Form 990-T	Exempt Organization Business Income Tax Retur	'n	OMB No. 1545-0047
		į	2020
	For calendar year		2020
Department of the Treasury Internal Revenue Service	***PUBLIC INSPECTION COPY*** Do not (****PUBLIC INSPECTION COPY*** I(I(I(I(I(I(I(I(I(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if	Name o		oyer Identification number
address changed.		1	
B Exempt under section	Print CENTRE COUNTY COMMUNITY FOUNDATION, INC.		<u>5-1782197</u>
X 501(c)(03)	or Number, street, and room or suite no. If a P.O. box, see instructions.		p exemption number netructions)
408(e) 220(e)	Type 1377 RIDGE MASTER DRIVE		,
408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code		
529(a)529S	STATE COLLEGE, PA 16803	F	∴ Check box if
	C Book value of all assets at end of year 66,156,438.		an amended return.
G Check organization		Applicat	ble reinsurance entity
H Check if filing only to			
	organization filing a consolidated return with a 501(c)(2) titleholding corporation	• • • • • • • • • • • • • • • • • • • •	<u> </u>
	attached Schedules A (Form 990-T)		1
	was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	▶ ∟	Yes X No
	ame and identifying number of the parent corporation.	7544	· • • • • • • • • • • • • • • • • • • •
	re of CARRIE RYAN Telephone number	(814	3) 237-6229
	elated Business Taxable Income		T
	business taxable income computed from all unrelated trades or businesses (see		71 - 20
			-71,530.
			71 520
3 Add lines 1 and 2	1.		-71,530.
	utions (see instructions for limitation rules)		0.
	siness taxable income before net operating losses. Subtract line 4 from line 3		-71,530.
	operating loss. See instructions	. 6	
	business taxable income before specific deduction and section 199A deduction.		74 530
Subtract line 6 fro			-71,530.
	n (generally \$1,000, but see instructions for exceptions)		1,000.
	99A deduction, See instructions		1 000
	, Add lines 8 and 9	. 10	1,000.
· ·	ess taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,		_
	and all an	. 11	0.
Part II Tax Com	·		0.
_	xable as corporations. Multiply Part I, line 11 by 21% (0.21)	<u> </u>	0.
	trust rates. See instructions for tax computation. Income tax on the amount on		
Part I, line 11 from		2	
3 Proxy tax. See in:	11.		
	s, See instructions	l"	
	um tax (trusts only)		
	liant facility income. See instructions		0.
	through 6 to line 1 or 2, whichever applies	7	Form 990-T (2020)
LHA For Paperwork	Reduction Act Notice, see instructions.		FORM 990-1 (2020)

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Form 9	90-T (2020)		Page 2
Part	III Tax and Payments		
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		
b	Other credits (see instructions) 1b]	
c	General business credit. Attach Form 3800 (see instructions)]	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)]	
е	Total credits. Add lines 1a through 1d	1e	
2	Subtract line 1e from Part II, line 7	2	0.
3	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866		-
	Other (attach statement)	3	
4	Total tax. Add lines 2 and 3 (see instructions).		
	section 1294. Enter tax amount here	4	0.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5	0.
6a	Payments: A 2019 overpayment credited to 2020		
b	2020 estimated tax payments. Check if section 643(g) election applies 6 b		
С	Tax deposited with Form 8868 6c]	
d	Foreign organizations: Tax paid or withheld at source (see instructions)]	
е	Backup withholding (see instructions) 6e	1. 1	
f	Credit for small employer health insurance premiums (attach Form 8941)	1	
g	Other credits, adjustments, and payments: Form 2439	1 1	
	Form 4136 Other Total ▶ _6g	:	
7	Total payments. Add lines 6a through 6g	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax	11	
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)		
1	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority	1	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		1.0
	here		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a		
	foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year > \$		
	Did the organization change its method of accounting? (see instructions)		X
b	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"		
D . 11.	explain in Part V		
Part			
Provide	the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.		
		· · · · · · · · · · · · · · · · · · ·	
	Heder possible of scaling I design that I have presented ble scaling for the scaling of scaling I design that I have presented ble scaling for the scaling of scaling I design that I have presented ble scaling for the scaling of scaling I design that I have presented ble scaling in the scaling of scaling I design that I have presented ble scaling in the scaling of scaling I design that I have presented ble scaling in the scaling I design that I have presented ble scaling I design that I d		
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	wledge and belief, it is	s true,
Here	M	lay the IRS discuss thi	is return with
	Cignoture of officer	e preparer shown belo	`r— I
		structions)? X Ye	es No
		if PTIN	
Paid	JOSEPH P. FEDELI, JOSEPH P. FEDELI, self-employed	700500	
Prepa		P00538	
Use C	Inly Firm's name ► Fiore Fedeli Snyder Carothers, LLP Firm's EIN ►	20-200	10257
	2013 Sandy Dr. Ste 200	114 000 0	
· · · · · · · · · · · · · · · · · · ·	Firm's address ► State College, PA 16803 Phone no. 8	314-237-8	
		Form 9	90-T (2020)

