			EXTENDED TO JULY 15, 2020		OMB No. 1545-0047
-	0	an	Return of Organization Exempt From		0040
Form 990			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (► Do not enter social security numbers on this form as it ma		
Depa Intern		Open to Public Inspection			
-			► Go to www.irs.gov/Form990 for instructions and the later ar year, or tax year beginning SEP 1, 2018 and ending	AUG 31, 2019	Inspection
Bc	heck if	C Name or	organization	D Employer identifica	ation number
a 	pplicab ⊐Addre	BRID	GE BUILDERS COMMUNITY FOUNDATIONS		
	chang	ge FKA	VENANGO AREA COMM FOUNDATION		
	_chang	ge Doing b	usiness as		92553
	_returr]Final		and street (or P.O. box if mail is not delivered to street address) Room/su SENECA ST. NATIONAL TRANSIT BLDG	uite E Telephone number	77-8687
	⊥returr termii ated		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	5,994,455.
	Amer		CITY, PA 16301	H(a) Is this a group retr	
	_returr Appli Ition		nd address of principal officer: TRENTON MOULIN	for subordinates?	
L	pendi		AS C ABOVE	H(b) Are all subordinates incl	= =
ΙT	ax-ex	empt status:			st. (see instructions)
			BBCF.ORG	H(c) Group exemption	,
ΚF	orm o	f organization: [X Corporation ☐ Trust Association Other ► L Y	ear of formation: 1975 M	State of legal domicile: PA
Pa	rt I	Summary			
n	1	Briefly describ	e the organization's mission or most significant activities: THE FOUN	DATION SERVES	CLARION,
Governance		FOREST	AND VENANGO COUNTIES AND THE PUNXSUTAW	NEY AREA TO DE	VELOP,
erna	2	Check this bo	x 🕨 🛄 if the organization discontinued its operations or disposed of m	ore than 25% of its net asse	
ove	3				14
	4		ependent voting members of the governing body (Part VI, line 1b)		14
es	5	Total number	of individuals employed in calendar year 2018 (Part V, line 2a)		0
iviti	6	Total number	of volunteers (estimate if necessary)		61
Activities &			d business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated	business taxable income from Form 990-T, line 38		0.
		a		Prior Year	Current Year
ne	8		and grants (Part VIII, line 1h)	1,457,320.	<u>5,479,493.</u> 0.
Revenue	9	•	ce revenue (Part VIII, line 2g)	556,812.	360,540.
Re	10		come (Part VIII, column (A), lines 3, 4, and 7d)	205,552.	154,422.
	11 12		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,219,684.	5,994,455.
	13		- add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3)	972,756.	1,249,959.
	14		to or for members (Part IX, column (A), line 4)	0.	0.
			compensation, employee benefits (Part IX, column (A), lines 5-10)	104,019.	123,578.
Expenses			undraising fees (Part IX, column (A), line 11e)	0.	0.
ben			ng expenses (Part IX, column (D), line 25) \blacktriangleright 36, 364.		
Ě			es (Part IX, column (A), lines 11a-11d, 11f-24e)	350,891.	341,712.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,427,666.	1,715,249.
	19		expenses. Subtract line 18 from line 12	792,018.	4,279,206.
or				Beginning of Current Year	End of Year
Assets d Balanc	20	Total assets (F	Part X, line 16)	10,333,687.	14,808,971.
t As d B	21	Total liabilities	(Part X, line 26)	1,369,231.	1,638,004.
	22		fund balances. Subtract line 21 from line 20	8,964,456.	13,170,967.
	nrt II	Signature			
			I declare that I have examined this return, including accompanying schedules and stat		nowledge and belief, it is
true,	corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which prepared	arer has any knowledge.	
			a fattion.	D1-	
Siar	n	Signatur	e of officer	Date	

59507									
31405									
9568									
May the IRS discuss this return with the preparer shown above? (see instructions)									
I32001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)									
•									

SEE	SCHEDULE	0	FOR	ORGANIZATION	MISSION	STATEMENT	CONTINUATION
рпп	DCIIDDODD	0	TOR	ONORMIZATION	MIDDION	DIVIDUUI	CONTINUATION

Form **990** (2018)

	BRIDGE BUILDERS COMMUNITY FOUNDATIONS	
Form		Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE FOUNDATION SERVES CLARION, FOREST AND VENANGO COUNTIES AND THE	
	PUNXSUTAWNEY AREA TO DEVELOP, MANAGE, AND DISRTIBUTE FUNDING TO MEET	
	THE PRESENT AND FUTURE NEEDS OF THE COMMUNITIES. INDIVIDUALS,	
	FAMILIES, BUSINESSES, AND ORGANIZATIONS BUILD PERMANENT FUNDS TO HELD	P
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	XNo
	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?	XNo
	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 \$1, 315, 053. including grants of \$1, 249, 959.) (Revenue \$)
	THE DEVELOPMENT, MANAGEMENT, AND DISTRIBUTION OF FUNDING IN THE FORM (OF
	SCHOLARSHIPS, GRANTS AND OTHER ASSISTANCE THAT MEETS THE NEEDS OF THE	
	COMMUNITIES IN CLARION, FOREST AND VENANGO COUNTIES AND THE PUNXUTAWN	Y
	AREA.	
4b	(Code:) (Expenses \$icludin grans fs /) (Revenue \$))
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e		
<u> </u>	- 00	

BRIDGE BUILDERS COMMUNITY FOUNDATIONS FKA VENANGO AREA COMM FOUNDATION

25-1292553 F

	990 (2018) FKA VENANGO AREA COMM FOUNDATION 25-1292	553	Р	age 3
Par	t 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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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	5		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	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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	9		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	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		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	11b		X
с	Did the organization report an amount for investments - program elated in attx, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	14b		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	15		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	16		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	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			<u> </u>
19		19		x
20-	complete Schedule G, Part III			X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Δ	l

Form **990** (2018)

