

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning 7/01, 2018, and ending 6/30, 20 19

2018

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization

L'ARCHE ERIE INC

Employer identification number

23-7322321

Name and title of officer

**VICKI WASHEK
EXECUTIVE DIRECTOR**

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

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

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>3,948,611</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize BUSECK, BARGER, BLEIL & CO., INC. to enter my PIN 09300 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } 09/26/19

Part III Certification and Authentication

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

25257216505

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature }

Date } 09/26/19

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2018)

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047

2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">L'ARCHE ERIE INC</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;">3745 WEST 12TH STREET</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">ERIE PA 16505</p>	D Employer identification number <p style="text-align: center;">23-7322321</p> E Telephone number <p style="text-align: center;">814-452-2065</p> G Gross receipts \$ 3,978,191
F Name and address of principal officer: <p style="text-align: center;">SUE FITZGERALD 5419 MILL STREET ERIE PA 16509</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number u
J Website: u WWW.LARCHEERIE.ORG		L Year of formation: 1972 M State of legal domicile: PA
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">SEE SCHEDULE O</p>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	81
	6 Total number of volunteers (estimate if necessary)	6	10
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 38	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,559,228	Current Year 3,722,019
	9 Program service revenue (Part VIII, line 2g)	196,770	200,149
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,655	1,620
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,467	24,823
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,785,120	3,948,611
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,591,249	2,628,158
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u 4,352		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	800,109	842,901	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,391,358	3,471,059	
19 Revenue less expenses. Subtract line 18 from line 12	393,762	477,552	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 2,501,699	End of Year 2,898,247
	21 Total liabilities (Part X, line 26)	581,530	500,526
	22 Net assets or fund balances. Subtract line 21 from line 20	1,920,169	2,397,721

Part II Signature Block

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

Sign Here	Signature of officer <p style="text-align: center;">VICKI WASHEK</p> Type or print name and title	Date <p style="text-align: center;">EXECUTIVE DIRECTOR</p>
	Print/Type preparer's name <p>ELIZABETH N. STURGEON</p> Preparer's signature Date <p>10/15/19</p> Check <input type="checkbox"/> if self-employed PTIN <p>P01361166</p>	Firm's name } BUSECK, BARGER, BLEIL & CO., INC. Firm's EIN } 25-1538014 Firm's address } 1640 W 8TH ST ERIE, PA 16505-5042 Phone no. 814-454-6341

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **3,056,542** including grants of \$) (Revenue \$ **3,978,191**)

COMMUNITY LIVING ARRANGEMENTS FOR ADULTS WITH INTELLECTUAL DISABILITIES.

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

N/A

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

N/A

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **u 3,056,542**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

1a	12
1b	0

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	81
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
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.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	11	
1b	Enter the number of voting members included in 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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

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

MARY DAVIS
ERIE

3745 WEST 12TH STREET

PA 16505

814-452-2065

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) VICKI WASHEK EXECUTIVE DIRECTOR	37.50 0.00	X						55,490	0	0
(2) SUE FITZGERALD CHAIR	1.00 0.00	X						0	0	0
(3) NICOLE LAVERY VICE CHAIR	1.00 0.00	X						0	0	0
(4) CELENE KALIVODA SECRETARY	1.00 0.00	X						0	0	0
(5) KELLIE YOUNG TREASURER	1.00 0.00	X						0	0	0
(6) BENJAMIN SPEGGEN BOARD MEMBER	1.00 0.00	X						0	0	0
(7) BENJAMIN STUMPF BOARD MEMBER	1.00 0.00	X						0	0	0
(8) MICHAEL JONES BOARD MEMBER	1.00 0.00	X						0	0	0
(9) BRADLEY WEISENBACH BOARD MEMBER	1.00 0.00	X						0	0	0
(10) RICHARD HAUSER BOARD MEMBER	1.00 0.00	X						0	0	0
(11) TERRY HOLMES BOARD MEMBER	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) DR. JOSHUA NWOKEJI	1.00									
BOARD MEMBER	0.00	X					0	0	0	
1b Sub-total u							55,490			
c Total from continuation sheets to Part VII, Section A u										
d Total (add lines 1b and 1c) u							55,490			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 0**

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,647,981				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	74,038				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f	u	3,722,019				
	Program Service Revenue	2a ROOM AND BOARD	Busn. Code	200,149	200,149		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		u	200,149				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	u	1,620	1,620		
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis & sales exps.						
	c Gain or (loss)						
	d Net gain or (loss)	u					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	54,403				
		b Less: direct expenses	b	29,580			
c Net income or (loss) from fundraising events		u	24,823			24,823	
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue	11a	Busn. Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	u					
	12 Total revenue. See instructions.	u	3,948,611	201,769	0	24,823	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,909,644	1,676,034	233,610	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	53,195	43,710	9,485	
9 Other employee benefits	529,623	502,420	27,203	
10 Payroll taxes	135,696	119,150	16,546	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	8,215	8,215		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	112,736	103,091	9,645	
12 Advertising and promotion				
13 Office expenses	31,425	6,924	20,149	4,352
14 Information technology				
15 Royalties				
16 Occupancy	90,919	75,434	15,485	
17 Travel	15,681	15,233	448	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,893	20,867	1,026	
20 Interest	18,204	15,520	2,684	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	152,587	138,597	13,990	
23 Insurance	52,933	46,477	6,456	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD AND HOUSEHOLD	136,929	134,733	2,196	
b REPAIRS	100,383	86,803	13,580	
c DUES	61,117	29,247	31,870	
d VEHICLE EXPENSES	35,105	30,700	4,405	
e All other expenses	4,774	3,387	1,387	
25 Total functional expenses. Add lines 1 through 24e	3,471,059	3,056,542	410,165	4,352
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	553,902	1	909,601
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	297,747	3	433,074
	4	Accounts receivable, net	3,329	4	3,614
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	15,186	9	16,231
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,268,929		
	b	Less: accumulated depreciation	10b 1,850,217	10c	1,418,712
	11	Investments—publicly traded securities	7,962	11	6,143
	12	Investments—other securities. See Part IV, line 11	93,200	12	97,193
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	17,888	14	13,679
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,501,699	16	2,898,247	
Liabilities	17	Accounts payable and accrued expenses	180,149	17	185,683
	18	Grants payable		18	
	19	Deferred revenue	1,286	19	1,368
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	400,095	23	313,475
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	581,530	26	500,526
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,920,169	27	2,397,721
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,920,169	33	2,397,721	
34	Total liabilities and net assets/fund balances	2,501,699	34	2,898,247	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,948,611
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,471,059
3	Revenue less expenses. Subtract line 2 from line 1	3	477,552
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,920,169
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 in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,397,721

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

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

u Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

L'ARCHE ERIE INC

Employer identification number

23-7322321

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,121,204	3,370,356	3,265,281	3,559,228	3,722,019	17,038,088
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,121,204	3,370,356	3,265,281	3,559,228	3,722,019	17,038,088
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						17,038,088

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	3,121,204	3,370,356	3,265,281	3,559,228	3,722,019	17,038,088
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				345	1,620	1,965
9 Net income from unrelated business activities, whether or not the business is regularly carried on	16,060	14,217	11,443	16,467	24,823	83,010
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						17,123,063

12 Gross receipts from related activities, etc. (see instructions) 12 396,919

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.50 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	99.53 %

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. 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—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. <i>Answer (a) and (b) below.</i>		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	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 integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 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.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Part VI

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

Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2018

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

Name of the organization L'ARCHE ERIE INC	Employer identification number 23-7322321
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Organization type (check one):

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

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33^{1/3}% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

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

Name of organization

L'ARCHE ERIE INC

Employer identification number

23-7322321

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES HEALTH AND WELFARE BUILDING HARRISBURG PA 17120	\$ 3,529,559	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ERIE COUNTY 154 WEST 9TH STREET ERIE PA 16501	\$ 118,422	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

L'ARCHE ERIE INC

Employer identification number

23-7322321

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: u \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

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

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds.