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

0000

2020

OMB No. 1545-0047

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

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

A 1	lame of the organization <u>CENTRE COUNTY COMMUNITY</u> FOUNDATI	ON,	INC.		B Employe	r identific		ber
c ı	Unrelated business activity code (see instructions) ► 52599	0			D Sequen		1 of	1
					. =			
<u>E [</u>	Describe the unrelated trade or business >INVESTMENTS	IN I	LIMITED P.	ARTNE	RSHIPS			
Pa	t I Unrelated Trade or Business Income		(A) Income		(B) Expens	es	(0	C) Net
1 a	Gross receipts or sales						-	
b	Less returns and allowances c Balance ▶	1c						
2	Cost of goods sold (Part III, line 8)	2						21 1
3	Gross profit. Subtract line 2 from line 1c	3						
4 a	Capital gain net income (attach Sch D (Form 1041 or Form				7			
	1120)) (see instructions)	4a						
þ	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b						
c	Capital loss deduction for trusts	4c						
5	income (loss) from a partnership or an S corporation (attach					:.		
	statement)	5			<u> </u>			
6	Rent income (Part IV)	6						
7	Unrelated debt-financed income (Part V)	7						
8	Interest, annuities, royalties, and rents from a controlled					ļ		
	organization (Part VI)	8						
9	Investment income of section 501(c)(7), (9), or (17)							
	organizations (Part VII)	9						
10	Exploited exempt activity income (Part VIII)	10						
11	Advertising income (Part IX)	11						
12	Other income (see instructions; attach statement)Stmt1	12	1,8		<u> </u>			<u> 1,895.</u>
13	Total. Combine lines 3 through 12	13	1,8	95.				1,895.
Pa	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business i	ions fo	or limitations o	on dedu	ctions) De	ductio	ns must	t be
1	Compensation of officers, directors, and trustees (Part X)					1		
2	Salaries and wages	• • • • • • • • • • • • • • • • • • • •				2		
3	Repairs and maintenance							
4	Bad debts							
5	Interest (attach statement) (see instructions)					5		
6	Taxes and licenses					6		
7	Depreciation (attach Form 4562) (see instructions)		7					
8	Less depreciation claimed in Part III and elsewhere on return		8a			8b		
9	Depletion					9		
10	Contributions to deferred compensation plans					10		
11	Employee benefit programs				····	11		
12	Excess exempt expenses (Part VIII)	• • • • • • • • • • • • • • • • • • • •				12		
13	Excess readership costs (Part IX)		******************		1********	13		
14	Other deductions (attach statement)	• • • • • • • • • • • • • • • • • • • •	See S	tatem	ent 2	14		73, <u>425.</u>
15	Total deductions. Add lines 1 through 14	• · · • • • · · · · · • •				15		73,425.
16	Unrelated business income before net operating loss deduction. S	ubtract	line 15 from Part	l, line 13,				
	column (C)	•••••				16	_	<u>71,530.</u>
17	Deduction for net operating loss (see instructions)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	17	·	0.
18	Unrelated business taxable income. Subtract line 17 from line 16	3				18		71,530.
_HA	For Paperwork Reduction Act Notice, see instructions.					Schedul	e A (Form	n 990-T) 2020

Total dividends-received deductions included in line 10

0.