BRIDGE BUILDERS COMMUNITY FOUNDATIONS FKA VENANGO AREA COMM FOUNDATION

Part IV Checklist of Required Schedules (continued) Version 22 Dit the organization appoint more than 55.000 of grants or that assistance to or for domestic individuals on Part X, cloud N, line 34, 47, 57, complete Schedule / Part 1 and 1 22 X 23 Dit the organization answer Ywin D Part VI, Bendon A, line 34, 47, 57 should compensation of the organization is current and tomer affices, directors, trustees, key employees, and highest compensation det the organization complete Schedule // Wey, thut was issued and the Docembols 1, 20027 if Yey, answer line 25 bit neuropacity 24 and complete Schedule // Wey, Thut Wis School and Yey Thut Yey, the Yey School and the Docembol 31, 20027 if Yey, answer line 25 bit neuropacity 24 and complete Schedule // Wey, Thut Wis School and Yey Thut Yey, "complete Schedule // Part 1, 20027 if Yey, answer line 25 bit neuropacity 24 and 2002 if 24 and 24 bit the organization matum an escore account ofher than a relationing escore at any time during the year 0. 24a 24a 24 bit the organization access that Part Part 2005 (250) organizations. Did the organization access benefit at access bond transaction with a disqualified personn in a proryser, and this the transaction hand to any of the organization is place from 300 or 900-277 if Yey, "complete Schedule /, Part I 25a X 25 bit to organization acress that in angoed na an excess benefit atsaction with a disqualified personn in a proryser, and this the transaction hand to any of the organization acress that and the transaction with a disqualified personn if yrey, "complete Schedule / Part II 25a X 26 bit to organization proved ag and to othe	Form	990 (2018) FKA VENANGO AREA COMM FOUNDATION 25-129	<u>2553</u>	Р	_{age} 4
22 Did the organization report more than 55,000 of grants or other assistance to or for domastic individuals on Part X, Convolved Schedule I, Part III M, Section A, Iiia 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule I, H'Yes,' to prevent a set as exempt bond issue with an outstanding principal amount of more than 5100,000 as of the sat day of the organization invest may proceeds of fax-exempt bond scue with an outstanding ecrow at any time during the year' to detese any tax-exempt bond? 24 20 Did the organization invest may proceeds of fax-exempt bond scue with an outstanding ecrow at any time during the year' to detese any tax-exempt bond? 24 21 Did the organization and as an 'on behalf of issue for bonds outstanding at any time during the year' to detese any tax-exempt bond? 24 22 Section 60(10)(3, 50(4)(4), 40(4)(4) and 50(0)(20) organizations. Did the congnization and as an 'on behalf of issue for bonds outstanding at any time during the year'. 24 23 Section 60(10)(3, 50(4)(4), 40(4)(4), 40(4)(4) and 50(4)(20) organizations prior Forms 980 or 980-E27. If Yres,' complete Schedule 1, Part I 25 24 Did the organization applicable find the angaged in an access benefit transaction with a discusting the organization applicable fing thresholds, conditions, and ecception? 26 25 Did the organization applicable fing thresholds, conditions, and ecception? 26 X 26 Did the organization appl	Pa	TIV Checklist of Required Schedules (continued)		1	
Part K, column (A), line 2? (f 'res, ' complete Schedule / Parts and II 23 24 24 23 Dot the organization nearest in transfers of the VI, Station A, Lins 3. A, or S about compensation of the organization sourcet the stat day of the year, thrustees, key employees, and highest compensated employees? If 'res, ' complete Schedule / PV', orgo to line 256 24 24 24 26 100 the organization nervest any proceeds of tax exempt bond bayed at temporary protod exception? 24 24 24 Did the organization nervest any proceeds of tax exempt bonds beyond a temporary protod exception? 24 24 25 Selection 54 (10(3), 50(10(4), and 561(2)(2) organizations. Did the organization regains an incrv acceust in the thm a refunding beyond 92 24 24 25 Selection 501(0(3), 501(0(4), and 501(2)(2) organizations. Did the organization senges in an excess benefit transaction with a disqualified persons? (f 'res,' complete Schedule L, Part I 25 X 26 Did the organization nerve and any of the organizations. Did the organization is a prory year, and that the transaction hay anount on Part X, line 5, 6, rf 22 for merviables to any unrent or former officers, director, trustees, key employees, highest compensated employees, or disqualified persons? (f 'res,' complete Schedule L, Part I) 26 X 26 Did the organization nerve and a part to a business transaction with a officer, director, trustees, key employee, substantial corintrustor or employee thereor a, grant election committ				Yes	No
23 Did the organization server "Ves" to Farl WIL Section A, line 3.4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year. It was assisted after Docember 31,2002 "If "Yes," answer lines 24 bit trough 24 and complete Schedule K. If Wo," to bline 25a. 24a Did the organization invest may proceeds of tax-exempt bonds lexyend a temporary period exception" 24a 24b 2 Did the organization invest may proceeds of tax-exempt bonds buyend a temporary period exception" 24b 24b 2 Did the organization and the an editor (100 organizations. Did the comparization and the day of the organization and as as no hearing of issuer for bonds outstanding at any time during the year? 24b 24c 2 Did the organization and as do Sto(2) or governations. Did the organization ang and is an excess benefit transaction with a disqualified person during the year? 25b X 2 Did the organization provide a grant or them assistance to an officer, director, tustee, key employee, substantial contributor mather and the anguest in an excess benefit transaction with a disqualified person? If "Yes," complete Schedule L, Part II 25b X 2 Did the organization provide a grant or them assistance to an officer, director, tustee, key employee, substantial conthemotion anoreal display officers, tustee, key employee	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest companisated employees? # 'Yes,' complete Schedule J. 23 X 24a Debt 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 issue and an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issue and an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issue and an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issue and an escowa account of ther than a retunding escowa at any time during the year of detease any tax-exempt bonds? 24a X 25a Section \$01(c)(3), ont(c)(4), and \$01(c)(20) organizations. Did the organization appace in an excess benefit transaction with a disqualified person during the year? 25a X 25a Section \$01(c)(3), ont(c)(4), and \$01(c)(20) organizations prior Forms 900 or 900E27 if "Yes," complete Schedule I, Part I 25a X 25a Did the organization ayout on Park X, Ire 5, 6, or 22 for occurables from or payables to any current or former officers, director, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule I, Part II 25a X 25a A tarring member of a current former officer, director, trustee, key employees (or a family member of any of these persons? II "Yes," complete Schedule I, Part IV 25a X 25a A tarring member of acurrent former officer, director, trustee, create or informer officer, director, trustee, create or indirector, and except			22	X	
Schedule J 23 X 24a Det expanization have a tax-exempt bond issue with an cutatanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? // 'Yes,' answer lines 24b through 24d and complete Schedule X, If 'No,' too lar 25e 24a 24b Det the organization maintain an escrow account other than a refunding secrew at any time during the year to defease any tax-exempt bonds? 24a 24b Det the organization maintain an escrow account other than a refunding secrew at any time during the year? 24d 25a Section 50(16)(3), 501(40)(40)(40)(40), 405(16)(20) organizations. But the organization atogen an excess benefit transaction with a disqualified person during the year? // 'Yes,' complete Schedule L, Part I 24a 25b Det the organization aver that it rengaged in an excess benefit transaction is an other reported on any of the organization space that it rengage in an excess benefit transaction is an other any of the organization appendix part of other assistance to an officer, functor, trustee, key employees, highest componerated employees, or dispualified person? // 'Yes,' complete Schedule L, Part I 26b Det the organization provide a grant or other assistance to an officer, functor, trustee, ney employee? 26b X 27 Det the organization part to robmer officer, director, trustee, ney employee? 27b 26b X 28 Det the organization provide a grant or other assistance to an officer, director, trustee, ney employee? 27b 26b X 29 Det the organi	23				
24a Did the organization have a tax-everyth bond issue with an cutatanding principal amount of more than \$100,000 as of the last day of the year, that was issue after December 31, 2002? // 'Yas,' answel lines 24b through 24d and complete Schedule K. If 'Na,' go to line 25a 24a X b Did the organization mixed any proceeds of tax-everyth bond beyond a temporary period exception? 24a X 25a Section 501(c)(3), on 616(2)(3) organizations. Did the organization and an excess benefit transaction with a disqualified person during the year? 24d 25a 25a Section 501(c)(3), and 501(c)(2)(3) organizations. Did the organization and the tax matching the year? 25a X 25a Section 501(c)(3), and 501(c)(2)(3) organizations. Did the organization is plor Form 800 or 900-E27. If 'Yes,' complete Schedule L, Part I 25a X 25a Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, tutuste, ney employee, substantial contributor or employee thereof, a grant selection committee member, or to a 50% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part I 25a X 26 Was the organization provide a grant or other assistance to an officar, director, trustee, or disqualified period was noffice, director, trustee, we periody ?I' 'Yes,' complete Schedule L, Part IV 25a X 27 X Was the organization receive and there organization receive ant					
is at dy of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete 24a X b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b 24b c Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d 24d d Did the organization anishain an escrew account other than a returning the year? 24d 24d 25 Section 50(16)(3), 501(4)(4), and 501(4)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 24d 25 Section 50(16)(3), 501(4)(4), and 501(4)(29) organizations. Did the organization is prior Forms 980 or 990E2? # Yes," complete Schedule L, Part I 26 Did the organization aver that the transaction has not been reported on any of the organization approxement or torms officer, director, trustee, or any other assistance to an officer, director, trustee, or applete Schedule L, Part I 265 27 Did the organization privide a grant or other assistance to an officer, director, trustee, or tormer officer, director, trustee, or applete Schedule L, Part IV 26 28 Was the organization approx that we prolove 28, the prive is complete Schedule L, Part IV 26 29 Did the organization prive again at selector, trustee, or exployee Schedule L, Part IV 26 20 Did the organization applete Schedule L, Part IV 26 21 Did the organization	•••		23		X
Schedule K. If 'No,'' go to line 25a	24a				
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 246 c Did the organization maintain an escore account other than a refunding escrov at any time during the year to defease any tax-exempt bonds? 24d d Did the organization act as an 'on behalf of "issuer for bonds outstanding at any time during the year? 24d 25a Section 501(2K), 501(4(2), 401(4), 403 501(2)29 organizations. Dut the organization engage in an excess benefit transaction with a disputified person during the year? 25d 25a Dott the organization aver that engaged in an excess benefit transaction with a disputified person any of the organization's prior Forms 990 or 990-E27 // Yes, 'complete Schedule L, Part I 25b X 27 Did the organization provide a grant or their assistance to an officer, director, trustee, key employee, substantial contributor or employee thereod, a grant selector committee membery, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II 26 X 28 Was the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, substantial contributors or employee thereod, a grant selector committee membery, or to a 35% controlled entity or family member of a unrent or former officer, director, trustee, key employee, substantial contributions or a particable inget the selected in the progenization receive contributions of at, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule L, Part IV 29 Did the organiz			040		v
c Did the organization maintain an escow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prote year, and that the thransaction has not been reported on any of the organization's prior Forms 900 or 990-E27. If 'Yes,' complete Schedule 1, Part I 25b 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 officer, directors, trustes, key employees, highest compensated employees, or disqualifed person? If 'Yes,' complete Schedule 1, Part II 26b X 27 ZV Was the organization provide a grant on other assistance to an officer, director, trustes, etco employees, bubest complete Schedule L, Part IV 26b X 28 Was the organization provide a grant selection committee member, or to a 35% controlled entity or family member of a urent of former officer, director, trustes, etco employees, and exceptions; 27c X 29 Main the organization receive more filter, director, trustes, etco employee for duration and exception of the organization controlled or former officer, director, trustes, etco employee for a family member of a aurent or former officer, director, trustes, etco employee for t	Ь				
ary tax-sempt books? 24c 23 Botton 601(c)(3), 501(c)(4), and 501(c)(28) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 24d 24 25a X. 25a Section 501(c)(3), 501(c)(4), and 501(c)(28) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 12f 25a Did the organization aver that the engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction report any amount on Part X, line 5, 6, or 22 for receivables from or payables to ary current or former officers, directors, trustee, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 28a 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employes theread, a grant section committee member, or to a 35% controlled entity or family member of a current or former officer, director, trustee, legant NI and the organization approach, a grant section committee member, or to a 35% controlled entity or family member of a current or former officer, director, trustee, or oncel to a complete Schedule L, Part IV 28a 28 Was the organization receive more than \$25,000 in non-cash contributor on \$1" Yes," complete Schedule L, Part IV 28a 29 Did the organization receive ontributions of at historical treasures, or outpatier schedule L, Part IV 28a 30 Did the organization receive and former officer, trustee, orincer to rindirect ordin			240		
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b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a priory part, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If 'Yes,' complete Schedule L, Part I 250 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 offices, director, trustees, key employees, ubigatified persons? If 'Yes,' complete Schedule L, Part II 260 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, substantial contributor or employee threeof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part IV 28 X 28 Was the organization approved to 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, trustes, or explete Schedule L, Part IV 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule L, Part IV 28a X 29 Did the organization related to any tax-seempt or transfer more than 25% of its net assets? If 'Yes,' complete Schedule L, Part I 20 X 20 Did the organization related to any tax-seempt or taxable entity? If 'Yes,' complete Schedule R, Part I, III, or IV, and Part V, line 1 30 X <td></td> <td></td> <td>25a</td> <td></td> <td>x</td>			25a		x
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? # 'Yes, ' complete Schedule L, Part I 250 X 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? # 'Yes, ' 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereot, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? # 'Yes, ' 28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 28a 28 A current or former officer, director, trustee, or key employee() or family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes, ' complete Schedule L, Part IV 28a 29 Did the organization receive contributions of art, historical researces, or the similar assets, or qualified conservation contributions? If 'Yes, ' complete Schedule M 29 30 X 31 Did the organization receive contributions of art, historical researces, or the similar assets? If 'Yes, ' complete Schedule N, Part I 30 32 Did the organization receive any payment from or than 25% of its net assets? If 'Yes,' complete Schedule N, Part I 31 33 X 34 Was the organization receive any payment from or engage in any t	b				
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If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes," complete Schedule R, Part V, line 2 35a 35a 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization complete Schedule O, Part V, line 2 36 X 38 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V 37 X 39 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X 9 Note. All Form 990 filers a	21		30		- 23
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b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4 -	Enter the number reported in Day 2 of Form 1000. Finter 0 if not an lineble	٥	Yes	NO
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		<u> </u>		
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Form	990 (2018) FKA VENANGO AREA COMM FOUNDATION 25-1292	553	P	age 5
Pa	rt 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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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: ►			
	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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	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		Х
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).			
а	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		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	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		
-	If the organization received a contribution of cars, boats, airolanes, ono he values, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funder. Due a obnor 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.	_		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O.			
a	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue gualified health plans			
-				
	Enter the amount of reserves on hand	14-		Х
14a		14a		-
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	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?	15		х
	excess parachute payment(s) during the year?	13		23
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
16	If "Yes," complete Form 4720, Schedule O.	10		23