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

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

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

- a** Board designated or quasi-endowment **u**
- b** Permanent endowment **u**
- c** Temporarily restricted endowment **u**

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

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

- (i)** unrelated organizations
- (ii)** related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		352,596		352,596
b Buildings		2,401,452	1,456,018	945,434
c Leasehold improvements				
d Equipment		514,881	394,199	120,682
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **u** **1,418,712**

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u		

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	3,978,191
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	29,580	
e	Add lines 2a through 2d		2e	29,580
3	Subtract line 2e from line 1		3	3,948,611
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	3,948,611

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

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

1	Total expenses and losses per audited financial statements		1	3,500,639
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	29,580	
e	Add lines 2a through 2d		2e	29,580
3	Subtract line 2e from line 1		3	3,471,059
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	3,471,059

Part XIII Supplemental Information.

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

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

FUNDRAISING EXPENSES \$ **29,580**

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

FUNDRAISING EXPENSES NETTED WITH FUND RAISING REVENUE \$ **29,580**

Part XIII Supplemental Information (continued)

Dotted lines for supplemental information entry.

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

⚡ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

L'ARCHE ERIE INC

Employer identification number

23-7322321

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>DINNER AND RAFF</u>	_____	<u>NONE</u>	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	54,403		54,403
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	54,403		54,403
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	29,580		29,580
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				24,823

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name **u**

Address **u**

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization **u** \$ and the amount of gaming revenue retained by the third party **u** \$
- c If "Yes," enter name and address of the third party:

Name **u**

Address **u**

16 Gaming manager information:

Name **u**

Gaming manager compensation **u** \$

Description of services provided **u**

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year **u** \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Transactions With Interested Persons

u Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

u Attach to Form 990 or Form 990-EZ.

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

2018

Open To Public
Inspection

Employer identification number

23-7322321

L'ARCHE ERIE INC

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 **u** \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization **u** \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

Total **u** \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018**Open to Public
Inspection**

Name of the organization

L'ARCHE ERIE INC

Employer identification number

23-7322321**FORM 990 - ORGANIZATION'S MISSION**

L'ARCHE ERIE INC IS A NONPROFIT, FAITH-BASED, ORGANIZATION STRIVING TO REVEAL GOD'S LOVE FOR ALL PEOPLE BY CREATING HOMES WITH FAITHFUL RELATIONSHIPS OF MUTUALITY LIVED BETWEEN PEOPLE WITH DEVELOPMENTAL DISABILITIES AND THOSE WHO SHARE LIFE WITH THEM.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 990 IS SENT TO BOARD, DIRECTOR, AND CONTROLLER PRIOR TO FILING FOR REVIEW AND APPROVAL.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY BOARD MEMBERS SIGN A CONFLICT OF INTEREST POLICY EACH YEAR AT THE FIRST BOARD MEETING.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE ERIE COUNTY MH/MR PERSONNEL ACTION PLAN TO DETERMINE THAT THE DIRECTORS COMPENSATION IS COMPARABLE AND WITHIN THE RESPECTIBLE RANGE FOR THE POSITION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION 990 AND AUDITED FINANCIAL STATEMENTS WILL BE POSTED ON THE WEBSITE AND AVAILABLE UPON REQUEST. OTHER DOCUMENTS WILL BE AVAILABLE UPON REQUEST.

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

FUNDRAISING EXPENSES \$ 29,580

Name of the organization

Employer identification number

L'ARCHE ERIE INC

23-7322321

FUNDRAISING EXPENSES NETTED WITH FUND RAISING REVENUE \$ -29,580

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2018

Attachment Sequence No. **179**

Name(s) shown on return

L'ARCHE ERIE INC

Identifying number

23-7322321

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,000,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	148,383

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	148,383
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