Part VI Interest, A	umuides, F	oyanies, and H	ents tro	om Contro							
 Name of controlled organization 		identification income		t unrelated 4. Total of spe payments m estructions)				of colur cluded ng orga	nn 4 in the iniza-	6. Deductions directly connected with income in column 5	
(1)						7	tion's gi	USS IIIC	onie		
(2)			<u> </u>	· · · · · · · · · · · · · · · · · · ·		·					
(3)		I									
(4)			-				· · · · · ·				
		No	nexempt (Controlled O	rganizat	ions					
7. Taxable Income	ir	Net unrelated acome (loss) e instructions)	9. To	otal of specif syments mad	ied	10. Part of that is incontrolling of	luded in t	he .	co	eductions directly onnected with me in column 10	
(1)						91033	moomo			1	
(2)							-				
(3)				***************************************				*			
(4)											
						Add colum Enter here a line 8, c		art I,	Enter h	olumns 6 and 11. here and on Part I, e 8, column (B)	
Totals Part VII Investme		A A A A A A A A A A A A A A A A A A A		403	<u></u>	<u> </u>		0.		0.	
	ent income	of a Section 50)1(c)(/),				1	tions)			
1,	Description of	income		2. Amou incon		3. Deduction directly connecting (attach state)	ected (at	4. Set-a tach st	asides atement)	5. Total deductions and set-asides (add cols 3 and 4)	
(1)											
(2)											
(3)											
(4)											
Totals			>	Add amou column 2, here and or line 9, colu	Enter n Part I, mn (A)					Add amounts in column 5. Enter here and on Part I, line 9, column (B)	
		Activity Income	, Other	Than Adv	ertisin	ig Income (s	see instru	ictions)			
 Description of exp 											
2 Gross unrelated b	usiness incom	e from trade or busi	iness. Ente	er here and o	n Part I,	line 10, colum	n (A)	,.	2		
		th production of unn									
line 10, column (B)				····				3		
4 Net Income (loss)	trom unrelated	trade or business.	Subtract ii	ine 3 from lin	e 2. If a	gain, complete					
lines 5 through 7									4		
5 Gross income from	n activity that i	s not unrelated bus	iness inco	me			• • • • • • • • • • • • • • • • • • • •		5		
6 Expenses attribut	able to income	entered on line 5							6	······································	
		act line 5 from line 6					ine				
4. ⊨nter here and	on Part II, line	12						- 1	7		

Schedule A (Form 990-T) 2020

Entity	1
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	dule A (Form 990-T) 2020				Page 4
Part	· · · · · · · · · · · · · · · · · · ·		***	71	
1	Name(s) of periodical(s). Check box if reporting two	or more periodicals on a	a consolidated bas	is,	
	A				
	В			-	
	c 🗀				
	D .			·	****
Enter:	amounts for each periodical listed above in the corres	spondina column.			
		A	В	С	В
2	Gross advertising income		<u>D</u>		D
-	Add columns A through D. Enter here and on Part I		J		
_	Add columns A unrough b. Enter nere and on Part r	, line 11, column (A)			0.
а	Discoulation and the second of the second		1		
3	Direct advertising costs by periodical				<u></u>
а	Add columns A through D. Enter here and on Part I	, line 11, column (B)			0.
					