Form **990** (2018)

BRIDGE BUILDERS COMMUNITY FOUNDATIONS FKA VENANGO AREA COMM FOUNDATION

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	DICTI	DGE DOID		COLUMO	ATTI FOODATIONS		
Form 990 (2018)					FOUNDATION	25-1292553	Pag
Part VI Governance, I	Manag	ement, and	Disclos	ure _{For e}	each "Yes" response to lines 2 thr	ough 7b below, and for a "No" res	ponse
					sses, or changes in Schedule O.		

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 1a 14			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
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?	2	х	
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?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	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?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9		x
Sec	tion 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?	10a		X
	If "Yes," did the organization have written policies and procedures governing be activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $igstar{PA}$			
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) a	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X 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	financ	ial	
	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			
	TRENTON MOULIN - 814-677-8687			
	206 SENECA ST, OIL CITY, PA 16301			

BRIDGE BUILDERS	COMMUNITY FOUNDATIONS							
Form 990 (2018) FKA VENANGO AREA	A COMM FOUNDATION	25-1292553	Page 7					
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 (Ď), (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)	(B)			(C	;)			(D)	(E)	(F)
Name and Title	Average hours per week	box	not cl , unles	Posi heck n ss pers id a dir	nore son i	than d is both	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) WARREN THOMAS	10.00	77		v				0.	0	0
PRESIDENT (2) BARRY MCCAULIFF	1.00	Х		X				0.	0.	0.
TRUSTEE	1.00	х						0.	0.	0.
(3) LYNN MCCASLIN	1.00	1			Г	51	/	Ŭ.		
TRUSTEE		×.	5	J		1	ľ	0.	0.	0.
(4) KELLY LANDER	1.00									
TRUSTEE		х						0.	0.	0.
(5) BILL MILLER	1.00									
TRUSTEE		Х						0.	0.	0.
(6) BRENDA HAWS	1.00									
TRUSTEE		Х						0.	0.	0.
(7) JANICE HORN	1.00									
TRUSTEE		Х						0.	0.	0.
(8) SHIRLEY SHARP	1.00								•	0
TRUSTEE	1 0 0	X				<u> </u>		0.	0.	0.
(9) DOUG SCHWAB	1.00	x						0.	0.	0
TRUSTEE (10) FRANK HAJDUK	1.00	A				<u> </u>		0.	0.	0.
TRUSTEE	1.00	х						0.	0.	0.
(11) TRENTON MOULIN	40.00	~						0.	0.	0.
CEO	40.00			x				60,221.	0.	0.
(12) ROBERTA DINSMORE	10.00							0072210		
SECRETARY				x				0.	0.	0.
(13) SUSAN WILLIAMS	10.00									
VICE PRESIDENT		1		х				0.	0.	0.
(14) DAVID SMITH	10.00									
TREASURER				х				0.	0.	0.
		_								

	/ENANGO	AREA	CO	MM	FC	UN	DA	TION	25-12	92553	Page 8
Part VII Section A. Officers, Directo			loyee			ghes	st Co	ompensated Employee	s (continued)		
(A) Name and title	Av hou	(B) erage ırs per /eek	(do not box, un officer	Pos t check nless pe	erson i	than c s both	n an	(D) Reportable compensation from	(E) Reportable compensation from related	am	(F) timated nount of other
	re organ be	(list any hours for related organizations below line) 1000 1000 1000 1000 1000 1000 1000 100						C) fro orga and	pensation om the anization d related nizations		
			_	-							
			+								
				-							
1b Sub-total c Total from continuation sheets to		tion A	Ċ	C)F) .\	ť	60,221.		0.	0
					bove) wh	o re	60,221.		0.	0
compensation from the organization	n 🕨										Yes No
3 Did the organization list any former line 1a? If "Yes," complete Schedul										3	x
4 For any individual listed on line 1a, and related organizations greater th										4	x
5 Did any person listed on line 1a rec	eive or accrue	compens	sation	from	any	unre	elate	ed organization or individ	dual for services		x
rendered to the organization? <i>If</i> "Yessection B. Independent Contractors	es." complete s	Schedule	J for	such	pers	on .				5	
 Complete this table for your five hig the organization. Report compensa 										nsation fro	m
	(A) usiness addre		NON					(B) Description of s		(C Compen	
			1101								

