

Extended to November 15, 2021

Form **990**Re
Under sectDepartment of the Treasury
Internal Revenue Service

PUBLIC INSPECTION COPY

Tax
(undations)
c.

OMB No. 1545-0047

2020Open to Public
Inspection

A For the 2020 calendar year, or the

B Check if
applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

CENTRE COUNTY COMMUNITY FOUNDATION, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

1377 RIDGE MASTER DRIVE

City or town, state or province, country, and ZIP or foreign postal code

STATE COLLEGE, PA 16803

F Name and address of principal officer: MOLLY KUNKEL

1377 RIDGE MASTER DRIVE, STATE COLLEGE, PA

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (Insert no.) ☐ 4947(a)(1) or ☐ 527J Website: www.centre-foundation.orgK Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1995 M State of legal domicile: PA

identification number

25-1782197

E Telephone number

(814) 237-6229

G Gross receipts \$

8,935,228.

H(a) Is this a group return

for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO INSPIRE AND FACILITATE A CULTURE OF GIVING WHICH CREATES A VIBRANT COMMUNITY.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	8
	6	Total number of volunteers (estimate if necessary)	6	25
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	-73,425.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	6,662,160.	4,884,299.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 8d, 8c, 9c, 10c, and 11e)	1,221,052.	1,092,486.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,252.	5,045.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,895,464.	5,981,830.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	3,197,881.	4,134,998.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	525,571.	520,349.
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	278,274.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	549,931.	563,670.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	4,273,383.	5,219,017.
	20	Total assets (Part X, line 16)	3,622,081.	762,813.
	21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22	Net assets or fund balances. Subtract line 21 from line 20	57,460,240.	66,122,521.
		44,282.	57,092.	
		57,415,958.	66,065,429.	

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	MOLLY KUNKEL, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> self-employed	PTIN
	JOSEPH P. FEDELI, CPA	JOSEPH P. FEDELI, CP	11/10/21		P00538622
	Firm's name Fiore Fedeli Snyder Carothers, LLP	Firm's EIN 20-2000257			
	Firm's address 2013 Sandy Dr. Ste 200 State College, PA 16803	Phone no. 814-237-8999			

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Part 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:

COMMUNITY FOUNDATION FORMED TO RECEIVE, HOLD AND ADMINISTER FUNDS FOR THE BENEFIT OF THE COMMUNITY. ENDOWMENT FUNDS GENERATE EARNINGS FOR GRANTS TO LOCAL 501(C)(3) ORGANIZATIONS FOR THE BENEFIT OF ARTS, HUMANITIES, CULTURE, EDUCATION, RECREATION AND SOCIAL SERVICE AGENCIES

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,694,094. Including grants of \$ 4,134,998.) (Revenue \$)

CENTRE FOUNDATION BELIEVES IN THE ORGANIZATIONS THAT ARE CREATING A BETTER FUTURE FOR CENTRE COUNTY AND THE DONORS WHO SUPPORT THEM. WE WORK TO INSPIRE PHILANTHROPY, BUILD ENDOWMENTS, CREATE COMMUNITY ENGAGEMENT, STRENGTHEN ORGANIZATIONS THROUGH TRAINING AND RESEARCH, FUND TRANSFORMATIVE PROJECTS, AND CONVENE EFFECTIVE PARTNERSHIPS AROUND COMMUNITY ISSUES. EACH YEAR, CENTRE FOUNDATION DISTRIBUTES GRANTS TO OVER 200 ORGANIZATIONS. PROGRAMS SUPPORT ALL KINDS OF WORK, ACROSS ALL NONPROFIT SECTORS AND FOCUSES INCLUDING: ARTS, HUMANITIES, CULTURE, EDUCATION, SOCIAL SERVICES AND CONSERVATION. WE PROVIDE ANNUAL COMMUNITY SUPPORT THROUGH OUR INNOVATIVE GIVING AND GRANTING PROGRAMS INCLUDING: CENTRE GIVES, CENTRE INSPIRES, CENTRE PACT, GIVING CIRCLE, FIELD OF INTEREST GRANTS, AND SCHOLARSHIPS TO UNIVERSITIES AND TRADE

4b (Code:) (Expenses \$ Including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ Including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

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

4e Total program service expenses ► 4,694,094.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

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

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

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 8		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b	X	
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		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		X
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966? 9a		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		X
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If "Yes," see instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If "Yes," complete Form 4720, Schedule O.		

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

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 16		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent 1b 16		
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	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3		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
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 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:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c	X	
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?		
a The organization's CEO, Executive Director, or top management official 15a	X	
b 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		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **CARRIE RYAN - (814) 237-6229**
1377 RIDGE MASTER DRIVE, STATE COLLEGE, PA 16803

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MOLLY KUNKEL EXECUTIVE DIRECTOR	55.00			X				121,025.	0.	9,144.
(2) KEN HALL DIRECTOR	2.00	X						0.	0.	0.
(3) LYDIA ABDULLAH DIRECTOR	1.00	X						0.	0.	0.
(4) CARI GUSTAFSON DIRECTOR	1.00	X						0.	0.	0.
(5) DR. SERIASHIA CHATTERS DIRECTOR	1.00	X						0.	0.	0.
(6) DOUGLAS LOVISCKY DIRECTOR	1.00	X						0.	0.	0.
(7) ERIN MEITZLER DIRECTOR	1.00	X						0.	0.	0.
(8) RANDY WOOLRIDGE DIRECTOR	1.00	X						0.	0.	0.
(9) BOB HICKS DIRECTOR	1.00	X						0.	0.	0.
(10) BLAKE GALL DIRECTOR	4.00	X						0.	0.	0.
(11) DR. TIMEKA TOUNSEL DIRECTOR	1.00	X						0.	0.	0.
(12) OSCAR JOHNSTON CHAIR	4.00	X		X				0.	0.	0.
(13) KATE BENNETT TRUITT VICE CHAIR/SECRETARY	2.00	X		X				0.	0.	0.
(14) LEANNE LENZ DIRECTOR	1.00	X						0.	0.	0.
(15) HEATHER PLESKONKO DIRECTOR	1.00	X						0.	0.	0.
(16) JOE DIONISIO TREASURER	2.00	X		X				0.	0.	0.
(17) BOB HICKS DIRECTOR	1.00	X						0.	0.	0.