4	Advertising gain (loss). Subtract line 3 from line				
	For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	iine 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income			******	
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter zero				
8	Excess readership costs allowed as a		ļ		
_	deduction. For each column showing a gain on			İ	
	line 4, enter the lesser of line 4 or line 7				
_			<u> </u>	<u> </u>	
а	Add line 8, columns A through D. Enter the greater				
Part	Part II, line 13 X Compensation of Officers, Directo	wa and Turntan			0.
I CH L	A Compensation of Officers, Directo	rs, and trustees (s	see instructions)	1 .	···
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
	Enter here and on Part II, line 1		***********************		0.
Part	XI Supplemental Information (see instr	uctions)			
					•
			<u>.</u>	······	
		<u> </u>			
	<u> </u>				
				·	
					· · · · · · · · · · · · · · · · · · ·
		<u></u>			

Form 990-T (A)	Other Income	Statement 1
Description		Amount
Cancellation of Debt Cancellation of Debt	- TIFF KEYSTONE FUND - COMMONFUND CAP. PART. VI	1,168. 727.
Total to Schedule A,	Part I, line 12	1,895.
Form 990-T (A)	Other Deductions	Statement 2
Description		Amount
COMMONFUND CAPITAL P.	R DEDUCTIONS PER K-1 ARTNERS V - OTHER DEDUCTIONS PER K-1 ARTNERS VI - OTHER DEDUCTIONS PER K-1 ARTNERS VII - OTHER DEDUCTIONS PER K-1 RTNERS LP - OTHER DEDUCTIONS	61,626. 170. 6,722. 4,855. 52.
Total to Schedule A,	Part II. line 14	73,425.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

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

OMB No. 1545-0123

Name

Employer identification number

CENTRE COUNTY COMM	UNITY FOUNDAT	TION, INC.		25-	1782	197
Did the corporation dispose of any investme			vear?	<u> </u>		Yes X No
If "Yes," attach Form 8949 and see its instru	ctions for additional requi	rements for reporting vo	ur gain or loss.		,	1 169 (777 140
Part I Short-Term Capital Ga						
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to g	3949.	Subtrac	Gain or (loss) ct column (e) from
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, columi	ı (g)		(d) and combine the t with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b						
1b Totals for all transactions reported on						
Form(s) 8949 with Box A checked						
2 Totals for all transactions reported on					 	
Form(s) 8949 with Box B checked						
3 Totals for all transactions reported on						
Form(s) 8949 with Box C checked						467.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	37		4		
5 Short-term capital gain or (loss) from like-kind	exchanges from Form 8824				1	
6 Unused capital loss carryover (attach computa	ition)		***************************************	6	1)
7 Net short-term capital gain or (loss). Combine	lines 1a through 6 in colum	n h		7	1,	467.
Part II Long-Term Capital Gai	ns and Losses - As	sets Held More Th	an One Year			
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g) Adjustments to g	nein		Gain or (loss)
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 8	949,	column (ct column (e) from (d) and combine the twith column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b						
8b Totals for all transactions reported on						
Form(s) 8949 with Box D checked						
9 Totals for all transactions reported on						
Form(s) 8949 with Box E checked						
10 Totals for all transactions reported on						
Form(s) 8949 with Box F checked						6,096.
				11		
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 3	37	*****************************	12		
13 Long-term capital gain or (loss) from like-kind	exchanges from Form 8824			13		
	***************************************			14		
15 Net long-term capital gain or (loss). Combine		nn h	····	15		6,096.
Part III Summary of Parts I and					,	
16 Enter excess of net short-term capital gain (lin				16		467.
17 Net capital gain. Enter excess of net long-term				17	<u> </u>	6,096.
18 Add lines 16 and 17. Enter here and on Form Note: If losses exceed gains, see Capital Loss		pplicable line on other return	ns	18	<u> </u>	6,563.
			· · · · · · · · · · · · · · · · · · ·			·

Form 8949

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074

2020

Attachment Sequence No. 12A

Name(s) shown on return

Social security number or taxpayer identification no.

CENTRE COUNTY COMMUNITY FOUNDATION, 25-1782197 Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Part I | Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-8 showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (d) (e) Proceeds loss. If you enter an amount Description of property Date acquired Cost or other Date sold or Gain or (loss). in column (g), enter a code in (sales price) basis. See the (Example: 100 sh. XYZ Co.) Subtract column (e) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) see Column (e) in combine the result Amount of adjustment Code(s) with column (g) the instructions TIFF KEYSTONE FUND, LP 14. COMMONFUND CAPITAL PARTNERS V, LP COMMONFUND CAPITAL PARTNERS VI, LP 110. COMMONFUND CAPITAL PARTNERS VII, LP 337. WESTERN MIDSTREAM PARTNERS, LP 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an

adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

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

Social security number or taxpayer identification no.