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

FKA VENANGO AREA COMM FOUNDATION	BRII	OGE	BUILI	DERS	COMMUN	1ITY	FOUNDAI	IONS
	FKA	VEN	IANGO	AREA	COMM	FOU	NDATION	

Form	99	0 (2			REA	COMM	FOUNDATION	1	25-1292	553 Page 9
Pa	rt V	/	Statement of Rever	nue						
			Check if Schedule O cont	tains a response o	or note t	o any lin	e 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
ς, ω	1	а	Federated campaigns	1a						
unt			Membership dues							
ΩĘ			Fundraising events		328,	702.				
ffts, r A			Related organizations							
nia:			Government grants (contribut							
Sin			All other contributions, gifts, gran	· · · · · · · · · · · · · · · · · · ·						
uti,		•	similar amounts not included abo		150,	791.				
Contributions, Gifts, Grants and Other Similar Amounts		a	Noncash contributions included in lines							
no N du			Total. Add lines 1a-1f				5,479,493.			
0.0				<u></u>		ss Code				
	2	а			Dusine	33 0000				
vice	2	b								
Ser		c								
žer Ver		d								
Program Service Revenue		2								
Pro		f	All other program service reve	Phile						
			Total. Add lines 2a-2f							
	3		Investment income (including							
	-		other similar amounts)		-		243,898.			243,898.
	4		Income from investment of ta							
	5		Royalties							
	-			(i) Real		rsonal				
	6	а	Gross rents							
			Less: rental expenses			$\overline{}$				
			Rental income or (loss)		1	ラセ				
						►				
			Gross amount from sales of	(i) Securities	1	Other				
	-		assets other than inventory	116,642.						
		b	Less: cost or other basis							
			and sales expenses	0.						
		с	Gain or (loss)	116,642.			1			
			Net gain or (loss)			►	116,642.			116,642.
	8		Gross income from fundraisin							
nu			including \$ 328,7							
eve			contributions reported on line	e 1c). See						
r B			Part IV, line 18	а		0.				
Other Revenue		b	Less: direct expenses			0.				
0			Net income or (loss) from fund			🕨	0.			
	9	а	Gross income from gaming ad	ctivities. See						
			Part IV, line 19	а						
		b	Less: direct expenses	b						
			Net income or (loss) from gan	-	. <u></u>	🕨				
	10	а	Gross sales of inventory, less							
			and allowances							
			Less: cost of goods sold							
		С	Net income or (loss) from sale							
			Miscellaneous Revenu			ss Code		140.000		
	11		MANAGEMENT FEE			099	148,929.			
		b	MISCELLANEOUS I	NCOME	900	099	5,493.	5,493.		
		С								
		d	All other revenue				154 400			
			Total. Add lines 11a-11d				154,422.	154 400	^	260 540
	12		Total revenue. See instructions			🕨	5,994,455.	154,422.	υ.	360,540.

BRIDGE BUILDERS COMMUNITY FOUNDATIONS FKA VENANGO AREA COMM FOUNDATION Part IX Statement of Functional Expenses

25-1292553 Page 10

Fai		53			
Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respon			(0)	
	not include amounts reported on lines 6b, 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	976,264.	976,264.		
2	Grants and other assistance to domestic				
-		273,695.	273,695.		
3	Grants and other assistance to foreign	2/0/0001	27370331		
3	Ĵ				
	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	54,221.		43,377.	10,844.
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	52,097.	52,097.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1,935.	1,935.		
9	Other employee benefits	6,462.	6,462.		
10	Payroll taxes	8,863.	4,600.	3,412.	851.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
с	Accounting	9,357.		9,357.	
d					
е	Professional fundraising services. See Part IV, line 17	-	DV		
f	Investment management fees	235,562		235,562.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch 0.)	616.		616.	
12	Advertising and promotion	4,645.			4,645.
13	Office expenses	8,663.		8,663.	
14	Information technology				
15	Royalties				
16	Occupancy	4,655.		4,655.	
17	Travel	7,378.		7,378.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	5,095.		5,095.	
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 0.)				
а	SCHOLARSHIP EXPENSES	26,888.		26,888.	
b	WEEK OF GIVING EXPENSES	20,024.			20,024.
с	MISCELLANEOUS	12,504.		12,504.	
d	DUES AND SUBSCRIPTIONS	3,275.		3,275.	
е	All other expenses	3,050.		3,050.	
25	Total functional expenses. Add lines 1 through 24e	1,715,249.	1,315,053.	363,832.	36,364.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Check here

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

Form 990 (2018)

BRIDGE BUILDERS COMMUNITY FOUNDATIONS FKA VENANGO AREA COMM FOUNDATION

	990 (DN	25-	1292553 Page 11
Pa	rt 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
	1	Cash pap interact bearing	3 3 ,	1	
	2	Cash - non-interest-bearing Savings and temporary cash investments	417,105.	2	1,801,087.
	3	Pledges and grants receivable, net	417,103.	2	1,001,007.
	4	Accounts receivable, net		4	
	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 disgualified 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			
Assets		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
set	7	Notes and loans receivable, net		7	
Ase	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	9,787,440.	11	12,871,429.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	129,142.	15	136,455.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	10,333,687.	16	<u>14,808,971.</u> 5,920.
	17	Accounts payable and accrued expenses	4,922.	17	5,920.
	18	Grants payable and accided expenses COPY		18	
	19			19	
	20 21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D		20 21	
	21	Loans and other payables to current and former officers, directors, trustees,		21	
ties		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	1,364,309. 1,369,231.	25	1,632,084.
	26	Total liabilities. Add lines 17 through 25	1,369,231.	26	1,638,004.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
es		complete lines 27 through 29, and lines 33 and 34.			10 000 200
anc	27	Unrestricted net assets	<u>6,659,204.</u> 111,142.	27	<u>10,980,288.</u> 118,454.
Bal	28	Temporarily restricted net assets	2,194,110.	28	2,072,225.
pu	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here	2,194,110.	29	2,072,223.
ĿĔ		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
tA₅	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	33	Total net assets or fund balances	8,964,456.	33	13,170,967.
	34	Total liabilities and net assets/fund balances	10,333,687.	34	14,808,971.
					Form 990 (2018)

	BRIDGE BUILDERS COMMUNITY FOUNDATIONS							
	1990 (2018) FKA VENANGO AREA COMM FOUNDATION	25-	1292553	Pag	_{ge} 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,994	.,4!	55.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,715					
3	Revenue less expenses. Subtract line 2 from line 1	3	4,279					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u> </u>					
5	5 Net unrealized gains (losses) on investments 5							
6								
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
_	column (B))	10	13,170	, 91	67.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: X Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	_	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the							
	review, or compilation of its financial statements and selection of an inception of a countant?				<u> </u>			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	lit					
	Act and OMB Circular A-133?		<u>3a</u>		X X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				L			

Form **990** (2018)

SC	CHE	Public Charity Status and Public Support OMB No. 1545-0047									
(Fo	orm 9	990 or 990-EZ)	C		nization is a section 501					2018	
				49	2010						
		of the Treasury enue Service			Attach to Form 990 or F					Open to Public	
			-		v/Form990 for instruction				F armel and a	Inspection	
Nar	ne o	the organizati			S COMMUNITY			5		identification number	
P	art I	Beason			EA COMM FOUN			o instruction		5-1292553	
					(For lines 1 through 12, c						
1 1	lorga	1	-		on of churches described	-	-	1)(A)(i)			
2		1			(Attach Schedule E (Forn		• • •	•,\\~,\\')•			
3		1			anization described in s			ii).			
4			-		njunction with a hospital			-)(iii). Enter	the hospital's name,	
		city, and stat	e:								
5] An organizati	on operated f	or the benefit of a co	ollege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in	
		section 170	(b)(1)(A)(iv). (Complete Part II.)							
6											
7	7 X 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	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								or		
10	university:									d gross receipts from	
10	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										
					e (less section 511 tax) fro					-	
				mplete Part III.)	(,		
11		1			ively to test for public sa	fety. See	section 50	09(a)(4).			
12		An organizati	on organized	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or	
		more publicly	supported or	rganizations describe	ed in section 509(all)	section	509(a)(2).	See section	509(a)(3). 🤇	Check the box in	
	_	lines 12a thro	ough 12d that	describes the type of	of supporting organization	n and com	plete lines	12e, 12f, and	12g.		
a				-	supervised, or controlled	• • • •	-				
			-		gularly appoint or elect a	majority c	of the direc	ctors or truste	es of the su	ipporting	
	Г			complete Part IV, S							
k					d or controlled in connect			-		-	
			0	st complete Part IV,	anization vested in the sa	ame perso	ns that co	ntroi or mana	ge the supp	orred	
c	. Г	~		•	ig organization operated	in connect	tion with	and functional	lv integrate	d with	
Ľ	, _		-	• •	b). You must complete l				ly integrate		
c	ιΓ		0	.,.	porting organization oper			-	ted organiz	zation(s)	
					zation generally must sat				•	.,	
		requiremer	t (see instruct	tions). You must co	mplete Part IV, Sections	A and D,	and Part	v .			
e	•	Check this	box if the org	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III		
		functionally	integrated, o	r Type III non-functio	nally integrated supporti	ng organiz	ation.				
f	f Enter the number of supported organizations										
	l Pr	ovide the follow (i) Name of supp		n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonetany	(vi) Amount of other	
		organization			(described on lines 1-10	in your governi Yes	ing document?	support (see ir		support (see instructions)	
					above (see instructions))	165					
Tot	al										

Schedule A (Form 990 or 990-EZ) 2018 FKA VENANGO AREA COMM FOUNDATION Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

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(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.)