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,884,299.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 191,186.				
	h	Total. Add lines 1a-1f		4,884,299.				
Program Service Revenue	2 a	Business Code						
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
	3	Investment income (including dividends, interest, and other similar amounts)		942,494.			942,494.	
4	Income from investment of tax-exempt bond proceeds							
5	Royalties							
Other Revenue	6 a	Gross rents	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses	7b	3,099,612.				
	c	Gain or (loss)	7c	2,949,620.				
	d	Net gain or (loss)		149,992.			149,992.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b	3,778.				
	c	Net income or (loss) from fundraising events		-3,778.			-3,778.	
	9 a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	OTHER	Business Code		900099	8,823.	8,823.	
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			8,823.			
	12	Total revenue. See instructions			5,981,830.	8,823.	0.	1,088,708.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	4,134,998.	4,134,998.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	130,169.	55,277.	30,763.	44,129.
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	310,547.	131,875.	73,393.	105,279.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,197.	3,905.	2,174.	3,118.
9 Other employee benefits	37,700.	16,009.	8,910.	12,781.
10 Payroll taxes	32,736.	13,901.	7,737.	11,098.
11 Fees for services (nonemployees):				
a Management				
b Legal	9,950.		9,950.	
c Accounting	8,457.		8,457.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	20,544.	10,628.	9,916.	
12 Advertising and promotion				
13 Office expenses	12,726.	8,278.	2,437.	2,011.
14 Information technology				
15 Royalties				
16 Occupancy	16,004.	10,410.	3,064.	2,530.
17 Travel	522.	261.	261.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	11,540.	2,534.	1,310.	7,696.
20 Interest				
21 Payments to affiliates	61,369.	39,919.	11,750.	9,700.
22 Depreciation, depletion, and amortization	51,651.	20,339.	17,801.	13,511.
23 Insurance	8,273.	5,381.	1,584.	1,308.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a INVESTMENT MGMT & ADMIN	115,237.	92,190.	20,166.	2,881.
b CENTRE GIVES WEBSITE FE	86,276.	38,824.	8,628.	38,824.
c COMPUTER EXPENSES	69,573.	45,255.	13,321.	10,997.
d MARKETING	39,264.	25,540.	7,518.	6,206.
e All other expenses	52,284.	38,570.	7,509.	6,205.
25 Total functional expenses. Add lines 1 through 24e	5,219,017.	4,694,094.	246,649.	278,274.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ If following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	181,836.	2	362,833.
	3 Pledges and grants receivable, net	72,761.	3	32,419.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	334,987.	7	273,618.
	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 433,530.		
	b Less: accumulated depreciation	10b 309,208.		
		138,087.	10c	124,322.
	11 Investments - publicly traded securities	32,600,551.	11	35,799,124.
	12 Investments - other securities. See Part IV, line 11	24,116,559.	12	29,514,109.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	15,459.	15	16,096.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	57,460,240.	16	66,122,521.	
Liabilities	17 Accounts payable and accrued expenses		17	19,839.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		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	44,282.	25	37,253.
	26 Total liabilities. Add lines 17 through 25	44,282.	26	57,092.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	57,415,958.	27	66,065,429.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	57,415,958.	32	66,065,429.
	33 Total liabilities and net assets/fund balances	57,460,240.	33	66,122,521.

Part XI Reconciliation of Net AssetsCheck 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	5,981,830.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,219,017.
3	Revenue less expenses. Subtract line 2 from line 1	3	762,813.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	57,415,958.
5	Net unrealized gains (losses) on investments	5	7,886,020.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	638.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	66,065,429.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

CENTRE COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

25-1782197

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

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

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

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1866580.	1965132.	1776697.	2084199.	2583197.	10275805.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1866580.	1965132.	1776697.	2084199.	2583197.	10275805.
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)						160,938.
6 Public support. Subtract line 5 from line 4.						10114867.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	1866580.	1965132.	1776697.	2084199.	2583197.	10275805.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	560,089.	689,397.	954,296.	1,030,999.	942,494.	4,177,275.
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						14,453,080.
12 Gross receipts from related activities, etc. (see instructions)					12	86,420.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	69.98 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	71.13 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2019. 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	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2020

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
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 line 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.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Part VI

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

Schedule A, List of Unusual Grants Received:

Description: PASSTHROUGH TO NAMED BENEFICIARIES

Date: 12/31/14 Amount: 238198.

Description: PASSTHROUGH TO NAMED BENEFICIARIES

Date: 12/31/15 Amount: 349684.

Description: ENDOWMENT

Date: 12/31/14 Amount: 1280000.

Description: ENDOWMENT

Date: 12/31/15 Amount: 274517.

Description: ENDOWMENT

Date: 12/31/14 Amount: 1476586.