CENTRE	COUNTY	COMMUNITY	FOUNDATION.	INC

25-1782197

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute	
statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your	
broker and may over tell you which have a fact.	
broker and may even tell you which box to check.	
Part II Long-Term -	_

Before you check Box D, E, or F belo statement will have the same informa-	ow, see whether ation as Form 10	you received an 99-B. Either will	y Form(s) 1099-B show whether voi	or substitute stater ur basis (usually you	ment(s) fro	m your broker. A s	ubstitute
broker and may even tell you writen t	oox to cneck.		•				
Part II Long-Term. Transaction see page 1.	ons involving capita	al assets you held	more than 1 year ar	e generally long-term	(see instruc	tions). For short-term	n transactions,
Note: You may aggregate al codes are required. Enter the	ll long-term transac	tions reported on	Form(s) 1099-B sho	wing basis was repor	ted to the If	RS and for which no	adjustments or
You must check Box D. E. or F below. (e totals directly on Check only one bo	Schedule D, line 8	ia; you aren't require	ed to report these trai	nsactions o	n Form 8949 (see ins	tructions).
You must check Box D, E, or F below. (If you have more long-term transactions than will	I fit on this page for or	ne or more of the box	es, complete as many fo	rms with the same box c	hecked as yo	te rorm 8949, page 2, 10 u need,	r each applicable box.
(D) Long-term transactions rep	ported on Form(s	s) 1099-B showir	ng basis was repo	rted to the IRS (see	Note abo	ove)	
(E) Long-term transactions rep	orted on Form(s) 1099-B showir	ig basis <mark>wasn't</mark> re	ported to the IRS			
X (F) Long-term transactions not	reported to you	on Form 1099-l	3				
1 (a)	(d)	(c)	(d)	(e)		it, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other	loss. If yo	où enter an amount	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the	column (f)	(g), enter a code in). See instructions.	Subtract column (e)
		(Mo., day, yr.)		see Column (e) in	(f)	(g) Amount of	from column (d) & combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
TIFF KEYSTONE		•		· · · · · · · · · · · · · · · · · · ·		dajaonnon	
FUND, LP							<19.
COMMONFUND CAPITAL							
PARTNERS V, LP							1,268.
COMMONFUND CAPITAL							1,200.
PARTNERS VI, LP							1,282.
COMMONFUND CAPITAL							1,404.
PARTNERS VII, LP							3,565.
and the same of the same of the same of the same of							3,303.
		···					
			· · · · · · · · · · · · · · · · · · ·				
	·						
			·				

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 4797

Department of the Treasury Internal Revenue Service Name(s) shown on return

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

► Attach to your tax return.