300	tion A. Public Support	· · · · · · · · · · · · · · · · · · ·							
Cale	ndar 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.")	686,058.	897,814.	1333462.	1457320.	5150791.	9525445.		
2	Tax revenues levied for the organ-								
	ization'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	686,058.	897,814.	1333462.	1457320.	5150791.	9525445.		
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.						9525445.		
Sec	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
7	Amounts from line 4	686,058.	897,814.	1333462.	1457320.	5150791.	9525445.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,			DV					
	and income from similar sources	306,280.	1 1 7 , 1 1	PY 6 9 ,008.	736,860.	243,898.	2053157.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
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						11578602.		
12		etc. (see instructio	ons)		•	12			
	First five years. If the Form 990 is for		,						
	organization, check this box and stop								
Sec	ction C. Computation of Publi	c Support Per	centage				·		
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	82.27 %		
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	62.38 %		
	33 1/3% support test - 2018. If the c					ore, check this bo>	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	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 "fac	-							
	meets the "facts-and-circumstances"			-	=	-			
b	10% -facts-and-circumstances test								
~	more, and if the organization meets the	-							
	organization meets the "facts-and-circ								
18	Private foundation. If the organizatio			-	• • • •				
10		an and not one on a		a, 100, 170, 01 170					

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 FKA VENANGO AREA COMM FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

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(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.)

Calendar year (or fice 1 year beginning in) (a) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total (d) Gitty, grave, contributions, and this lense, end this lense and end the lense and the lense and the lense and end the lense and the lenses and the lense and the lenses and the lenses and the lense and the lense and the lenses and the lense and the lenses and the lense and the lense and the lenses and the lenses and the lenses and the lense and the lenses and t	Section A. Public Support						
membership fees received. (Do not include any Nursual grants?)	Calendar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Include any 'unusual grants'',	1 Gifts, grants, contributions, and						
2 Gross receipts from adversions, mechanises adversions, mechanises adversion of services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from adversites that are not an unrelated trade or bus- iness under section 513 4 Tax reveruse levied for the organ- ization's benefit and ether para to or expanded on its behalf 5 The value of services or facilities tunnished by a governmental unit to the organization without charge 6 Total. Additions 11, 2, and 3 received from disqualified persons 4 received from line 6 4 received from line 6 5 received from uncluded on line 10 5 received from uncluded on line 10 5 received from uncluded persons 5 received from line 6 5 received from line 10 5 received from line 6 5 received from line 6 5 received from line 6 5 received from line 10 5 received from line 6 5 received from line 10 5 r	membership fees received. (Do not						
metchandies sold or services performed, or fablies furnished in any activity that is related to the organization's backwamp truppoe Image: Control of the organization is ackwamp truppoe 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Image: Control of the organization's benefit and either paid to or expended on its behalf 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf Image: Control of the organization's benefit and either paid to or expended on its behalf 5 The value of services of fabilities furnished by a governmental unit to the organization without charge Image: Control of the organization's benefit and either paid to or expended on its behalf 6 Total. Add lines 1 through 5 Image: Control of the organization's benefit and either paid to organization's benefit and either paid to organization's benefit and either paid to a service or grant either paid to a service or a factor of the and a meand either paid to organization's benefit and either paid to organization's benefit and either paid to organization's benefit and either paid to organization's first, second, third, fourth, or fifth tax year as a sector 501(c)(3) organization, check this board business activities of the organization's first, second, third, fourth, or fifth tax year as a sector 501(c)(3) organization, check the box on line 13, column (f)) 10 Metaled business activities of the organization's first, second, third, fourth, or fifth tax year as a sector 501(c)(3) organization, check this box and stop here. 20 Order income. Do not include grain or low of the organization's first, second, third, fourth, or fifth tax year as a sector 501(c)(3) or	include any "unusual grants.")						
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line 18 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 r	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%	, and
		-					

Schedule A (Form 990 or 990-EZ) 2018 FKA VENANGO AREA COMM FOUNDATION

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- **5a** Did the organization add, substitute, or remove any supported organizations wring the tax year? *If* "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part 47**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b 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? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **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)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

10b

1

2

3a

Yes

No

		<u>292553</u>	B Pa	ige 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	r		
			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? 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.	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? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	T		
			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)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
6 00	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	T		
			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 upport provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of rotification, 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? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	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? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	15].		
a b	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i> The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in			
2	Activities Test. Answer (a) and (b) below.		Yes	No
ے a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		165	NU
a	the supported organization(s) to which the organization was responsive? 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	2a		
b	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20		
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		
3	activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below.	20		
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? If "Yes." describe in Part VI the role played by the organization in this regard.

3b

Schedule A (Form 990 or 990-EZ) 2018 FKA VENANGO AREA COMM FOUNDATION 25-1292553 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 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): Acquisition indebtedness applicable to non-exempt-use assets 2 2 3 **3** Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 5 6 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 Enter 85% of line 1 2 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year

6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions)

6

Schedule A (Form 990 or 990-EZ) 2018

	dule A (Form 990 or 990 EZ) 2018 FKA VENANGO A			5-1292553 Page 7
Pa		a)(3) Supporting Orga	nizations (continued)	1
Sect	ion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
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	ne 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			
Sect	ion 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 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
<u>a</u>	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
<u> </u>	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount	ropv		
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:			
а	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
-				

Schedule A (Form 990 or 990-EZ) 2018

	BRIDGE BUILDERS COMMUNITY FOUNDATIONS	
Schedule A	(Form 990 or 990-EZ) 2018 FKA VENANGO AREA COMM FOUNDATION 25-1292553 PA	age 8
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.)	<i>I</i> ,
	COPT	

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

Name of the organization

Schedule of Contributors

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

2018

Employer identification number

25-1292553

E	BRIDGE	BUILD	ERS C	OMMUN	ITY F	OUNDATIONS
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	FRA VENANGO AREA COMMI FOUNDATION	4.
Organization type (chec	sk one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox{3}$ 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that receive turne year, contributions totaling \$5,000 or more (in money or dulir H. Set property) from any one contributor. Complete Parts I and structions for determining a contributor's total contributions.

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

BRIDGE BUILDERS COMMUNITY FOUNDATIONS FKA VENANGO AREA COMM FOUNDATION

Employer identification number

25-1292553

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	PNC INSTITUTIONAL INVESTMENTS 1900 EAST NINTH STREET 13TH FLOOR CLEVELAND, OH 44114	\$560,782.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	COPY	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Name of organization

BRIDGE BUILDERS COMMUNITY FOUNDATIONS FKA VENANGO AREA COMM FOUNDATION Employer identification number

25-1292553

Pa	ine	4

Ochedule	B (10111 330, 330 EZ, 01 3301 1) (2010)		Tage -
	organization		Employer identification number
	E BUILDERS COMMUNITY FOU		
	ENANGO AREA COMM FOUNDA		25-1292553
Part III	Exclusively religious, charitable, etc., contributing from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line entricharitable, etc., contributions of \$1,000 or I	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year y. For organizations ess for the year. (Enter this info. once.) \$
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
	,,,	CODV	
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	T		
	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

	HEDULE D		al Financial Statements			OMB No. 1545-0047
(Forr	n 990)	Complete if the org	anization answered "Yes" on Form 990), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12	, Dh		2018
	ment of the Treasury		Attach to Form 990.			Open to Public Inspection
-	I Revenue Service		90 for instructions and the latest inform MMUNITY FOUNDATIONS	nation.		•
Nam	e of the organization	FKA VENANGO AREA CO			Emplo	over identification number 25-1292553
Pa	t I Organiza	ations Maintaining Donor Advise		or Acc	counts	
		n answered "Yes" on Form 990, Part IV, lin			oounic	
	organization		(a) Donor advised funds	(k) Funds	and other accounts
1	Total number at er	nd of year	3			
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5		on inform all donors and donor advisors in v		ed funds	s	
	are the organizatio	n's property, subject to the organization's	exclusive legal control?			Yes X No
6	Did the organizatio	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used on	ly	
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferrir	ng	
_	impermissible priva	ate benefit?				Yes X No
Pa	t II Conserva	ation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, I	line 7.	
1		servation easements held by the organization	、 <i></i>			
		of land for public use (e.g., recreation or e	, <u> </u>	-	-	
		f natural habitat	Preservation of a cer	tified his	toric str	ucture
•		of open space				
2	•	through 2d if the organization held a qualif	fied conservation contribution in the form	of a con		
-	day of the tax year			H		eld at the End of the Tax Year
a h		onservation easements		Г	2a 2b	
u c		vation easements on a certified historic stru			20 2c	
c d		vation easements included in (c) acquired a		Г	20	
u		hal Register			2d	
3	Number of conserv	vation easements modified, transferred, re	set staguished or terminated by the			ring the tax
Ū	year ►			, organiz		
4		where property subject to conservation eas	sement is located			
5	Does the organizat	tion have a written policy regarding the per	riodic monitoring, inspection, handling of			
		orcement of the conservation easements it				Yes 🗌 No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servatior	n easem	ents during the year
	▶					
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion ease	ements	during the year
	▶\$					
8		vation easement reported on line 2(d) abov				
	and section 170(h)					
9		be how the organization reports conservation	•			
		ble, the text of the footnote to the organizat	tion's financial statements that describes	the orga	nization	's accounting for
Pa	conservation ease	ations Maintaining Collections of	f Art. Historical Treasures. or Ot	ther Si	milar /	Assets.
		the organization answered "Yes" on Form				
1 a		elected, as permitted under SFAS 116 (AS		nent and	balance	e sheet works of art.
	•	s, or other similar assets held for public exh				
		note to its financial statements that descril				
b	If the organization	elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and bal	ance sh	eet works of art, historical
	-	similar assets held for public exhibition, ec				
	relating to these ite		•		•	-
	-	ded on Form 990, Part VIII, line 1			▶ \$	
					▶ \$	
2	If the organization	received or held works of art, historical trea	asures, or other similar assets for financia	l gain, p	rovide	
	-	unts required to be reported under SFAS 1				
		on Form 990, Part VIII, line 1			▶ \$_	
b	Assets included in	Form 990, Part X			▶ \$	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 832051 10-29-18