Description: ENDOWMENT

Date: 12/31/14 Amount: 198952.

Description: ENDOWMENT

Date: 12/31/15 Amount: 1306629.

Description: ENDOWMENT

Date: 12/31/15 Amount: 127500.

Description: ENDOWMENT

Date: 12/31/15 Amount: 135000.

Description: PASSTHROUGH TO NAMED BENEFICIARIES

Date: 12/31/16 Amount: 344627.

Description: ENDOWMENT

Date: 12/31/16 Amount: 200000.

Description: ENDOWMENT

Date: 12/31/16 Amount: 99594.

Description: ENDOWMENT

Date: 12/31/16 Amount: 83817.

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.)

Description: ENDOWMENT

Date: 12/31/16 Amount: 346441.

Description: ENDOWMENT

Date: 12/31/16 Amount: 75323.

Description: ENDOWMENT

Date: 12/31/17 Amount: 1004159.

Description: ENDOWMENT

Date: 12/31/17 Amount: 283698.

Description: ENDOWMENT

Date: 12/31/17 Amount: 1168412.

Description: PASSTHROUGH TO NAMED BENEFICIARIES

Date: 12/31/17 Amount: 336679.

Description: ENDOWMENT

Date: 12/31/17 Amount: 308500.

Description: ENDOWMENT

Date: 12/31/17 Amount: 227100.

Description: ENDOWMENT

Date: 12/31/17 Amount: 100000.

Description: ENDOWMENT

Date: 12/31/18 Amount: 0.

Description: ENDOWMENT

Date: 12/31/18 Amount: 100000.

Description: ENDOWMENT

Date: 12/31/18 Amount: 75000.

Description: ENDOWMENT

Date: 12/31/18 Amount: 179218.

Description: ENDOWMENT

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.)

Date: 12/31/18 Amount: 46615.

Description: ENDOWMENT

Date: 12/31/18 Amount: 0.

Description: ENDOWMENT

Date: 12/31/18 Amount: 6726534.

Description: ENDOWMENT

Date: 12/31/18 Amount: 0.

Description: ENDOWMENT

Date: 12/31/18 Amount: 64884.

Description: ENDOWMENT

Date: 12/31/18 Amount: 0.

Description: ENDOWMENT

Date: 12/31/18 Amount: 0.

Description: ENDOWMENT

Date: 12/31/19 Amount: 2235351.

Description: ENDOWMENT

Date: 12/31/19 Amount: 505000.

Description: ENDOWMENT

Date: 12/31/19 Amount: 450000.

Description: ENDOWMENT

Date: 12/31/19 Amount: 400000.

Description: ENDOWMENT

Date: 12/31/19 Amount: 422717.

Description: ENDOWMENT

Date: 12/31/19 Amount: 340162.

Description: ENDOWMENT

Date: 12/31/19 Amount: 141200.

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.)

Description: PROPERTY TO SUPPORTING ORG

Date: 12/31/19 Amount: 83712.

Description: ENDOWMENT

Date: 12/31/20 Amount: 271736.

Description: ENDOWMENT

Date: 12/31/20 Amount: 1329349.

Description: ENDOWMENT

Date: 12/31/20 Amount: 291329.

Description: ENDOWMENT

Date: 12/31/20 Amount: 109325.

Description: ENDOWMENT

Date: 12/31/20 Amount: 200000.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

CENTRE COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

25-1782197

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	50	
2 Aggregate value of contributions to (during year)	1,665,067.	
3 Aggregate value of grants from (during year)	542,773.	
4 Aggregate value at end of year	11,196,298.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

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

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange program
 e ☐ Other _____

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	56,861,861.	46,060,322.	41,924,914.	34,584,916.	33,390,243.
b Contributions	4,849,494.	6,730,508.	8,985,941.	4,380,486.	2,892,046.
c Net investment earnings, gains, and losses	6,143,927.	8,251,668.	-1,233,931.	6,582,696.	1,657,663.
d Grants or scholarships	4,160,603.	3,201,683.	2,779,356.	2,776,166.	2,425,054.
e Other expenditures for facilities and programs	846,749.	889,195.	778,815.	788,795.	870,786.
f Administrative expenses	105,638.	89,759.	58,431.	58,223.	59,196.
g End of year balance	62,742,292.	56,861,861.	46,060,322.	41,924,914.	34,584,916.

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

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Term endowment ☐ %

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

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

- (i) Unrelated organizations
 (ii) Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		33,488.	20,916.	12,572.
d Equipment		133,196.	92,998.	40,198.
e Other		266,846.	195,294.	71,552.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				124,322.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) TIFF KEYSTONE FUND	25,816,665.	End-of-Year Market Value
(B) LIMITED PARTNERSHIP		
(C) INVESTMENTS (AGGREGATED)	3,697,444.	End-of-Year Market Value
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	29,514,109.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY UNDER CHARITABLE GIFT	
(3) ANNUITIES	37,253.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	37,253.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	13,763,369.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	7,886,020.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	4,416.
e	Add lines 2a through 2d	2e	7,890,436.
3	Subtract line 2e from line 1	3	5,872,933.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	108,897.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	108,897.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	5,981,830.

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

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

1	Total expenses and losses per audited financial statements	1	5,113,898.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	3,778.
e	Add lines 2a through 2d	2e	3,778.
3	Subtract line 2e from line 1	3	5,110,120.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	108,897.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	108,897.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	5,219,017.

Part XIII Supplemental Information.