42 Amortization of costs that begins during your 2018 tax year (see instructions): 43 Amortization of costs that began before your 2018 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	516 W 8TH ST	1/01/90	37,091			37,091	25 MO S/L	37,091	0
3	1028 W 9TH ST (WAIVER)	1/01/90	39,301			39,301	25 MO S/L	39,301	0
4	SINK-WAIVER	1/01/10	450			450	5 MO S/L	450	0
5	ALARMS-516 W 8TH ST	1/01/12	456			456	3 MO S/L	456	0
6	GUTTERS ETC- WAIVER	1/01/07	1,000			1,000	8 MO S/L	1,000	0
7	PARTITION-WAIVER	1/01/00	900			900	15 MO S/L	900	0
8	PARTITION-WAIVER	1/01/00	300			300	15 MO S/L	300	0
9	BATHROOM-WAIVER	1/01/00	1,675			1,675	15 MO S/L	1,675	0
10	WINDOWS-WAIVER	1/01/00	2,300			2,300	15 MO S/L	2,300	0
11	BOILER, TANK, INSTALL/ 516 W 8	1/01/05	2,820			2,820	10 MO S/L	2,820	0
12	MAIN LINE, DRIAN, INSTALL/WAIV.	1/01/05	1,435			1,435	10 MO S/L	1,435	0
13	WALLPAPER;WAIVER	1/01/05	280			280	10 MO S/L	280	0
14	SIDING WAIVER; 9/24	1/01/00	2,900			2,900	15 MO S/L	2,900	0
15	HOT WATER TANK; 8/10	1/01/05	369			369	10 MO S/L	369	0
16	FIXTURES; WAIVER 12/14	1/01/00	131			131	15 MO S/L	131	0
17	BLDG. IMP.- WAIVER	1/01/00	1,680			1,680	15 MO S/L	1,680	0
18	SIDING- 516 W 8TH	1/01/00	7,035			7,035	15 MO S/L	7,035	0
19	FRUNCAE- 516 WEST 8TH	1/01/05	1,650			1,650	10 MO S/L	1,650	0
20	PAINT7 WALLPAPER WAIVER	1/01/05	675			675	10 MO S/L	675	0
21	ELECTRICAL WORK	1/01/05	790			790	10 MO S/L	790	0
22	DRIVEWAY-WAIVER	1/01/00	3,800			3,800	15 MO S/L	3,800	0
23	SIDEWALK-WAIVER	1/01/00	800			800	15 MO S/L	800	0
24	SIDING	1/01/97	1,297			1,297	18 MO S/L	1,297	0
25	COUNTERTOP/WAIVER	1/01/05	654			654	10 MO S/L	654	0
26	2 WINDOWS/ WAIVER	1/01/05	500			500	10 MO S/L	500	0
27	WINDOW/STORM DOOR/WAIVER	1/01/05	786			786	10 MO S/L	786	0
28	2 STORM DOORS WAIVER	1/01/05	722			722	10 MO S/L	722	0
29	WINDOWS/WAIVER	1/01/00	2,025			2,025	15 MO S/L	2,025	0
30	BASEMENT REPAIR/516	1/01/05	1,150			1,150	10 MO S/L	1,150	0
31	ROOF REPAIR	1/01/05	4,000			4,000	10 MO S/L	4,000	0
32	WINDOWS/516	1/01/05	11,998			11,998	10 MO S/L	11,998	0
33	GARAGE ROOF/516	1/01/05	1,080			1,080	10 MO S/L	1,080	0
34	PORCH CARPET/516	1/01/12	217			217	3 MO S/L	217	0
35	INSTALL WALLPAPER/516	1/01/10	900			900	5 MO S/L	900	0
36	PLUMBING REPAIR	1/01/12	376			376	3 MO S/L	376	0
37	PAINT DINING ROOM/WAIVER	1/01/10	600			600	5 MO S/L	600	0
46	RAILING/WAIVER	1/01/05	500			500	10 MO S/L	500	0
47	4448 PREKINS STREET	1/01/90	107,637			107,637	25 MO S/L	83,950	4,305
48	ROOF REPAIR W 8TH	1/01/00	5,000			5,000	15 MO S/L	5,000	0
49	RAMP WAIVER	1/01/05	1,350			1,350	10 MO S/L	1,350	0
50	10575 N EDGEWOOD DR	1/01/90	358,168			358,168	25 MO S/L	265,049	14,327
51	10603	1/01/90	362,526			362,526	25 MO S/L	253,768	14,501
52	ROOF REPAIR-516	1/01/00	3,500			3,500	15 MO S/L	3,500	0
53	CABINETS-1028	1/01/05	1,977			1,977	10 MO S/L	1,977	0
54	KITCHEN REMODEL	1/01/05	7,977			7,977	10 MO S/L	7,977	0
56	CARPETING-1028	1/01/10	1,089			1,089	5 MO S/L	1,089	0
57	FIRE ALARM-1028	1/01/10	2,400			2,400	5 MO S/L	2,400	0
58	WATER PURE SYSTEM-10575	1/01/05	2,425			2,425	10 MO S/L	2,425	0
59	WATER PURE SYSTEM-10603	1/01/05	2,425			2,425	10 MO S/L	2,425	0
60	CARPETING-PERKINS	1/01/10	1,724			1,724	5 MO S/L	1,724	0
61	LINOLEUM-10603	1/01/10	611			611	5 MO S/L	611	0
62	AIR CONDITIONER-PERKINS	1/01/05	4,000			4,000	10 MO S/L	4,000	0
63	ANNUCIATOR SYSTEM-342	1/01/10	300			300	5 MO S/L	300	0
64	FIRE ALARM-1028	1/01/10	624			624	5 MO S/L	624	0
65	SUMNER DRIVE- JOURNEY	1/29/07	118,330			118,330	25 MO S/L	52,064	4,733
66	ADMIN BUILDING- THE HEARTH	9/24/07	148,639			148,639	25 MO S/L	65,404	5,946
67	ADMIN BUILDING- THE HEARTH	9/24/07	325,333			325,333	25 MO S/L	143,145	13,014
68	1943 MANCHESTER	6/30/14	197,276			197,276	25 MO S/L	31,564	7,891
69	WINDOWS & DOWNSPOUT/213	1/01/05	3,500			3,500	10 MO S/L	3,500	0
70	ROOF AND WATER TANK/342	1/01/07	1,300			1,300	8 MO S/L	1,300	0
71	FIRE ALARM- WAIVER	1/01/05	1,819			1,819	10 MO S/L	1,819	0
72	PORCH/WAIVER	1/01/00	3,200			3,200	15 MO S/L	3,200	0
75	CARPET CARLS ROOM/JUBILEE	1/01/12	400			400	3 MO S/L	400	0
77	CARPET /ROSE	1/01/12	478			478	3 MO S/L	478	0
78	RAILS HEARTS	1/01/05	601			601	10 MO S/L	601	0
79	GARAGE DOORS/ OASIS	1/01/05	1,622			1,622	10 MO S/L	1,622	0
80	NEW FLOORS/ JUBILEE	1/01/05	5,459			5,459	10 MO S/L	5,459	0
81	REPAIRS	1/01/05	3,024			3,024	10 MO S/L	3,024	0

Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
82	VINLY SIDING/ WAIVER	1/01/00	4,928			4,928	15 MO S/L	4,928	0
83	HEARTS- PAINTED ENTIRE HOUSE	6/29/07	4,800			4,800	3 MO S/L	4,800	0
84	HEARTS- RENOVATE THE MAIN KITCI	6/29/07	12,278			12,278	5 MO S/L	12,278	0
85	HEARTS BACK DECK REMODELED	6/29/07	3,562			3,562	5 MO S/L	3,562	0
86	HEARTS NEW BOILER	6/29/07	3,868			3,868	10 MO S/L	3,868	0
87	HEARTS AIRCRETE WHOLE HOUSE	6/29/07	7,032			7,032	10 MO S/L	7,032	0
88	HEARTS NEW BAY WINDOW	6/29/07	4,080			4,080	10 MO S/L	4,080	0
89	ROSE- NEW ROOF	6/29/07	8,850			8,850	15 MO S/L	6,490	590
90	ROSE INSULATION WHOLE HOUSE	6/29/07	21,797			21,797	10 MO S/L	21,797	0
93	JOURNEY REMODELING ADDED WAL	4/02/07	12,312			12,312	5 MO S/L	12,312	0
94	JOURNEY NEW ROOF	6/29/07	14,200			14,200	15 MO S/L	10,416	946
95	JOURNEY FIRE ALARM	3/21/07	4,765			4,765	10 MO S/L	4,765	0
96	OASIS- REWIRE WHOLE HOUSE	6/29/07	18,300			18,300	15 MO S/L	13,420	1,220
97	OASIS- ROOF & MASONERY REPAIRS	8/18/07	4,970			4,970	10 MO S/L	4,803	167
98	HEARTH- PAINTING COMMUNITY RM	12/06/07	4,260			4,260	5 MO S/L	4,260	0
99	JOURNEY- BATHTUB (BATH FITTER)	3/25/08	3,011			3,011	5 MO S/L	3,011	0
100	HEARTH GARAGE ROOF REPLACED	6/10/08	7,200			7,200	10 MO S/L	7,200	0
101	HEARTS GARDEN NEW DECK	6/30/08	3,453			3,453	5 MO S/L	3,453	0
102	THE HEARTH CARPET INSTALLATION	6/30/08	6,098			6,098	5 MO S/L	6,098	0
103	HEARTH-PARKING LOT RESURFACED	6/23/08	24,180			24,180	15 MO S/L	16,120	1,612
104	ADDITIONAL FURNACE AND AC- BET	6/23/09	12,340			12,340	10 MO S/L	11,106	1,234
105	ADDITIONAL FURNACE AND AC-JUBI	6/30/09	12,340			12,340	10 MO S/L	11,106	1,234
107	NEW WINDOWS- HEARTH	6/15/09	7,469			7,469	10 MO S/L	5,976	747
109	JUBILEE SUNSCREEN AWNING	6/30/10	5,343			5,343	10 MO S/L	4,273	535
110	OASIS INSUKATION	6/30/10	7,364			7,364	15 MO S/L	3,928	491
111	JUBILEE NEW ROOF	6/30/12	15,176			15,176	15 MO S/L	6,071	1,012
112	JOURNEY BATHROOM RENO SPEADEI	6/30/12	25,000			25,000	15 MO S/L	10,000	1,666
113	ROSE- NEW SANITARY SEWER LINE	6/30/13	6,005			6,005	15 MO S/L	2,001	401
114	BETHANY- NEW ROOF	6/30/13	12,980			12,980	15 MO S/L	4,326	866
115	BETHANY- NEW DECK	6/30/13	21,451			21,451	15 MO S/L	7,150	1,430
116	JUBILEE- NEW DECK	6/30/13	21,451			21,451	15 MO S/L	7,150	1,430
117	MANCHESTER- HOUSE IMPROVEMEN	6/30/13	43,350			43,350	15 MO S/L	11,560	2,890
118	MANCHESTER- BASEMENT ADD ROOI	6/30/14	6,500			6,500	15 MO S/L	1,733	434
119	JUBILEE AIR COMPRESSOR FOR SPRI	10/04/14	5,598			5,598	10 MO S/L	2,239	560
121	2015 HONDA ODYSSEY- HEARTS GAR	6/29/15	23,627			23,627	5 MO S/L	14,176	4,726
122	2015 HONDA ODYSSEY- ROSE	6/29/15	21,328			21,328	5 MO S/L	12,797	4,265
123	2015 HONDA ODYSSEY- OASIS	6/29/15	23,127			23,127	5 MO S/L	13,876	4,626
124	2010 HONDA ACCORD - SERENITY/JOI	6/23/10	18,927			18,927	5 MO S/L	18,927	0
128	2013 DODGE CARAVAN- BETHANY	7/29/13	42,917			42,917	5 MO S/L	42,917	0
129	2014 TOYOTA SIENNA- SERENITY	1/27/14	32,305			32,305	5 MO S/L	29,076	3,229
130	2014 DODGE CARAVAN- JUBILEE	3/31/14	42,080			42,080	5 MO S/L	35,768	6,312
131	COUNCIL TABLE	1/01/12	370			370	3 MO S/L	370	0
132	VCR	1/01/12	490			490	3 MO S/L	490	0
133	CALCULATOR	1/01/10	179			179	5 MO S/L	179	0
134	FILES	1/01/10	300			300	5 MO S/L	300	0
135	CD PLAYER	1/01/12	230			230	3 MO S/L	230	0
136	BOARD ROOM FURN./COFFEE SYSTEM	1/01/10	3,375			3,375	5 MO S/L	3,375	0
137	DELL COMPUTER	1/01/10	1,270			1,270	5 MO S/L	1,270	0
138	FAX MACHINES	1/01/10	721			721	5 MO S/L	721	0
139	DIGITAL CAMERA	1/01/10	580			580	5 MO S/L	580	0
140	COMPUTER-LON	1/01/10	5,836			5,836	5 MO S/L	5,836	0
141	COMPUTER IBM	1/01/10	6,217			6,217	5 MO S/L	6,217	0
142	SHREDDER	1/01/10	304			304	5 MO S/L	304	0
143	OUTDOOR SIGN @ 3745 W 12TH	9/19/07	3,500			3,500	5 MO S/L	3,500	0
144	TELEPHONE SYSTEM AT THE HEARTH	6/18/08	5,582			5,582	5 MO S/L	5,582	0
145	THE HEARTH GAS OVEN	6/18/08	6,198			6,198	5 MO S/L	6,198	0
146	THE HEARTH UNDER COUNTER DISH	6/18/08	4,100			4,100	5 MO S/L	4,100	0
147	WEBSITE REVAMP/DEVELOPED	6/23/08	3,643			3,643	5 MO S/L	3,643	0
148	18 CHAIRS	1/01/10	810			810	5 MO S/L	810	0
149	WASHER (SHALOM) JOURNEY	1/01/10	474			474	5 MO S/L	474	0
150	DRYER (HOUSE?) SHALOM JOURNEY	1/01/10	342			342	5 MO S/L	342	0
151	PATIO TABLE AND CHAIRS- BETHAN	6/29/07	2,100			2,100	5 MO S/L	2,100	0
152	CABINET-4448	1/01/10	108			108	5 MO S/L	108	0
153	BOOKCASE(GEO)-4448	1/01/10	138			138	5 MO S/L	138	0
154	CHAIR-4448	1/01/12	159			159	3 MO S/L	159	0
155	AIR CONDITIONER (WATERSPRING)-4	1/01/10	555			555	5 MO S/L	555	0
156	DEPOSIT ON STATUE-4448	1/01/10	250			250	5 MO S/L	250	0
157	HOSPITAL BED-4448	1/01/12	100			100	3 MO S/L	100	0
158	SHOWER CHAIR-4448	1/01/12	194			194	3 MO S/L	194	0
159	CARPET SHAMPOO UNIT-4448	1/01/10	138			138	5 MO S/L	138	0
160	DINING ROOM TABLE/CHAIRS-4448	1/01/10	1,980			1,980	5 MO S/L	1,980	0

Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
161	KITCHEN SET-4448	1/01/10	1,030			1,030	5 MO S/L	1,030	0
162	FIRE ALARM SYSTEM-4448	1/01/08	1,984			1,984	10 MO S/L	1,984	0
163	BED SET-4448	1/01/10	1,084			1,084	5 MO S/L	1,084	0
164	PATIO TABLE AND CHAIRS-4448	6/29/07	2,100			2,100	5 MO S/L	2,100	0
165	SNOWBLOWER-516	1/01/10	735			735	5 MO S/L	735	0
166	DRAPES-516	1/01/10	314			314	5 MO S/L	314	0
167	2 WALNUT TABLES-516	1/01/10	144			144	5 MO S/L	144	0
168	TABLE/4 CHAIRS-516	1/01/12	300			300	3 MO S/L	300	0
169	VACUUM-516	1/01/12	99			99	3 MO S/L	99	0
170	LAWNMOWER-516	1/01/10	180			180	5 MO S/L	180	0
171	DEHUMIDIFIER-516	1/01/10	170			170	5 MO S/L	170	0
172	MICROWAVE-516	1/01/10	125			125	5 MO S/L	125	0
173	ALARM SYSTEM-516	1/01/10	1,745			1,745	5 MO S/L	1,745	0
174	DRYER-516	1/01/10	430			430	5 MO S/L	430	0
175	INSTALL BUILT-IN DISHWASHER- 516	1/01/10	1,216			1,216	5 MO S/L	1,216	0
176	REFRIDGERATOR-516	1/01/10	897			897	5 MO S/L	897	0
177	STOVE-516	1/01/10	546			546	5 MO S/L	546	0
178	WASHER-516	1/01/10	540			540	5 MO S/L	540	0
179	PATIO TABLE AND CHAIRS-516	6/29/07	2,100			2,100	5 MO S/L	2,100	0
180	VACUUM-1028	1/01/10	150			150	5 MO S/L	150	0
181	FREEZER-1028	1/01/10	429			429	5 MO S/L	429	0
182	STOVE-1028	1/01/10	577			577	5 MO S/L	577	0
183	STEREO-1028	1/01/10	199			199	5 MO S/L	199	0
184	WARDOBE-1028	1/01/10	130			130	5 MO S/L	130	0
185	LAWNMOWER-1028	1/01/10	175			175	5 MO S/L	175	0
186	BOILER-1028	1/01/10	2,369			2,369	5 MO S/L	2,369	0
187	EMERGENCY AUTO DEALER-1028	1/01/05	590			590	10 MO S/L	590	0
188	TV-1028	1/01/10	410			410	5 MO S/L	410	0
189	APPLIANCES-1028	1/01/10	1,007			1,007	5 MO S/L	1,007	0
190	AIR CPNDITIONER	1/01/10	570			570	5 MO S/L	570	0
191	REFRIDGERATOR-1028	1/01/10	654			654	5 MO S/L	654	0
192	DINING SET AND CHAIRS-1028	6/29/07	2,434			2,434	5 MO S/L	2,434	0
193	OFFICE DESK-10575	1/01/10	1,195			1,195	5 MO S/L	1,195	0
194	BEDROOM SETS-10575	1/01/10	2,661			2,661	5 MO S/L	2,661	0
195	DINING ROOM-10575	1/01/10	2,440			2,440	5 MO S/L	2,440	0
196	TABLES-10575	1/01/10	1,720			1,720	5 MO S/L	1,720	0
197	SLING-10575	1/01/10	1,700			1,700	5 MO S/L	1,700	0
198	BEDS-10575	1/01/10	4,268			4,268	5 MO S/L	4,268	0
199	SNOWPLOW-10575	1/01/10	805			805	5 MO S/L	805	0
200	BED-10575	1/01/10	793			793	5 MO S/L	793	0
201	DRESSER, MIRROR, NGT STAND-10575	1/01/10	779			779	5 MO S/L	779	0
202	NEW LEATHER ECLINING COACH-1057	6/29/07	3,610			3,610	5 MO S/L	3,610	0
203	ARJO LIFT AND SLING-10575	5/08/09	8,364			8,364	5 MO S/L	8,364	0
204	APPLIANCES-10603	1/01/10	3,114			3,114	5 MO S/L	3,114	0
205	PATIO FURNITURE-10603	1/01/10	6,790			6,790	5 MO S/L	6,790	0
206	CLOSET SYSTEM-10603	1/01/10	1,328			1,328	5 MO S/L	1,328	0
207	DESK-10603	1/01/10	979			979	5 MO S/L	979	0
208	CHAIRS-10603	1/01/10	3,288			3,288	5 MO S/L	3,288	0
209	ARJO LIFT AND SLING-10603	5/08/09	8,364			8,364	5 MO S/L	8,364	0
210	DINING ROOM FURNITURE-1943	1/01/10	4,411			4,411	5 MO S/L	4,411	0
211	4 BEDS, AND BEDROOM FURNITURE-1	1/01/10	1,529			1,529	5 MO S/L	1,529	0
212	SOFA. LOVE SEAT-1943	1/01/10	2,267			2,267	5 MO S/L	2,267	0
214	FREEZER-1943	1/01/10	450			450	5 MO S/L	450	0
215	RECLINER CHIAR-1943	1/01/10	502			502	5 MO S/L	502	0
216	DINING ROOM TABLE-1943	1/01/10	688			688	5 MO S/L	688	0
218	TV-1943	1/01/10	539			539	5 MO S/L	539	0
219	TABLES AND BED-1943	1/01/10	3,552			3,552	5 MO S/L	3,552	0
220	GARDEN FURNITURE-1943	1/01/10	2,619			2,619	5 MO S/L	2,619	0
221	PATIO TABLE AND CHAIRS-1408	6/29/07	2,100			2,100	5 MO S/L	2,100	0
223	LAND	1/01/90	352,596			352,596	0 -- Land	0	0
224	BOILER - OASIS	2/01/16	8,793			8,793	10 MO S/L	2,125	879
225	Hearth 3 office addition	6/30/16	87,800			87,800	15 MO S/L	11,707	5,853
226	Journey Garage remodel add bath	6/30/16	78,093			78,093	15 MO S/L	10,412	5,207
227	Hearth - HVAC	6/30/16	8,626			8,626	10 MO S/L	1,725	863
228	2014 FORD FOCUS SE - ROSE	11/23/15	12,173			12,173	5 MO S/L	6,289	2,435
229	2016 DODGE CARAVAN - BETHANY	4/12/16	42,565			42,565	5 MO S/L	19,154	8,513
230	Journey Renovations final pay	1/16/17	5,021			5,021	15 MO S/L	474	335
231	2017 DODGE CARAVAN - JUBILEE	6/30/17	26,340			26,340	5 MO S/L	5,268	5,268
232	THE HEARTH - NEW FLOORING - HALI	3/28/18	15,296			15,296	10 MO S/L	382	1,530
233	2018 HONDA ODYSSEY - JOURNEY	6/22/18	35,235			35,235	5 MO S/L	0	7,047
234	BILLING SOFTWARE	1/01/18	5,280			5,280	5 MO S/L	528	1,056

Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
235	WATER SOFTENER SYSTEM - JUBILEE	4/12/19	6,355			6,355	10 MO S/L	0	159
236	BOILER - ROSE	8/29/18	5,800			5,800	10 MO S/L	0	483
237	2019 DODGE CARAVAN - BETHANY	4/30/19	42,450			42,450	5 MO S/L	0	1,415
Total Other Depreciation			<u>3,268,933</u>			<u>3,268,933</u>		<u>1,701,836</u>	<u>148,383</u>
Total ACRS and Other Depreciation			<u>3,268,933</u>			<u>3,268,933</u>		<u>1,701,836</u>	<u>148,383</u>
Amortization:									
222	LOAN FEES	10/01/08	63,135			63,135	15 MO Amort	45,247	4,209
			<u>63,135</u>			<u>63,135</u>		<u>45,247</u>	<u>4,209</u>
Grand Totals			3,332,068			3,332,068		1,747,083	152,592
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>3,332,068</u>			<u>3,332,068</u>		<u>1,747,083</u>	<u>152,592</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	516 W 8TH ST	1/01/90	37,091	0	0
3	1028 W 9TH ST (WAIVER)	1/01/90	39,301	0	0
4	SINK-WAIVER	1/01/10	450	0	0
5	ALARMS-516 W 8TH ST	1/01/12	456	0	0
6	GUTTERS ETC- WAIVER	1/01/07	1,000	0	0
7	PARTITION-WAIVER	1/01/00	900	0	0
8	PARTITION-WAIVER	1/01/00	300	0	0
9	BATHROOM-WAIVER	1/01/00	1,675	0	0
10	WINDOWS-WAIVER	1/01/00	2,300	0	0
11	BOILER, TANK, INSTALL/ 516 W 8	1/01/05	2,820	0	0
12	MAIN LINE, DRIAN, INSTALL/WAIV.	1/01/05	1,435	0	0
13	WALLPAPER;WAIVER	1/01/05	280	0	0
14	SIDING WAIVER; 9/24	1/01/00	2,900	0	0
15	HOT WATER TANK; 8/10	1/01/05	369	0	0
16	FIXTURES; WAIVER 12/14	1/01/00	131	0	0
17	BLDG. IMP.- WAIVER	1/01/00	1,680	0	0
18	SIDING- 516 W 8TH	1/01/00	7,035	0	0
19	FRUNCAE- 516 WEST 8TH	1/01/05	1,650	0	0
20	PAINT7 WALLPAPER WAIVER	1/01/05	675	0	0
21	ELECTRICAL WORK	1/01/05	790	0	0
22	DRIVEWAY-WAIVER	1/01/00	3,800	0	0
23	SIDEWALK-WAIVER	1/01/00	800	0	0
24	SIDING	1/01/97	1,297	0	0
25	COUNTERTOP/WAIVER	1/01/05	654	0	0
26	2 WINDOWS/ WAIVER	1/01/05	500	0	0
27	WINDOW/STORM DOOR/WAIVER	1/01/05	786	0	0
28	2 STORM DOORS WAIVER	1/01/05	722	0	0
29	WINDOWS/WAIVER	1/01/00	2,025	0	0
30	BASEMENT REPAIR/516	1/01/05	1,150	0	0
31	ROOF REPAIR	1/01/05	4,000	0	0
32	WINDOWS/516	1/01/05	11,998	0	0
33	GARAGE ROOF/516	1/01/05	1,080	0	0
34	PORCH CARPET/516	1/01/12	217	0	0
35	INSTALL WALLPAPER/516	1/01/10	900	0	0
36	PLUMBING REPAIR	1/01/12	376	0	0
37	PAINT DINING ROOM/WAIVER	1/01/10	600	0	0
46	RAILING/WAIVER	1/01/05	500	0	0
47	4448 PREKINS STREET	1/01/90	107,637	4,306	0
48	ROOF REPAIR W 8TH	1/01/00	5,000	0	0
49	RAMP WAIVER	1/01/05	1,350	0	0
50	10575 N EDGEWOOD DR	1/01/90	358,168	14,326	0
51	10603	1/01/90	362,526	14,501	0
52	ROOF REPAIR-516	1/01/00	3,500	0	0
53	CABINETS-1028	1/01/05	1,977	0	0
54	KITCHEN REMODEL	1/01/05	7,977	0	0
56	CARPETING-1028	1/01/10	1,089	0	0
57	FIRE ALARM-1028	1/01/10	2,400	0	0
58	WATER PURE SYSTEM-10575	1/01/05	2,425	0	0
59	WATER PURE SYSTEM-10603	1/01/05	2,425	0	0
60	CARPETING-PERKINS	1/01/10	1,724	0	0
61	LINOLEUM-10603	1/01/10	611	0	0
62	AIR CONDITIONER-PERKINS	1/01/05	4,000	0	0
63	ANNUNCIATOR SYSTEM-342	1/01/10	300	0	0
64	FIRE ALARM-1028	1/01/10	624	0	0
65	SUMNER DRIVE- JOURNEY	1/29/07	118,330	4,733	0
66	ADMIN BUILDING- THE HEARTH	9/24/07	148,639	5,945	0
67	ADMIN BUILDING- THE HEARTH	9/24/07	325,333	13,013	0
68	1943 MANCHESTER	6/30/14	197,276	7,891	0
69	WINDOWS & DOWNSPOUT/213	1/01/05	3,500	0	0
70	ROOF AND WATER TANK/342	1/01/07	1,300	0	0
71	FIRE ALARM- WAIVER	1/01/05	1,819	0	0
72	PORCH/WAIVER	1/01/00	3,200	0	0
75	CARPET CARLS ROOM/JUBILEE	1/01/12	400	0	0
77	CARPET /ROSE	1/01/12	478	0	0
78	RAILS HEARTS	1/01/05	601	0	0
79	GARAGE DOORS/ OASIS	1/01/05	1,622	0	0
80	NEW FLOORS/ JUBILEE	1/01/05	5,459	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
81	REPAIRS	1/01/05	3,024	0	0
82	VINLY SIDING/ WAIVER	1/01/00	4,928	0	0
83	HEARTS- PAINTED ENTIRE HOUSE	6/29/07	4,800	0	0
84	HEARTS- RENOVATE THE MAIN KITCHEN	6/29/07	12,278	0	0
85	HEARTS BACK DECK REMODELED	6/29/07	3,562	0	0
86	HEARTS NEW BOILER	6/29/07	3,868	0	0
87	HEARTS AIRCRETE WHOLE HOUSE	6/29/07	7,032	0	0
88	HEARTS NEW BAY WINDOW	6/29/07	4,080	0	0
89	ROSE- NEW ROOF	6/29/07	8,850	590	0
90	ROSE INSULATION WHOLE HOUSE	6/29/07	21,797	0	0
93	JOURNEY REMODELING ADDED WALLS	4/02/07	12,312	0	0
94	JOURNEY NEW ROOF	6/29/07	14,200	947	0
95	JOURNEY FIRE ALARM	3/21/07	4,765	0	0
96	OASIS- REWIRE WHOLE HOUSE	6/29/07	18,300	1,220	0
97	OASIS- ROOF & MASONRY REPAIRS	8/18/07	4,970	0	0
98	HEARTH- PAINTING COMMUNITY RM. WA	12/06/07	4,260	0	0
99	JOURNEY- BATHTUB (BATH FITTER)	3/25/08	3,011	0	0
100	HEARTH GARAGE ROOF REPLACED	6/10/08	7,200	0	0
101	HEARTS GARDEN NEW DECK	6/30/08	3,453	0	0
102	THE HEARTH CARPET INSTALLATION	6/30/08	6,098	0	0
103	HEARTH-PARKING LOT RESURFACED	6/23/08	24,180	1,612	0
104	ADDITIONAL FURNACE AND AC- BETHAN	6/23/09	12,340	0	0
105	ADDITIONAL FURNACE AND AC-JUBILEE	6/30/09	12,340	0	0
107	NEW WINDOWS- HEARTH	6/15/09	7,469	746	0
109	JUBILEE SUNSCREEN AWNING	6/30/10	5,343	534	0
110	OASIS INSUKATION	6/30/10	7,364	491	0
111	JUBILEE NEW ROOF	6/30/12	15,176	1,011	0
112	JOURNEY BATHROOM RENO SPEADER	6/30/12	25,000	1,667	0
113	ROSE- NEW SANITARY SEWER LINE	6/30/13	6,005	400	0
114	BETHANY- NEW ROOF	6/30/13	12,980	865	0
115	BETHANY- NEW DECK	6/30/13	21,451	1,430	0
116	JUBILEE- NEW DECK	6/30/13	21,451	1,430	0
117	MANCHESTER- HOUSE IMPROVEMENTS	6/30/13	43,350	2,890	0