Caba		BUILDERS CO ANGO AREA O				25-12	92553	Б	2
	t III Organizations Maintaining Co								age Z
								,	
3	Using the organization's acquisition, accessic (check all that apply):	on, and other records	s, check any of the f	ollowing that are a s	ignificant L	ise of its c	Ollection	tems	5
а	Public exhibition	d	Loan or excl	hange programs					
b	Scholarly research	е		0 1 0					
с	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	mot purpo	se in Part	XIII		
5	During the year, did the organization solicit or								
Ū	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang						_		
	reported an amount on Form 990, Par		te il tile organization		11 0111 000	, i artiv,	in 10 0, 01		
1a	Is the organization an agent, trustee, custodia		ary for contributions	s or other assets not	included				
14							Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a								
U			owing table.				Amount		
-	Designing belongs				10		Amount		
	Beginning balance								
	Additions during the year								
-	Distributions during the year								
f	Ending balance				1 f				
	Did the organization include an amount on Fo				• • • • • • • • •	L	Yes		No
_	If "Yes," explain the arrangement in Part XIII.					<u></u>			
Par	t V Endowment Funds. Complete it						1		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three				
	Beginning of year balance	8,446,853.	7,591,964.	6,611,478.		44,241.			421.
b	Contributions	3,006,104.	830,647.	789,968.	4	97,245.			005.
С	Net investment earnings, gains, and losses	284,597.	734,415.	659,008.	3	98,433.		-37,	782.
d	Grants or scholarships	266,386.	231,567.	259,968.	2	40,805.		З,	800.
е	Other expenditures for facilities								
	and programs		$\cap DV$						
f	Administrative expenses	231, 22.	478,606.	208,522.	1	.87,636.		14,	907.
	End of year balance	11,239,345.	8,446,853.	7,591,964.	6,6	11,478.		840,	937.
2	Provide the estimated percentage of the curre	ent vear end balance	e (line 1g. column (a)) held as:			•		
	Board designated or quasi-endowment		%						
h	Permanent endowment	%							
с С	Temporarily restricted endowment	%							
Ŭ	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should								
20	Are there endowment funds not in the posses		tion that are hold an	d administered for t	ha araaniz	otion			
Ja		ssion of the organiza			ne organiza	ation	Г	Yes	No
	by:							res	No X
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations						3a(ii)		
_	If "Yes" on line 3a(ii), are the related organization						3b		
	t VI Land, Buildings, and Equipme		wment funds.						
Fai									
	Complete if the organization answered					.			
	Description of property	(a) Cost or of	• • •		Accumulate		(d) Book	valu	е
		basis (investm	nent) basis	(orner) de	epreciation				
	Land								
	Buildings								
С	Leasehold improvements								
d	Equipment								
	Other								
Total	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990. Part)	X, column (B), line 1(0c.)					0.
						Schedule	D (Form	990)	2018

832052 10-29-18

BRIDGE BUILDERS COMMUNITY FOUNDATIONS FKA VENANCO AREA COMM FOUNDATION

Schedule [D (Form 990) 2018			AREA COMM	FOUI	NDATION		25-1292553	Page 3
Part VII	Investments -	Other Se	ecurities.						
	Complete if the org	anization a	nswered "Yes"	on Form 990, Part I	V, line 11	b. See Form 990, I	Part X, line 12.		
(a) Descri	ption of security or cate	gory (including	name of security)	(b) Book value	e	(c) Method of v	aluation: Cost c	or end-of-year market	value
(1) Financ	ial derivatives								
(2) Closely	/-held equity interests								
(3) Other	-								
(A)									
(B)									
(C)									
(D)									
(E)									
(F)									
(G)									
(H)									
	(b) must equal Form 990	0. Part X. col	. (B) line 12.) ►						
	I Investments -								
	Complete if the ord	anization a	nswered "Yes"	on Form 990, Part I	V. line 11	c. See Form 990. I	Part X. line 13.		
	(a) Description of			(b) Book valu				or end-of-year market	value
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
	(b) must equal Form 990	n Part X col	(B) line 13)						
Part IX	Other Assets.	o, i uit 7, ooi			לאכ				
	Complete if the org	anization a	nswered "Yes"	on Forn 910 Part	V. line 11	d. See Form 990, I	Part X, line 15.		
		,		Description	,e=r .			(b) Book v	alue
(1)			. ,	·					
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
	umn (b) must equal Fo		with V and (D) line	o 15 \					
Part X	Other Liabilitie	<u>990, Pa</u> S.	<u>III А, СОІ. (В)</u> ІІПІ	e []],					
	J		nswered "Yes"	on Form 990, Part I	V line 11	e or 11f. See Form	990 Part X lin	ne 25	
1.		escription of			1) Book value			
	deral income taxes					,			
	JNDS HELD F		IERS		1	,632,084.			
		011 011				,052,004.			
(3)					1				
(5)									
(6)									
(7)									
(8)									
(9)	<i>и</i>) – –			05.)	1	,632,084.			
ι οται. _{(Co/}	umn (b) must equal Fo	orm 990, Pa	art X, col. (B) line	e 25.) 🛛 🕨	- Т	,034,004.			

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

BRIDGE BUILDERS	COMMUNITY	FOUNDATIONS

	edule D (Form 990) 2018 FKA VENANGO AREA COMM FOUNDATION		1292553 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With R	evenue 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	5,921,760.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a	-72,695.	
b	Donated services and use of facilities 2b		
с			
d			
е	Add lines 2a through 2d	2e	-72,695.
3	Subtract line 2e from line 1		5,994,455.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5,994,455.
Pa	ITT XII Reconciliation of Expenses per Audited Financial Statements With I	Expenses per Retur	n.
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Expenses per Retur	
Pa 1		I	n. 1,715,249.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	I	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	I	
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	I	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	I	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b Conter losses 2c	I	
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments 2b Other losses 1 Other (Describe in Part XIII.)		1,715,249.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments 2b 2c d Other (Describe in Part XIII.)	1	1,715,249.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	1	1,715,249.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments 2b 2c I Other (Describe in Part XIII.) 2d Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	1,715,249.
1 2 6 6 8 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c I Other (Describe in Part XIII.) 2d Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) 4a	1	1,715,249.
1 2 6 6 8 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c I Other (Describe in Part XIII.) 2d Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) 4a	1	1,715,249. 0. 1,715,249. 0.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	1	1,715,249. 0. 1,715,249.

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

PART V, LINE 4:

TO SUPPORT THE NON-PROFIT AGENCIES WHO ESTABLISH THE FUNDS WITH THE

FOUNDATION AND TO FINANCIALLY ASSIST THOSE IN THE COMMUNITY TO MEET THE

CHALLENGES OF THE CHANGING TIMES.