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

Part V, line 4:

PROVIDE ASSISTANCE TO THE ARTS, EDUCATION & SOCIAL SERVICES IN ACCORDANCE
WITH THE SPENDING POLICY ADOPTED BY THE CENTRE COUNTY COMMUNITY FOUNDATION
BOARD.

Part X, Line 2:

MANAGEMENT HAS EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDES THAT
THERE ARE NO UNCERTAIN POSITIONS THAT MIGHT REQUIRE ADJUSTMENT TO THE
FINANCIAL STATEMENTS

Part XI, Line 2d - Other Adjustments:

FUNDRAISING EXPENSES NETTED

3,778.

Part XIII Supplemental Information (continued)

CHANGE IN VALUE OF LIFE INSURANCE POLICY 638.

Total to Schedule D, Part XI, Line 2d 4,416.

Part XII, Line 2d - Other Adjustments:

FUNDRAISING EXPENSES NETTED 3,778.

Part XII, Line 4b - Other Adjustments:

MANAGEMENT FEES NETTED AGAINST INVESTMENT INC. ON FINANCIALS

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Employer identification number

CENTRE COUNTY COMMUNITY FOUNDATION, INC.

25-1782197

Part I	General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.
---------------	---

- | (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| CAYMAN ISLANDS | 0 | 0 | INVESTMENT IN COMMONFUND - GLOBAL ABSOLUTE ALPHA COMPANY 1 | N/A | 1,028,504. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3 a Subtotal | 0 | 0 | | | 1,028,504. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 1,028,504. |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2020

CENTRE COUNTY COMMUNITY FOUNDATION, INC.

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

▲

3

Enter total number of other organizations or entities

▲

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) ☒ Yes ☐ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) ☐ Yes ☒ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Part I, Line 2:

NO GRANTS GIVEN TO FOREIGN ENTITIES. FOUNDATION HOLDS INVESTMENTS BASED
IN THE CAYMAN ISLANDS.

Part I, line 3:

CASH BASIS, CASH INVESTED & INVESTMENT PERFORMANCE

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

► Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

CENTRE COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number
25-1782197

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
3 Dots Downtown 137 East Beaver Ave. State College, PA 16801	834518375	501(C)(3)	58,756.	0.			GENERAL SUPPORT
ACRES Project 2400 Bernel Road State College, PA 16803	471371290	501(C)(3)	64,436.	0.			GENERAL SUPPORT
Allegheny Lutheran Social Svs. 998 Logan Blvd Altoona, PA 16602	231405633	501(C)(3)	18,765.	0.			GENERAL SUPPORT
Alpha Fire Company 400 West Beaver Avenue State College, PA 16801	240829105	501(C)(3)	16,495.	0.			GENERAL SUPPORT
American Cancer Society PO Box 720366 Oklahoma City, OK 73172	131788491	501(C)(3)	26,311.	0.			GENERAL SUPPORT
American Red Cross Centre Communities - PO Box 710 - State College, PA 16804	530196605	501(C)(3)	35,371.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
Arc of Centre County 1840 North Atherton Street State College, PA 16803	240859375	501(C)(3)	9,717.	0.			GENERAL SUPPORT
Art Alliance Of Central Pennsylvania - PO Box 811 - Lemont, PA 16851	251199661	501(C)(3)	24,421.	0.			GENERAL SUPPORT
Bellefonte Art Museum for Centre County - 133 North Allegheny St. - Bellefonte, PA 16823	462977395	501(C)(3)	27,961.	0.			GENERAL SUPPORT
Bob Perks Cancer Assistance Fund PO Box 313 State College, PA 16804	204220990	501(C)(3)	25,111.	0.			GENERAL SUPPORT
Boy Scouts Of America Juniata Valley Council - 9 Taylor Drive - Reedsville, PA 17084	231352049	501(C)(3)	85,913.	0.			GENERAL SUPPORT
Bridge of Hope Centre County PO Box 433 State College, PA 16804	810555073	501(C)(3)	14,267.	0.			GENERAL SUPPORT
Center for Alternatives in Community Justice - 215 Robin Alley - State College, PA 16801	232106340	501(C)(3)	16,052.	0.			GENERAL SUPPORT
Central Pennsylvania Festival of the Arts - PO Box 1023 - State College, PA 16804	251205389	501(C)(3)	49,584.	0.			GENERAL SUPPORT
Centre Care Inc. 502 East Howard Street Bellefonte, PA 16823	463243949	501(C)(3)	6,099.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
Centre County Farmland Trust PO Box 604 Centre Hall, PA 16828	311724410	501(C)(3)	9,429.	0.			GENERAL SUPPORT
Centre County Federation Of Public Libraries - 211 S. Allen St. - State College, PA 16801	251660918	501(C)(3)	10,415.	0.			GENERAL SUPPORT
Centre County Historical Society 1001 East College Avenue State College, PA 16801	251323768	501(C)(3)	45,195.	0.			GENERAL SUPPORT
Centre County Housing and Land Trust - PO Box 141 - State College, PA 16804	260679687	501(C)(3)	5,271.	0.			GENERAL SUPPORT
Centre County Library and Historical Museum - 203 North Allegheny Street - Bellefonte, PA 16823	240799348	501(C)(3)	27,577.	0.			GENERAL SUPPORT
Centre County PAWS 1401 Trout Road State College, PA 16801	251389364	501(C)(3)	87,915.	0.			GENERAL SUPPORT
Centre County United Way PO Box 664 Pine Grove Mills, PA 16868	251215290	501(C)(3)	25,200.	0.			GENERAL SUPPORT
Centre County Young Life PO Box 321 Lemont, PA 16851	840385934	501(C)(3)	13,802.	0.			GENERAL SUPPORT
Centre County Youth Service Bureau 325 West Aaron Drive State College, PA 16803	251220005	501(C)(3)	48,299.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
Centre Crest Auxiliary 502 E. Howard Street Bellefonte, PA 16823	256069186	501(C)(3)	20,291.	0.			GENERAL SUPPORT
Centre Foundation 1377 Ridgemaster Dr State College, PA 16803	251782197	501(C)(3)	23,182.	0.			GENERAL SUPPORT
Centre Helps 410 S. Fraser St State College, PA 16801	251232170	501(C)(3)	24,389.	0.			GENERAL SUPPORT
Centre HomeCare Inc 21 West Independence Street Shamokin, PA 17872	251150593	501(C)(3)	15,730.	0.			GENERAL SUPPORT
Centre LGBTQA Support Network PO Box 734 Lemont, PA 16851	472482195	501(C)(3)	7,033.	0.			GENERAL SUPPORT
Centre Lifelink Emergency Medical Services Inc - PO Box 272 - State College, PA 16804	237116953	501(C)(3)	33,760.	0.			GENERAL SUPPORT
Centre Region Parks and Recreation Authority - 2040 Sandy Drive - State College, PA 16803	251206233	501(C)(3)	13,314.	0.			GENERAL SUPPORT
Centre Safe (formerly CCWRC) 140 W. Nittany Ave State College, PA 16801	251283421	501(C)(3)	117,902.	0.			GENERAL SUPPORT
Centre Volunteers In Medicine 2520 Green Tech Drive Suite D State College, PA 16803	251897969	501(C)(3)	182,561.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
Centre Wildlife Care PO Box 572 Lemont, PA 16851	251774446	501(C)(3)	50,361.	0.			GENERAL SUPPORT
CentreBike PO Box 10163 State College, PA 16805	061656917	501(C)(3)	5,775.	0.			GENERAL SUPPORT
CentrePeace, Inc. 3047 Benner Pike Belleville, PA 16823	251724248	501(C)(3)	5,991.	0.			GENERAL SUPPORT
Centreville United Methodist Church - 6400 Old Centreville Road - Centreville, VA 20121	54-6116338	501(C)(3)	5,000.	0.			GENERAL SUPPORT
Child Development & Family Council of Centre County - 2565 Park Center Blvd. Suite 100 - State College, PA 16801	251229657	501(C)(3)	7,993.	0.			GENERAL SUPPORT
ClearWater Conservancy of Central Pennsylvania - 2555 North Atherton Street - State College, PA 16803	251413990	501(C)(3)	70,773.	0.			GENERAL SUPPORT
CommonFood Inc 3086 Stonebridge Drive State College, PA 16801	825515280	501(C)(3)	30,894.	0.			GENERAL SUPPORT
Congregation Brit Shalom 620 East Hamilton Ave State College, PA 16801	256069163	501(C)(3)	16,763.	0.			GENERAL SUPPORT
Constitution Day Centre Hall Inc. P.O. Box 397 Centre Hall, PA 16828	823476403	501(C)(3)	5,213.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
Discovery Space Of Central Pennsylvania Inc - 1224 N. Atherton St. - State College, PA 16803	260194115	501(C)(3)	68,417.	0.			GENERAL SUPPORT
Doctors Without Borders 40 Rector Street New York, NY 10006	133433452	501(C)(3)	7,439.	0.			GENERAL SUPPORT
Downtown Bellefonte, Inc. 127 S. Allegheny Street, #2 Bellefonte, PA 16823	474416450	501(C)(3)	11,595.	0.			GENERAL SUPPORT
Dyslexia Reading Center of Central Pennsylvania - PO Box 1037 - State College, PA 16804	473337746	501(C)(3)	14,058.	0.			GENERAL SUPPORT
EarthJustice One Embarcadero Center, 22nd Floor San Francisco, CA 94111	941730465	501(C)(3)	7,439.	0.			GENERAL SUPPORT