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

2020

Attachment Sequence No. 27

Identifying number

<u>L</u> L	MIKE COUNTY COMMONT	TY FOUND	ATTON, I	NC .			. .	25-1782197
	inter the gross proceeds from sales or			2020 on Form(s) 1	099-B or 1099-S			
	or substitute statement) that you are in	ncluding on line 2	2, 10, or 20		·		. 1	
Pá	art Sales or Exchanges of	Property Us	ed in a Trad	e o <u>r</u> Business	and Involunta			s From Other
	Than Casualty or Thefi	-Most Prope	erty Heid Mic	re Than 1 Yea	ar (see	instructions)	
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or basis, pic improvement expense of	s and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
			·					
Se	e Statement 3							-10,623.
3	Gain, if any, from Form 4684, line 39						3	20,020.
4	Section 1231 gain from installment s	ales from Form 6	5252. line 26 or	37	***************************************	*************	4	
5	Section 1231 gain or (loss) from like-	kind exchanges	from Form 8824	1		*************	5	
6	Gain, if any, from line 32, from other	than casualty or	theft		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*************	6	
7	Combine lines 2 through 6. Enter the	e gain or (loss) he	ere and on the a	opropriate line as	follows		7	-10,623.
	Partnerships and S corporations.							10,025
	line 10, or Form 1120-S, Schedule K				.0 0 1000, 00.	100000 70		
	Individuals, partners, S corporatio	n shareholders.	and all others.	. If line 7 is zero or	a loss, enter the a	mount		
	from line 7 on line 11 below and skip							$f(x,y,y) = g(y) = \frac{1}{2}$
	1231 losses, or they were recapture				long-term capital g	ain on		
	the Schedule D filed with your return	and skip lines 8	, 9, 11, and 12	below,			:	
8	Nonrecaptured net section 1231 los	ses from prior ve	ars. See instruc	ctions			8	
9	Subtract line 8 from line 7. If zero or							······································
	line 9 is more than zero, enter the an							
	capital gain on the Schedule D filed					•	9	
D:	rt II Ordinary Gains and I	OCCAS (see inc	atructions)					
10	Ordinary gains and losses not include	ed on lines 11 th	rough 16 (inclu	de property held 1	year or less):			
11	Loss, if any, from line 7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**********	*********************	*********	******	11	(10,623)
12	Gain, if any, from line 7 or amount from	om line 8, if appli	cable	******************			12	
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684, lin	200 Pd 200 PC 200			***********************		14	
15	Ordinary gain from installment sales						15	
16	Ordinary gain or (loss) from like-kind	exchanges from	Form 8824				16	
17 Combine lines 10 through 16							17	-10,623.
18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines								
	a and b below. For individual returns			· · ·	-	•		
а	If the loss on line 11 includes a loss fr			(b)(ii), enter that pa	art of the loss here	Enter the		•
	loss from income-producing property							
	as an employee.) Identify as from "Fo						18a	
b	Redetermine the gain or (loss) on line							
_		·					18b	
LH	A For Paperwork Reduction Act No							Form 4797 (2020)

Form 4797 (2020) CENTRE COUNTY COMMUNITY FOUNDATION, INC. 25-1782197 Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions) (b) Date acquired (c) Date sold

	тө (а) Description of section 1245, 1250, 1252, 1254, or 1255 property:				(mo., day, yr.)	(mo., day, yr.)
_A						
В						
C						
_ <u>D</u>					-	
,	These columns relate to the properties on lines 19A through 19D.	•	Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20				
21	Cost or other basis plus expense of sale	21				
22	Depreciation (or depletion) allowed or allowable	22				
23	Adjusted basis. Subtract line 22 from line 21	23				
<u>24</u>	Total gain. Subtract line 23 from line 20	24				
25	If section 1245 property:					
	Depreciation allowed or allowable from line 22	25a				
b	Enter the smaller of line 24 or 25a	25b				
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
а	Additional depreciation after 1975. See instructions \hdots	26a				
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b				
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c				
d	Additional depreciation after 1969 and before 1976	26d				
е	Enter the smaller of line 26c or 26d	26e				
	Section 291 amount (corporations only)	26f				
g	Add lines 26b, 26e, and 26f If section 1252 property: Skip this section if you didn't	26g				***************************************
	dispose of farmland or if this form is being completed for a partnership. Soil, water, and land clearing expenses	27a				
b	Line 27a multiplied by applicable percentage	27b				
	Enter the smaller of line 24 or 27b	27c				
28	If section 1254 property:	210		<u> </u>		
а	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a				
	Enter the smaller of line 24 or 28a	28b			_	
а	If section 1255 property: Applicable percentage of payments excluded from income under section 126, See instructions	29a				
<u>b</u>	Enter the smaller of line 24 or 29a. See instructions	29b		<u> </u>		

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

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

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

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

Form 4797	Property Held More than One Year			Statement 3		
Description	Date Acquired	Date Sold	Sales Price	Depr.	Cost or Basis	Gain or Loss
TIFF KEYSTONE FUND, LP COMMONFUND CAPITAL PARTNERS						-19,759.
V, LP COMMONFUND CAPITAL PARTNERS						124.
VI, LP COMMONFUND CAPITAL PARTNERS						8,782.
VII, LP						230.
Total to 4797, Pa	rt I, line	2				-10,623.