PART X, LINE 2:

THE FOUNDATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE AND HAS NO PROVISION FOR FEDERAL OR

STATE INCOME TAXES. ACCORDINGLY, INCOME TAX EXPENSE IS LIMITED TO

ACTIVITIES THAT ARE DEEMED BY THE INTERNAL REVENUE SERVICE TO BE UNRELATED

TO THEIR EXEMPT PURPOSE. INTEREST AND PENALTIES RELATED TO INCOME TAX

REPORTING ARE RECOGNIZED WHEN INCURRED AND ARE INCLUDED ON THE STATEMENT

BRIDGE BUILDERS COMMUNITY FOUNDATIONS FKA VENANGO AREA COMM FOUNDATION 25-1292553 Page 5 Schedule D (Form 990) 2018 Part XIII Supplemental Information (continued) OF SUPPORT, REVENUES, EXPENSES AND CHANGES IN NET ASSETS - MODIFIED CASH BASIS. MANAGEMENT HAS DETERMINED THE FOUNDATION HAD NO ACTIVITIES SUBJECT TO UNRELATED BUSINESS INCOME TAX (UBIT) DURING THE YEAR ENDED AUGUST 31, 2017. THE FOUNDATION HAS NOT BEEN SUBJECT TO ANY INCOME TAX PENALTIES OR INTEREST FOR ALL OPEN TAX YEARS. THE OPEN TAX PERIODS FOR THE FOUNDATION ARE THE YEARS ENDED AUGUST 31, 2015, 2016, 2017 AND 2018. OPY Schedule D (Form 990) 2018

SCHEDULE I		G	irants and Oth	er Assistan	ce to Organ	izations.		OMB No. 1545-0047		
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treasury Internal Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.									
				-	r the latest inforn	nation.		Inspection		
Name of the organizat			MMUNITY FOUD OMM FOUNDAT:					Employer identification number 25-1292553		
Part I General Ir	nformation on Grants a	nd Assistance								
1 Does the organiz	zation maintain records t	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti			
criteria used to a	award the grants or assis	stance?						X Yes No		
	IV the organization's pro	ocedures for monite	oring the use of grant	funds in the United	l States.					
	d Other Assistance to hat received more than \$	-				anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any		
.,	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
CITY OF OIL CITY 21 SENECA STREET OIL CITY, PA 1630	1			40,000.	0.			DONATIONS TOWARDS MITCHELL AVENUE PLAYGROUND		
ECCLES-LESHER MEM TRUST - 673 MAIN PA 16248					Υ			OPERATING EXPENSES AND PROJECTS FOR ECCLES LIBRARY		
FRANKLIN AREA SCH 702 LIBERTY STREE FRANKLIN, PA 1632	T			11,500.	0.			READING IS FUNDAMENTAL AND GEMS		
OIL CITY SCHOOL D 825 GRANDVIEW ROA OIL CITY, PA 1630	١D			14,400.	0.			GEMS PROGRAMMING		
OIL REGION LIBRAR 2 CENTRAL AVENUE OIL CITY, PA 1630				15,538.	0.			TO ASSIST WITH THE OPERATIONS AND PROGRAM OF THE ORGANIZATION		
VENANGO CATHOLIC 1505 WEST 1ST STR OIL CITY, PA 1630	EET			11,448.	0.			TO ASSIST WITH THE OPERATIONS AND PROGRAMS OF THE ORGANIZATION		
	per of section 501(c)(3) a	0		e line 1 table				•		
	per of other organizations									
LHA For Paperwork	Reduction Act Notice	, see the Instruction	ons for Form 990.					Schedule I (Form 990) (2018)		

Schedule I (Form 990)

FKA VENANGO AREA COMM FOUNDATION

25-1292553 Page 1

Schedule I (Form 990) FKA VENANC Part II Continuation of Grants and Other A		JMM FOUNDAT		ited States (Sch	edule I (Form 990) Pa		5-1292555 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF MARIENVILLE LIBRARY PO BOX 306 MARIENVILLE, PA 16239			7,689.	0.			TO ASSIST WITH THE OPERATIONS AND PROGRAMS OF THE ORGANIZATION
CHILD EVANGELISM FELLOWSHIP OF PA 170 CARNES SCHOOL RD CRANBERRY, PA 16319			11,141.	0.			TO ASSIST WITH THE PROGRAMS AND OPERATIONS OF THE ORGANIZATION
HISTORIC FRANKLIN PRESERVATION ASSOCIATION - P.O. BOX 866 - FRANKLIN, PA 16323			8,661.	0.			TO ASSIST WITH THE PROGRAMS AND OPERATIONS OF THE ORGANIZATION
YWCA OF OIL CITY 109 CENTRAL AVE OIL CITY, PA 16301				0.			TO ASSIST WITH THE PROGRAMS AND OPERATIONS OF THE ORGANIZATION
HEAVENLY GAITS THERAPEUTIC RIDING CENTER - 2059 NINEVAH RD - KNOX, PA 16232			COP	۲ ٥.			TO ASSIST WITH THE PROGRAMS AND OPERATIONS OF THE ORGANIZATION
SCENIC RIVERS YMCA 7 PETROLEUM ST OIL CITY, PA 16301			32,198.	0.			TO ASSIST WITH THE PROGRAMS AND OPERATIONS OF THE ORGANIZATION
VENANGO COUNTY HUMANE SOCIETY 286 S MAIN ST SENECA, PA 16346			21,778.	0.			TO ASSIST WITH THE PROGRAMS AND OPERATIONS OF THE ORGANIZATION
VENANGO COUNTY REGIONAL PLANNING COMMISSION - 1168 LIBERTY ST, #402 - FRANKLIN, PA 16323			90,000.	0.			TO ASSIST WITH THE PROGRAMS AND OPERATIONS OF THE ORGANIZATION
VENGANGO AREA CHAMBER OF COMMERCE 24 SENECA ST OIL CITY, PA 16301			11,000.	0.			TO ASSIST WITH THE PROGRAMS AND OPERATIONS OF THE ORGANIZATION

Schedule I (Form 990)

FKA VENANGO AREA COMM FOUNDATION

Schedule I (Form 990) FRA VEINAING	J AREA U	OMM FOUNDAI	ION			2	13-1292555 Page
Part II Continuation of Grants and Other A	ssistance to Go	vernments and Orga	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JNITED WAY OF VENANGO COUNTY							TO ASSIST WITH THE
L999 ALLEGHENY BLVD							PROGRAMS AND OPERATIONS
FRANKLIN, PA 16323			6,317.	٥.			OF THE ORGANIZATION
RIMERSBURG HOSE COMPANY							TO ASSIST WITH THE
108 MAIN ST							PROGRAMS AND OPERATIONS
RIMERSBURG, PA 16248			9,800.	٥.			OF THE ORGANIZATION
KEYSTONE SMILES LEARNING CENTER							TO ASSIST WITH PROGRAMS
INC - P.O. BOX 352 - KNOX, PA							AND OPERATIONG COSTS OF
16232			54,700.	٥.			THE ORGANIZATION
FAMILY SERVICE & CHILDREN'S AID							TO ASSIST WITH PROGRAMS
SOCIETY - 716 EAST SECOND ST - OIL							AND OPERATIONS OF THE
CITY, PA 16301				0.			ORGANIZATION
			TCOP	Y			
TIONESTA AMBULANCE SERVICES							TO ASSIST WITH THE
648 ELM ST			20 122	0			PROGRAMS AND OPERATIONS
TIONESTA, PA 16353			29,123.	0.			OF THE ORGANIZATION
VALLEY PIANO & ORGAN, INC.							
2550 EAST STATE STREET							TO ASSIST WITH GRAND
HERMITAGE, PA 16148			9,450.	0.			PIANO PURCHASE
SECOND HARVEST FOOD BANK							
1507 GRIMM DRIVE							TO ASSIST WITH OCMS/OCHS
ERIE, PA 16501			6,000.	0.			FOOD PANTRY
SHRINERS HOSPITAL OF ERIE							TO ASSIST WITH THE
1645 WEST 8TH STREET							PROGRAMS AND OPERATIONS
ERIE, PA 16505			5,040.	٥.			OF THE ORGANIZATION
COUNTY OF VENANGO							TO ASSIST WITH THE
1174 ELK STREET PO BOX 708							PROGRAMS AND OPERATIONS
FRANKLIN, PA 16323			5,500.	٥.			OF THE ORGANIZATION