118	MANCHESTER- BASEMENT ADD ROOM	6/30/14	6,500	433	0
119	JUBILEE AIR COMPRESSOR FOR SPRINKLI	10/04/14	5,598	560	0
121	2015 HONDA ODYSSEY- HEARTS GARDEN	6/29/15	23,627	4,725	0
122	2015 HONDA ODYSSEY- ROSE	6/29/15	21,328	4,266	0
123	2015 HONDA ODYSSEY- OASIS	6/29/15	23,127	4,625	0
124	2010 HONDA ACCORD - SERENITY/JOURN	6/23/10	18,927	0	0
128	2013 DODGE CARAVAN- BETHANY	7/29/13	42,917	0	0
129	2014 TOYOTA SIENNA- SERENITY	1/27/14	32,305	0	0
130	2014 DODGE CARAVAN- JUBILEE	3/31/14	42,080	0	0
131	COUNCIL TABLE	1/01/12	370	0	0
132	VCR	1/01/12	490	0	0
133	CALCULATOR	1/01/10	179	0	0
134	FILES	1/01/10	300	0	0
135	CD PLAYER	1/01/12	230	0	0
136	BOARD ROOM FURN./COFFEE SYSTEM	1/01/10	3,375	0	0
137	DELL COMPUTER	1/01/10	1,270	0	0
138	FAX MACHINES	1/01/10	721	0	0
139	DIGITAL CAMERA	1/01/10	580	0	0
140	COMPUTER-LON	1/01/10	5,836	0	0
141	COMPUTER IBM	1/01/10	6,217	0	0
142	SHREDDER	1/01/10	304	0	0
143	OUTDOOR SIGN @ 3745 W 12TH	9/19/07	3,500	0	0
144	TELEPHONE SYSTEM AT THE HEARTH	6/18/08	5,582	0	0
145	THE HEARTH GAS OVEN	6/18/08	6,198	0	0
146	THE HEARTH UNDER COUNTER DISHWAS	6/18/08	4,100	0	0
147	WEBSITE REVAMP/DEVELOPED	6/23/08	3,643	0	0
148	18 CHAIRS	1/01/10	810	0	0
149	WASHER (SHALOM) JOURNEY	1/01/10	474	0	0
150	DRYER (HOUSE?) SHALOM JOURNEY	1/01/10	342	0	0
151	PATIO TABLE AND CHAIRS- BETHANY	6/29/07	2,100	0	0
152	CABINET-4448	1/01/10	108	0	0
153	BOOKCASE(GEO)-4448	1/01/10	138	0	0
154	CHAIR-4448	1/01/12	159	0	0
155	AIR CONDITIONER (WATERSPRING)-4448	1/01/10	555	0	0
156	DEPOSIT ON STATUE-4448	1/01/10	250	0	0
157	HOSPITAL BED-4448	1/01/12	100	0	0
158	SHOWER CHAIR-4448	1/01/12	194	0	0
159	CARPET SHAMPOO UNIT-4448	1/01/10	138	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
160	DINING ROOM TABLE/CHAIRS-4448	1/01/10	1,980	0	0
161	KITCHEN SET-4448	1/01/10	1,030	0	0
162	FIRE ALARM SYSTEM-4448	1/01/08	1,984	0	0
163	BED SET-4448	1/01/10	1,084	0	0
164	PATIO TABLE AND CHAIRS-4448	6/29/07	2,100	0	0
165	SNOWBLOWER-516	1/01/10	735	0	0
166	DRAPES-516	1/01/10	314	0	0
167	2 WALNUT TABLES-516	1/01/10	144	0	0
168	TABLE/4 CHAIRS-516	1/01/12	300	0	0
169	VACUUM-516	1/01/12	99	0	0
170	LAWNMOWER-516	1/01/10	180	0	0
171	DEHUMIDIFIER-516	1/01/10	170	0	0
172	MICROWAVE-516	1/01/10	125	0	0
173	ALARM SYSTEM-516	1/01/10	1,745	0	0
174	DRYER-516	1/01/10	430	0	0
175	INSTALL BUILT-IN DISHWASHER- 516	1/01/10	1,216	0	0
176	REFRIDGERATOR-516	1/01/10	897	0	0
177	STOVE-516	1/01/10	546	0	0
178	WASHER-516	1/01/10	540	0	0
179	PATIO TABLE AND CHAIRS-516	6/29/07	2,100	0	0
180	VACUUM-1028	1/01/10	150	0	0
181	FREEZER-1028	1/01/10	429	0	0
182	STOVE-1028	1/01/10	577	0	0
183	STEREO-1028	1/01/10	199	0	0
184	WARDROBE-1028	1/01/10	130	0	0
185	LAWNMOWER-1028	1/01/10	175	0	0
186	BOILER-1028	1/01/10	2,369	0	0
187	EMERGENCY AUTO DEALER-1028	1/01/05	590	0	0
188	TV-1028	1/01/10	410	0	0
189	APPLIANCES-1028	1/01/10	1,007	0	0
190	AIR CPNDITIONER	1/01/10	570	0	0
191	REFRIDGERATOR-1028	1/01/10	654	0	0
192	DINING SET AND CHAIRS-1028	6/29/07	2,434	0	0
193	OFFICE DESK-10575	1/01/10	1,195	0	0
194	BEDROOM SETS-10575	1/01/10	2,661	0	0
195	DINING ROOM-10575	1/01/10	2,440	0	0
196	TABLES-10575	1/01/10	1,720	0	0
197	SLING-10575	1/01/10	1,700	0	0
198	BEDS-10575	1/01/10	4,268	0	0
199	SNOWPLOW-10575	1/01/10	805	0	0
200	BED-10575	1/01/10	793	0	0
201	DRESSER, MIRROR, NGT STAND-10575	1/01/10	779	0	0
202	NEW LEATHER ECLINING COACH-10575	6/29/07	3,610	0	0
203	ARJO LIFT AND SLING-10575	5/08/09	8,364	0	0
204	APPLIANCES-10603	1/01/10	3,114	0	0
205	PATIO FURNITURE-10603	1/01/10	6,790	0	0
206	CLOSET SYSTEM-10603	1/01/10	1,328	0	0
207	DESK-10603	1/01/10	979	0	0
208	CHAIRS-10603	1/01/10	3,288	0	0
209	ARJO LIFT AND SLING-10603	5/08/09	8,364	0	0
210	DINING ROOM FURNITURE-1943	1/01/10	4,411	0	0
211	4 BEDS, AND BEDROON FURNITURE-1943	1/01/10	1,529	0	0
212	SOFA. LOVE SEAT-1943	1/01/10	2,267	0	0
214	FREEZER-1943	1/01/10	450	0	0
215	RECLINER CHIAR-1943	1/01/10	502	0	0
216	DINING ROOM TABLE-1943	1/01/10	688	0	0
218	TV-1943	1/01/10	539	0	0
219	TABLES AND BED-1943	1/01/10	3,552	0	0
220	GARDEN FURNITURE-1943	1/01/10	2,619	0	0
221	PATIO TABLE AND CHAIRS-1408	6/29/07	2,100	0	0
223	LAND	1/01/90	352,596	0	0
224	BOILER - OASIS	2/01/16	8,793	880	0
225	Hearth 3 office addition	6/30/16	87,800	5,853	0
226	Journey Garage remodel add bath	6/30/16	78,093	5,206	0
227	Hearth - HVAC	6/30/16	8,626	862	0
228	2014 FORD FOCUS SE - ROSE	11/23/15	12,173	2,435	0
229	2016 DODGE CARAVAN - BETHANY	4/12/16	42,565	8,513	0
230	Journey Renovations final pay	1/16/17	5,021	335	0
231	2017 DODGE CARAVAN - JUBILEE	6/30/17	26,340	5,268	0
232	THE HEARTH - NEW FLOORING - HALLWA	3/28/18	15,296	1,530	0
233	2018 HONDA ODYSSEY - JOURNEY	6/22/18	35,235	7,047	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
234	BILLING SOFTWARE	1/01/18	5,280	1,056	0
235	WATER SOFTENER SYSTEM - JUBILEE	4/12/19	6,355	635	0
236	BOILER - ROSE	8/29/18	5,800	580	0
237	2019 DODGE CARAVAN - BETHANY	4/30/19	42,450	8,490	0
	Total Other Depreciation		<u>3,268,933</u>	<u>143,847</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>3,268,933</u>	<u>143,847</u>	<u>0</u>
<u>Amortization:</u>					
222	LOAN FEES	10/01/08	63,135	4,209	0
			<u>63,135</u>	<u>4,209</u>	<u>0</u>
	Grand Totals		<u>3,332,068</u>	<u>148,056</u>	<u>0</u>