Baster Seals Central Pennsylvania 383 Rolling Ridge State College, PA 16801	250955215	501(C)(3)	28,475.	0.			GENERAL SUPPORT
FaithCentre Food Bank 110 West High Street Bellefonte, PA 16823	03-0525345	501(C)(3)	38,947.	0.			GENERAL SUPPORT
Fonda's Foundlings 1956 Norwood Lane State College, PA 16803	223915532	501(C)(3)	9,914.	0.			GENERAL SUPPORT
Food Bank of State College Area 1321 South Atherton Street State College, PA 16801	251769950	501(C)(3)	151,771.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
Foxdale Village 500 East Marylyn Avenue State College, PA 16801	251542218	501(C)(3)	24,388.	0.			GENERAL SUPPORT
Friends of Golden Pond 5126 Eberle Rd Petersburg, PA 16669	825269569	501(C)(3)	7,123.	0.			GENERAL SUPPORT
Friends of the Pennsylvania Military Museum - PO Box 160A - Boalsburg, PA 16827	251678572	501(C)(3)	11,902.	0.			GENERAL SUPPORT
Girl Scouts In The Heart Of Pennsylvania - 350 Hale Avenue - Harrisburg, PA 17104	240795960	501(C)(3)	6,594.	0.			GENERAL SUPPORT
Habitat For Humanity Of Greater Centre County Inc - 1155 Zion Road - Bellefonte, PA 16823	251473184	501(C)(3)	9,470.	0.			GENERAL SUPPORT
Hands on Therapeutic Riding Program - 880 Smith Rd. - Port Matilda, PA 16870	251822410	501(C)(3)	9,133.	0.			GENERAL SUPPORT
Hope Fund Of Penns Valley PO Box 427 Centre Hall, PA 16828	262832216	501(C)(3)	15,426.	0.			GENERAL SUPPORT
Hope's Dream Rescue and Sanctuary 121 Bullitt Run Road Howard, PA 16841	823526588	501(C)(3)	7,905.	0.			GENERAL SUPPORT
House Of Care Inc 515 West Beaver Avenue State College, PA 16801	232874455	501(C)(3)	30,294.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
Housing Transitions Inc PO Box 1391 State College, PA 16804	251472779	501(C)(3)	65,481.	0.			GENERAL SUPPORT
Howard Fire Company 341 Walnut Street Howard, PA 16841	237354806	501(C)(3)	13,837.	0.			GENERAL SUPPORT
Interfaith Human Services Inc 251 Easterly Parkway State College, PA 16801	251300144	501(C)(3)	45,341.	0.			GENERAL SUPPORT
Jana Marie Foundation 110 Regent Court State College, PA 16801	352422620	501(C)(3)	28,733.	0.			GENERAL SUPPORT
Leadership Centre County PO Box 10265 State College, PA 16805	251682148	501(C)(3)	14,174.	0.			GENERAL SUPPORT
Lemont Village Association PO Box 546 Lemont, PA 16851	251370883	501(C)(3)	5,549.	0.			GENERAL SUPPORT
Memorial Sloan Kettering Cancer Center - 885 2nd Avenue - New York, NY 10017	131924236	501(C)(3)	27,445.	0.			GENERAL SUPPORT
Mid-State Literacy Council Inc 248 Calder Way State College, PA 16801	251304265	501(C)(3)	26,999.	0.			GENERAL SUPPORT
Misericordia University 301 Lake Street Dallas, PA 18612	240795406	501(C)(3)	15,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
Mount Nittany Conservancy PO Box 334 State College, PA 16804	251405381	501(C)(3)	9,052.	0.			GENERAL SUPPORT
Mount Nittany Health Foundation 1800 E. Park Avenue State College, PA 16803	571138956	501(C)(3)	61,294.	0.			GENERAL SUPPORT
Mountaintop Swimming PO Box 9 Snow Shoe, PA 16874	251199558	501(C)(3)	5,127.	0.			GENERAL SUPPORT
Music Academy 2790 W. College Ave, Ste 7 State College, PA 16801	251150099	501(C)(3)	13,979.	0.			GENERAL SUPPORT
Myasthenia Gravis Foundation of America - 355 Lexington Avenue - New York, NY 10017	135672224	501(C)(3)	6,737.	0.			GENERAL SUPPORT
Nittany Beagle Rescue PO Box 127 West Decatur, PA 16878	571147723	501(C)(3)	11,279.	0.			GENERAL SUPPORT
Nittany Christian School 1221 W. Whitehall Road State College, PA 16801	273051891	501(C)(3)	7,838.	0.			GENERAL SUPPORT
Nittany Greyhounds 30 TLD Circle Port Matilda, PA 16870	232881593	501(C)(3)	35,633.	0.			GENERAL SUPPORT
Nittany Performing Arts Centre 629 Cricklewood Dr State College, PA 16803	822633660	501(C)(3)	7,951.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
Nittany Valley Symphony Inc PO Box 1375 State College, PA 16804	251576652	501(C)(3)	52,346.	0.			GENERAL SUPPORT
North Central Sight Services Inc. 2121 Reach Road Williamsport, PA 17701	240814118	501(C)(3)	42,899.	0.			GENERAL SUPPORT
NPR P.O. Box 791490 Baltimore, MD 21279	520907625	501(C)(3)	7,439.	0.			GENERAL SUPPORT
One Dog At A Time 225 Meadow Woods Lewistown, PA 17044	474246101	501(C)(3)	6,005.	0.			GENERAL SUPPORT
Our Children's Center 411 South Burrows Street State College, PA 16801	251815148	501(C)(3)	6,527.	0.			GENERAL SUPPORT
Out of the Cold: Centre County PO Box 784 State College, PA 16804	472022203	501(C)(3)	55,154.	0.			GENERAL SUPPORT
Park Forest Preschool 1833 Park Forest Avenue State College, PA 16803	251358116	501(C)(3)	55,624.	0.			GENERAL SUPPORT
Patton Township 100 Patton Plaza State College, PA 16803	251154733	501(C)(3)	12,743.	0.			GENERAL SUPPORT
Penn State University - Osher Lifelong Learning Institute - 100 Innovation Blvd - University Park, PA 16802	232880225	501(C)(3)	8,229.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
Penns Valley Conservation Assoc PO Box 165 Aaronsburg, PA 16820	251579987	501(C)(3)	22,265.	0.			GENERAL SUPPORT
Penns Valley Emergency Medical Services - PO Box 650 - Millheim, PA 16854	251806260	501(C)(3)	6,864.	0.			GENERAL SUPPORT
Penns Valley Youth Center 106 School Street Spring Mills, PA 16875	472825488	501(C)(3)	50,111.	0.			GENERAL SUPPORT
Pennsylvania Chamber Orchestra 119 S. Fraser St State College, PA 16801	251564274	501(C)(3)	18,904.	0.			GENERAL SUPPORT
Performing Arts School of Central Pennsylvania - 3006 Research Dr - State College, PA 16801	274418566	501(C)(3)	24,500.	0.			GENERAL SUPPORT
Pets Come First Inc 2451 General Potter Hwy Centre Hall, PA 16828	203094906	501(C)(3)	37,499.	0.			GENERAL SUPPORT
Phillipsburg Historical Foundation 203 North Front Street Phillipsburg, PA 16866	237314462	501(C)(3)	5,799.	0.			GENERAL SUPPORT
Phillipsburg Revitalization Corporation - P.O. Box 374 - Phillipsburg, PA 16866	251828674	501(C)(3)	5,000.	0.			GENERAL SUPPORT
PICCC Private Industry Council of Centre County - 2595-1 Clyde Avenue - State College, PA 16801	251425443	501(C)(3)	15,005.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
Pixie Dust Wishes PO Box 1331 State College, PA 16804	815203104	501(C)(3)	12,594.	0.			GENERAL SUPPORT
Planned Parenthood Federation of America - 123 William Street, 10th Fl - New York, NY 10038	131644147	501(C)(3)	7,439.	0.			GENERAL SUPPORT
