Other Liabilities.			
Complete if the organization answered 'Yes' on F		1e or 11t. See Form 990, Part X, line 25	
	ription of liability		(b) Book value
(1) Federal income taxes (2) PAYROLL AND RELATED LIABILITIES			2 470
(2) PAYROLL AND RELATED LIABILITIES (3)			2,478.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)			2,470.
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fortage positions under EASE ASC 740. Check here if the text of the footnote has			s liability for uncertain ee Part XTTT 図

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	432,552.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	71,100.
3 Subtract line 2e from line 1	3	361,452.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4 c	
F. Tatal managers Add lines 3 and 4. (This manal Fame 000 Dant I line 10)		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	361,452.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Retu	n.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	Retu	n.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	Retu	n.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	Retu	n.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2 Total expenses per Audited Financial Statements With Expenses per IX, line 12a. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 Donated services and use of facilities 2 Donated services and use of facilities 2 Donated services and use of facilities	Retu	n.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	Retu	n.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	Retu	412,137.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	Retu	71,100.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	Retu	71,100.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)	1 2 e 3	71,100.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	Retu	71,100.

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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X - FASB ASC 740 Footnote

BASED ON ITS REVIEW, MANAGEMENT DOES NOT BELIEVE THE ORGANIZATION HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS THAT WOULD PLACE THE ORGANIZATION EXEMPT STATUS IN JEOPARDY. HOWEVER, THE THREE MOST RECENT TAX YEARS REMAIN OPEN FOR EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES.

BAA Schedule D (Form 990) 2019

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE NONPROFIT PARTNERSHIP

Employer identification number 20-5616727

Form 990, Part VI, Line 11b - Form 990 Review Process

THE COMPLETED DRAFT OF FORM 990 IS DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF DIRECTORS AND QUESTIONS AND COMMENTS ARE SOLICITED VIA E-MAIL RESPONSE AND/OR AT A SCHEDULED BOARD OF DIRECTORS MEETING. QUESTIONS AND COMMENTS ARE REVIEWED AND ANY CHANGES THAT ARE NEEDED ARE AGREED TO BY THE BOARD AT A SCHEDULED MEETING. THE REVIEW PROCESS, DISCUSSION, AND DECISIONS ARE DOCUMENTED IN THE MINUTES OF THE MEETING.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

ANNUAL DISCLOSURES OF KNOWN CONFLICTS OF INTEREST ARE COMPLETED EACH JANUARY BY MEMBERS OF THE BOARD OF DIRECTORS. IF A CONFLICT ARISES DURING THE YEAR IN ASSOCIATION WITH A NEW BUSINESS TRANSACTION OR GRANT CONSIDERATION OR AWARD, THE BOARD MEMBER IS ASKED TO AMEND THE EARLIER DISCLOSURE WITH COMPLETE AND UPDATED DISCLOSURE INFORMATION. BOARD MEMBERS WITH SUCH CONFLICTS OF INTEREST ARE THEN EXCUSED FROM THE DISCUSSION, DELIBERATION, AND VOTE.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

A PERFORMANCE REVIEW IS CONDUCTED BY THE MEMBERS OF THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS. AS PART OF THE REVIEW, THE COMMITTEE OBTAINS SALARY COMPARABILITY DATA FOR OTHER EXECUTIVE DIRECTORS OF FREE-STANDING NONPROFIT CAPACITY-BUILDING ORGANIZATIONS AS WELL AS LOCAL NONPROFITS WITH COMPARABLE BUDGET SIZES. THE COMMITTEE, MEMBERS OF WHICH ARE ALL INDEPENDENT DIRECTORS, USES THIS DATA TO FORMULATE ITS RECOMMENDATION WHICH IS THEN PRESENTED TO THE FULL BOARD IN EXECUTIVE SESSIONS AT A REGULAR MEETING FOR CONTEMPORANEOUS DELIBERATION AND DECISION-MAKING.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

THE NONPROFIT PARTNERSHIP HAS A DISCLOSURE STATEMENT OF ITS WEBSITE THAT ITS

Name of the organization

THE NONPROFIT PARTNERSHIP

20-5616727

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available (continued)

THE ORGANIZATION.



SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Primary activity

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

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

(c) Legal domicile (state 2010

2019

(f) Direct controlling

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE NONPROFIT PARTNERSHIP

(a)
Name, address, and EIN (if applicable) of disregarded entity

Employer identification number 20-5616727

(e) End-of-year assets

(d) Total income

		or loreign	n country)				entity	
<u>(1)</u>								
(2)								
(3)								
			- 11					
		- 1	AIL					
Part II Identification of Related Tax-Exempt On had one or more related tax-exempt org	rganizations. Complete anizations during the ta	e if the organization ax year.	answered 'Yes	on Form 990,	, Part IV, line 3	4, becau	se it	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity st (if section 501(c)	tatus Direct cor	itrolling	Sec 512 controlled	(b)(13) d entity?
							Yes	No
(1) THE ERIE COMMUNITY FOUNDATION 459 WEST 6TH STREET ERIE, PA 16507 25-6032032	PHILANTHROPY	PA	501 (C) (3)	170(B)(1)(VI)	(A) (Α		Х
(2)	THEMINIT	111	301 (0) (3)	V1)	117			71
(3)								
(4)								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total income	(g) Share of end-of-year assets	Disp	h) ropor- nate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti) ral or aging ner?	(k) Percentage ownership
		country)		512-514)			Yes	No	1065)	Yes	No	
<u>(1)</u>												
(2)												
(3)												
						1						

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

Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	Sec 512 controlle	i) 2(b)(13) d entity?
-tu-		Country)	entity	or trust)				Yes	No
<u>(1)</u>									
	•								
	•								
(2)									
(2)									
(3)	•								
	 								

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations list	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1 a		Х
b Gift, grant, or capital contribution to related organization(s)			1 b		Х
c Gift, grant, or capital contribution from related organization(s).			1 c	Х	
d Loans or loan guarantees to or for related organization(s).			1 d		Х
e Loans or loan guarantees by related organization(s)			1 e		Х
f Dividends from related organization(s)			1 f		Х
g Sale of assets to related organization(s)			1 g		Х
h Purchase of assets from related organization(s)			1 h		Х
i Exchange of assets with related organization(s)			1 i		Х
j Lease of facilities, equipment, or other assets to related organization(s)			1 j		Х
k Lease of facilities, equipment, or other assets from related organization(s)			1 k		Х
l Performance of services or membership or fundraising solicitations for related organization(s)			11		X
m Performance of services or membership or fundraising solicitations by related organization(s)			1 m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1 n		X
o Sharing of paid employees with related organization(s)			10		X
o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses. q Reimbursement paid by related organization(s) for expenses. r Other transfer of cash or property to related organization(s).			1 p		Х
Reimbursement paid by related organization(s) for expenses.			1 q		X
			-		
r Other transfer of cash or property to related organization(s).			1 r		Х
s Other transfer of cash or property from related organization(s)			1 s		X
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including cover			1	ļ	
	(b)		thod of	d)	
(a) Name of related organization	Transaction type (a-s)	(c) Amount involved Met	thod of amount	detern	nining
	type (a-s)		arriourit	IIIVOIV	zu
AN MULE EDTE COMMUNITAL POLINDAMION		175 000 70		3.TIT	
T) THE ERIE COMMUNITY FOUNDATION	С	175,000.AG	REEME	N.T.	
(2)					
(3)					
(4)					
(5)					
(6)					
BAA TEEA5003L 06/27/19	1	Schedule I	R (Forr	n 990)	2019

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under	Are all sec 501(organiz	partners tion	Share of total income	(g) Share of end-of-year assets	l tior	n) ropor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti) ral or aging ner?	(k) Percentage ownership
			from tax under sections 512-514)	Yes	No			Yes	No	,	Yes	No	
<u>(1)</u>													
<u>(2)</u>													
	-												
<u>(3)</u>													
	-					- 11							
<u>(4)</u>	-			. (1	WAN							
	1		20	N	ייכ	MAII							
(5)			D										
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	_												
<u>(8)</u>													
	•												

BAA TEEA5004L 06/27/19 Schedule **R** (Form 990) 2019

Part VII Supplemental Information

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