Form 990	Two Year Comparison Report	2017 & 2018
For calendar year 2018, or tax year beginning 07/01/18 , ending 06/30/19		

Name

Taxpayer Identification Number

L'ARCHE ERIE INC**23-7322321**

		2017	2018	Differences
R e v e n u e	1. Contributions, gifts, grants	67,429	74,038	6,609
	2. Membership dues and assessments			
	3. Government contributions and grants	3,491,799	3,647,981	156,182
	4. Program service revenue	196,770	200,149	3,379
	5. Investment income	345	1,620	1,275
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	12,310		-12,310
	8. Net income or (loss) from fundraising events	16,467	24,823	8,356
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	12. Total revenue. Add lines 1 through 11	3,785,120	3,948,611	163,491
E x p e n s e s	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	99,435		-99,435
	16. Salaries, other compensation, and employee benefits	2,491,814	2,628,158	136,344
	17. Professional fundraising fees			
	18. Other professional fees	134,044	120,951	-13,093
	19. Occupancy, rent, utilities, and maintenance	91,212	90,919	-293
	20. Depreciation and Depletion	163,352	152,587	-10,765
	21. Other expenses	411,501	478,444	66,943
	22. Total expenses. Add lines 13 through 21	3,391,358	3,471,059	79,701
	23. Excess or (Deficit). Subtract line 22 from line 12	393,762	477,552	83,790
O t h e r I n f o r m a t i o n	24. Total exempt revenue	3,785,120	3,948,611	163,491
	25. Total unrelated revenue			
	26. Total excludable revenue	225,892	226,592	700
	27. Total assets	2,556,060	2,898,247	342,187
	28. Total liabilities	581,530	500,526	-81,004
	29. Retained earnings	1,974,530	2,397,721	423,191
	30. Number of voting members of governing body	11	11	
31. Number of independent voting members of governing body	11	11		
32. Number of employees	73	81		
33. Number of volunteers	9	10		

Form 990	Tax Return History	2018
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Name L'ARCHE ERIE INC	Employer Identification Number 23-7322321
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	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants	3,121,204	3,370,356	3,265,281	3,559,228	3,722,019	
Membership dues						
Program service revenue	198,693	209,177	211,762	196,770	200,149	
Capital gain or loss		66,878		12,310		
Investment income	-1,948	1,307	12,114	345	1,620	
Fundraising revenue (income/loss)	17,060	15,217	12,443	16,467	24,823	
Gaming revenue (income/loss)						
Other revenue						
Total revenue	3,335,009	3,662,935	3,501,600	3,785,120	3,948,611	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	105,516	104,365	100,022	99,435		
Other compensation	2,412,227	2,604,259	2,558,297	2,491,814	2,628,158	
Professional fees	167,311	175,295	158,946	134,044	120,951	
Occupancy costs	121,648	121,445	146,837	91,212	90,919	
Depreciation and depletion	168,063	163,086	170,110	163,352	152,587	
Other expenses	429,041	416,275	388,560	411,501	478,444	
Total expenses	3,403,806	3,584,725	3,522,772	3,391,358	3,471,059	
Excess or (Deficit)	-68,797	78,210	-21,172	393,762	477,552	
Total exempt revenue	3,335,009	3,662,935	3,501,600	3,785,120	3,948,611	
Total unrelated revenue						
Total excludable revenue	213,805	292,579	236,319	225,892	226,592	
Total Assets	2,383,256	2,461,451	2,267,098	2,556,060	2,898,247	
Total Liabilities	908,901	908,886	686,330	581,530	500,526	
Net Fund Balances	1,474,355	1,552,565	1,580,768	1,974,530	2,397,721	

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER FEES	\$ 112,736	\$ 103,091	\$ 9,645	\$
TOTAL	\$ 112,736	\$ 103,091	\$ 9,645	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER EXPENSES	\$ 4,774	\$ 3,387	\$ 1,387	\$
TOTAL	\$ 4,774	\$ 3,387	\$ 1,387	\$ 0

Federal Statements

Dinner and Raffle

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
FUNDRAISING EXP	\$ 29,580
TOTAL	\$ <u>29,580</u>