Pleasant Gap Fire Company #1 475 Robinson Lane Pleasant Gap, PA 16823	251429525	501(C)(3)	6,737.	0.			GENERAL SUPPORT
Pleasant Gap United Methodist Church - 179 S. Main Street - Pleasant Gap, PA 16823	311813333	501(C)(3)	10,105.	0.			GENERAL SUPPORT
Rhoneymeade Inc. 177 Rimney Road Centre Hall, PA 16828	251592379	501(C)(3)	16,030.	0.			GENERAL SUPPORT
Ridgelines Inc PO Box 162 Aaronsburg, PA 16820	824498178	501(C)(3)	9,863.	0.			GENERAL SUPPORT
Rising Hope Therapeutic Riding Center - 388 Reese Road - Bellefonte, PA 16823	810724208	501(C)(3)	6,788.	0.			GENERAL SUPPORT
Rock Hill School at Linden Hall P.O. Box 151 Boalsburg, PA 16827	202168673	501(C)(3)	5,460.	0.			GENERAL SUPPORT
Schlow Centre Region Library 211 S. Allen St. State College, PA 16801	240857113	501(C)(3)	38,203.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
Schlow Library Foundation Inc 211 South Allen Street State College, PA 16801	237269521	501(C)(3)	77,919.	0.			GENERAL SUPPORT
Sierra Club Foundation 2101 Webster St, Suite 1250 Oakland, CA 94612	946069890	501(C)(3)	7,439.	0.			GENERAL SUPPORT
Sight Loss Support Group of Central Pennsylvania Inc - PO Box 782 - Lemont, PA 16851	251425250	501(C)(3)	17,102.	0.			GENERAL SUPPORT
Spring Creek Chapter Trout Unlimited - 291 Norie Street - State College, PA 16801	381612715	501(C)(3)	9,525.	0.			GENERAL SUPPORT
St. Andrew's Episcopal Church 208 West Foster Avenue State College, PA 16801	251450145	501(C)(3)	13,695.	0.			GENERAL SUPPORT
St. John the Evangelist Catholic School - 134 East Bishop Street - Bellefonte, PA 16823	240837084	501(C)(3)	10,975.	0.			GENERAL SUPPORT
St. John's Episcopal Church 120 West Lamb Street Bellefonte, PA 16823	246020380	501(C)(3)	9,862.	0.			GENERAL SUPPORT
St. Joseph's Catholic Academy 901 Boalsburg Pike Boalsburg, PA 16827	264292850	501(C)(3)	7,846.	0.			GENERAL SUPPORT
St. Paul Lutheran Church 277 West Pine Grove Road Pine Grove Mills, PA 16868	240865960	501(C)(3)	40,611.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
St. Paul's United Methodist Church 250 E College Avenue State College, PA 16801	240804241	501(C)(3)	22,736.	0.			GENERAL SUPPORT
St. Thomas of Canterbury Anglican Church - 116 North 2nd Street - Phillipsburg, PA 16866	251375677	501(C)(3)	5,785.	0.			GENERAL SUPPORT
St. Vincent de Paul Thrift Store 1300 Benner Pike State College, PA 16801	250965567	501(C)(3)	14,633.	0.			GENERAL SUPPORT
State College Area Meals on Wheels P.O. Box 1235 State College, PA 16804	251215933	501(C)(3)	87,035.	0.			GENERAL SUPPORT
State College Area Roller Derby PO Box 1051 State College, PA 16804	274448806	501(C)(3)	7,653.	0.			GENERAL SUPPORT
State College Area School District 240 Villa Crest Drive State College, PA 16801	246001247	501(C)(3)	43,467.	0.			GENERAL SUPPORT
State College Area School District Education Foundation Inc. - 240 Villa Crest Drive - State College, PA 16801	475435852	501(C)(3)	12,358.	0.			GENERAL SUPPORT
State College Choral Society P.O. Box 675 State College, PA 16804	251453237	501(C)(3)	24,848.	0.			GENERAL SUPPORT
State College Community Land Trust 1315 S. Allen St. State College, PA 16801	251801884	501(C)(3)	13,417.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
State College Community Theatre, Inc. - 210 W. Hamilton Ave #116 - State College, PA 16801	250855196	501(C)(3)	5,175.	0.			GENERAL SUPPORT
State College Friends School 1900 University Drive State College, PA 16801	251383906	501(C)(3)	16,741.	0.			GENERAL SUPPORT
State College Presbyterian Church 132 West Beaver Avenue State College, PA 16801	240795489	501(C)(3)	16,066.	0.			GENERAL SUPPORT
State Theatre Inc 130 West College Avenue State College, PA 16801	680490220	501(C)(3)	42,129.	0.			GENERAL SUPPORT
Strawberry Fields Inc 3054 Enterprise Dr. State College, PA 16801	251237223	501(C)(3)	42,951.	0.			GENERAL SUPPORT
Taproot Kitchen 318 S. Atherton Street State College, PA 16801	134351903	501(C)(3)	6,265.	0.			GENERAL SUPPORT
Ten Thousand Villages of Central PA - 1341 S Atherton St - State College, PA 16801	814215333	501(C)(3)	12,839.	0.			GENERAL SUPPORT
The Hundred Cat Foundation Inc P O Box 10 Centre Hall, PA 16828	203727384	501(C)(3)	23,820.	0.			GENERAL SUPPORT
The Nature Conservancy 4245 N. Fairfax Drive Arlington, VA 22203	530242652	501(C)(3)	7,478.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
The Next Stage Inc. PO Box 11111 State College, PA 16805	251780114	501(C)(3)	8,368.	0.			GENERAL SUPPORT
The Rowland Theatre 127 N Front St Phillipsburg, PA 16866	251623966	501(C)(3)	20,531.	0.			GENERAL SUPPORT
The Salvation Army 2603 E College Ave, Ste G State College, PA 16801	135562351	501(C)(3)	13,823.	0.			GENERAL SUPPORT
The Seeing Eye, Inc. P.O. Box 375 Morristown, NJ 07963	221539721	501(C)(3)	15,707.	0.			GENERAL SUPPORT
Tides, Inc. PO Box 1251 State College, PA 16804	208581158	501(C)(3)	15,689.	0.			GENERAL SUPPORT
TriYoga of Central Pennsylvania PO Box 318 Boalsburg, PA 16827	452675541	501(C)(3)	12,723.	0.			GENERAL SUPPORT
WPSU 100 Innovation Blvd University Park, PA 16802	246000376	501(C)(3)	8,439.	0.			GENERAL SUPPORT
YMCA of Centre County 125 West High Street Bellefonte, PA 16823	240802437	501(C)(3)	43,582.	0.			GENERAL SUPPORT
Rensselaer Polytechnic Institute Total - 110 8th St. - Troy, NY 12180	141340095	501(C)(3)	16,000.	0.			SCHOLARSHIPS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
Temple University 1801 N Broad St, Philadelphia, PA 19122	231365971	501(C)(3)	16,092.	0.			SCHOLARSHIPS
United States Military Academy at West Point - 606 Thayer Road - West Point, NY 10996	141364902	501(C)(3)	12,000.	0.			SCHOLARSHIPS
West Virginia University 62 Morrill Way Morgantown, WV 31196	55-6000842	501(C)(3)	10,000.	0.			SCHOLARSHIPS
Penn State University 109 Shields Building University Park, PA 16802	246000376	501(C)(3)	82,083.	0.			SCHOLARSHIPS
Pennsylvania College of Technology One College Avenue, DIF 108 Williamsport, PA 17701	232564508	501(C)(3)	16,524.	0.			SCHOLARSHIPS
Shippensburg University Foundation 1871 Old Main Drive Shippensburg, PA 17257	232046093	501(C)(3)	45,000.	0.			SCHOLARSHIPS
South Hills School of Business and Technology - 480 Waupeland Drive - State College, PA 16801	251209900		74,881.	0.			PAYMENTS FOR QUALIFIED INDIVIDUALS' COST OF ATTENDANCE