FKA VENANGO AREA COMM FOUNDATION Schedule I (Form 990) FKA VENANGO AREA COMM FOUNDATION
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHERN CLARION COUNTRY LITTLE							
LEAGUE - 174 ROSE LANE -							SCCLL FIELDS SAFETY
RIMERSBURG, PA 16248			27,150.	0.			PROJECT GRANT
VENANGO COUNTY FAIR, INC.							TO ASSIST WITH THE
367 MERCER RD #A							PROGRAMS AND OPERATIONS
FRANKLIN, PA 16323			30,000.	0.			OF THE ORGANIZATION
B & M FLOORS							
PO BOX 355							TO ASSIST WITH
SENECA, PA 16346			17,900.	0.			CARPETING/TILING
FOREST COUNTY HISTORICAL SOCIETY 206 ELM STREET PO BOX 546							TO ASSIST WITH THE PROGRAMS AND OPERATIONS
TIONESTA, PA 16353			10 000	0.			OF THE ORGANIZATION
			HCMP	\mathbf{V}			
TIONESTA PUBLIC LIBRARY							TO ASSIST WITH THE
156 ELM ST. PO BOX 127							PROGRAMS AND OPERATIONS
TIONESTA, PA 16353			9,000.	0.			OF THE ORGANIZATION
MOUNT COLLINS CEMETERY							
213 ELM STREET							MEDITATION LOCATION/BER
TIONESTA, PA 16353			5,000.	0.			INSTALLATION
VEX ROBOTICS, INC.							TO ASSIST WITH THE
6725 W FM 1570							PROGRAMS AND OPERATIONS
GREENVILLE, TX 75402			7,050.	0.			OF THE ORGANIZATION
			,,				
HERITAGE SOCIETY OF OIL CITY							TO ASSIST WITH THE
2 CENTRAL AVENUE							PROGRAMS AND OPERATIONS
OIL CITY, PA 16301			10,000.	0.			OF THE ORGANIZATION
CITY OF FRANKLIN							
430 13TH STREET							
FRANKLIN, PA 16323			10,000.	0.			MOVIES IN THE PARK GRAN

FKA VENANGO AREA COMM FOUNDATION Schedule I (Form 990) FKA VENANGO AREA COMM FOUNDATION
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FUEL CELL EARTH LLC							TO ASSIST WITH THE
10 DRAPER ST. UNIT 32							PROGRAMS AND OPERATIONS
WOBURN, MA 01801			6,374.	٥.			OF THE ORGANIZATION
FTW ROBOTICS							TO ASSIST WITH THE
333 S. GRAND AVE. SUITE 3310							PROGRAMS AND OPERATIONS
LOS ANGELES, CA 90071			8,740.	0.			OF THE ORGANIZATION
WELLESLEY COLLEGE							TO ASSIST WITH THE
106 CENTRAL STREET, WABAN HOUSE							PROGRAMS AND OPERATIONS
WELLESLEY, MA 02481			24,510.	0.			OF THE ORGANIZATION
TIMOTHY HEFFERNAN 594 UPPER SAGE RUN ROAD							
OIL CITY, PA 16301				0.			PA RURAL ROBOTICS PROGRAM
THE BOYS AND GIRLS CLUB ALONG THE				Ϋ́			TO ASSIST WITH THE
ALLEGHENY - 511 HILL STREET PO BOX							PROGRAMS AND OPERATIONS
2 - EMLENTON, PA 16373			7,742.	0.			OF THE ORGANIZATION
JAMIES KIDS							TO ASSIST WITH THE
1243 LIBERTY STREET SUITE 301							PROGRAMS AND OPERATIONS
FRANKLIN, PA 16323			22,833.	0.			OF THE ORGANIZATION
MUSTARD SEED MISSIONS OF VENANGO							TO ASSIST WITH THE
COUNTY - 215 E BISSELL AVE. PO BOX							PROGRAMS AND OPERATIONS
841 - OIL CITY, PA 16301			9,103.	0.			OF THE ORGANIZATION
PRECIOUS PAWS ANIMAL RESCUE							TO ASSIST WITH THE
720 ATLANTIC AVENUE							PROGRAMS AND OPERATIONS
FRANKLIN, PA 16323			8,746.	0.			OF THE ORGANIZATION
PUNXSUTAWNEY WEATHER CENTER, INC.							TO ASSIST WITH THE
201 N. FINDLEY ST.							PROGRAMS AND OPERATIONS
PUNXSUTAWNEY, PA 15767			8,308.	Ο.			OF THE ORGANIZATION

Schedule I (Form 990)

FKA VENANGO AREA COMM FOUNDATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
THERS \$5000 OR LESS								
206 SENECA STREET							SCHOLARSHIPS, VARIOUS	
DIL CITY, PA 16301			220,829.	0.			PURPOSES.	
			COP	Y				

BRIDGE BUILDERS COMMUNITY FOUNDATIONS FKA VENANGO AREA COMM FOUNDATION

Schedule I (Form 990) (2018)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	136	273,695.	0.		
		COP	Y		

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

PART I, LINE 2:

AWARD LETTERS CONTAIN A CLAUSE THAT BY DEPOSITING THE FUNDS THE AWARDEE

AGREES TO SUBMIT A GRANT CLOSING REPORT WITHIN ONE YEAR OF ACCEPTANCE OF

FUNDS TO BRIDGE BUILDERS COMMUNITY FOUNDATIONS.

25-1292553

Page 2

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



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

FKA VENANGO AREA COMM FOUNDATION

MANAGE, AND DISRTIBUTE FUNDING TO MEET THE PRESENT AND FUTURE NEEDS OF

BRIDGE BUILDERS COMMUNITY FOUNDATIONS

THE COMMUNITIES. INDIVIDUALS, FAMILIES, BUSINESSES , AND ORGANIZATIONS

BUILD PERMANENT FUNDS TO HELP THE COMMUNITIES MEET THE CHALLENGES OF

CHANGING TIMES. THE FOUNDATION INVESTS THESE FUNDS USING THE EARNINGS

TO FUND GRANTS TO SUPPORT EDUCATIONAL, HEALTH, HAMANITARIAN AND

CULTURAL NEEDS OF THE PEOPKE AND ORGANIZATIONS IN THE LOCAL AREAS

DESCRIBED ABOVE.

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

THE COMMUNITIES MEET THE CHALLENGES OF CHANGING TIMES. THE FOUNDATION

INVESTS THESE FUNDS USING THE EARNINGS TO VEUND GRANTS TO SUPPORT

EDUCATIONAL, HEALTH, HAMANITARIAN AND CULTURAL NEEDS OF THE PEOPKE AND

ORGANIZATIONS IN THE LOCAL AREAS DESCRIBED ABOVE.

FORM 990, PART VI, SECTION A, LINE 2:

TRENTON MOULIN, THE EXECUTIVE DIRECTOR OF BRIDGE BUILDERS COMMUNITY

FOUNDATIONS IS ALSO THE TREASURER OF THE VENANGO AREA CHAMBER OF COMMERCE

WHERE AS BRIDGE BUILDERS COMMUNITY FOUNDATIONS BOARD OF TRUSTEES MEMBER,

SUSAN WILLIAMS IS THE EXECUTIVE DIRECTOR OF THE VENANGO AREA CHAMBER OF

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

THE BOARD HAS AUTHORIZED THE EXECUTIVE DIRECOR TO REVIEW THE FORM 990 PRIOR

TO ITS FILING

THE POLICY IS REVIEWED AND SIGNED BY BOARD MEMBERS ANNUALLY.

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

THE EXECUTIVE DIRECTOR COMPLETES A SELF EVALUATION AND THEN IS EVALUATED BY

THE EXECUTIVE COMMITTEE. COMPENSATION IS DETERMINED YEARLY AND ADJUSTED

ACCORDINGLY.

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

THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY

AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

(Rev. January 2019)

Application for Automatic Extension of Time To File an Exempt Organization Return

Entor filor's identifying number

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form visit upwaring apple file and for a paper format (see instructions).

filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

					a sidentinyn	ig number	
Type or print	Name of exempt organization or other filer, see ins BRIDGE BUILDERS COMMUNITY	Employe	r identificatio	n number (EIN) or			
	FKA VENANGO AREA COMM FOUR	25-1292553					
File by the due date f filing your	Number, street, and room or suite no. If a P.O. box	Social se	curity numbe	er (SSN)			
return. See instruction							
Enter th	e Return Code for the return that this application is for	(file a separa	te application for each return)			0 1	
Applica	tion			Return			
Is For				Code			
Form 99	00 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 99	90-BL	02	Form 1041-A			08	
Form 47	720 (individual)	03	Form 4720 (other than individual)			09	
Form 99	00-PF	04	Form 5227			10	
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	90-T (trust other than above)		Forn Ser 0			12	
Telep If the If thi box 1 If the 2 If 2	the tax year entered in line 1 is for less than 12 months	ess in the Un git Group Exe and atta JULY organization's , an s, check rease	Fax No.	f this is fo all memb	r the whole g ers the exten npt organizati	roup, check this	
	this application is for Forms 990-BL, 990-PF, 990-T, 472 ny nonrefundable credits. See instructions.	20, or 6069, 6	enter the tentative tax, less	3a	\$	0.	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b							
	alance due. Subtract line 3b from line 3a. Include your				- -	0.	
	sing EFTPS (Electronic Federal Tax Payment System). S			3c	\$	0.	
	If you are going to make an electronic funds withdraw					-EO for payment	
	For Privacy Act and Banorwork Reduction Act Notic	o coo instru	ictions		Eorm 9	969 (Pov 1 2010)	