Schedule I (Form 990)

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

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Inspection

Name of the organization

CENTRE COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

25-1782197

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

X

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

9

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	(i)						
	(ii)						
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Part III	Supplemental Information
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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2020

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Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

CENTRE COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

25-1782197

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	6	191,186.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (.....				
26 Other ▶ (.....				
27 Other ▶ (.....				
28 Other ▶ (.....				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

	Yes	No
30a		X
31		X
32a		X
33		

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

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

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

b If "Yes," describe in Part II.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2020

Part II

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

CENTRE COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

25-1782197

Form 990, Part III, Line 1, Description of Organization Mission:

IN CENTRE COUNTY PENNSYLVANIA AND SURROUNDING REGIONS.

Form 990, Part III, Line 4a, Program Service Accomplishments:

SCHOOLS. CENTRE FOUNDATION IS ACCREDITED THROUGH THE NATIONAL
STANDARDS FOR U.S. COMMUNITY FOUNDATIONS.

Form 990, Part VI, Section A, line 2:

ORGANIZATION BELIEVES THERE ARE BUSINESS RELATIONSHIPS BETWEEN DIRECTORS,
HOWEVER IT IS NOT PRIVY TO THE DETAILS INASMUCH AS DISCLOSURE MAY VIOLATE
ATTORNEY-CLIENT, PHYSICIAN-PATIENT, OR OTHER PRIVACY LAWS IN A
BUSINESS-CUSTOMER RELATIONSHIP.

Form 990, Part VI, Section B, line 11b:

FORM 990 IS PROVIDED TO CCCF'S BOARD OF DIRECTORS AND MANAGEMENT AND
REVIEWED PRIOR TO FILING.

Form 990, Part VI, Section B, Line 12c:

BOARD MEMBERS SUBJECT TO AN ANNUAL UPDATE OF RELATED PARTIES. IF, IN THE
COURSE OF FOUNDATION BUSINESS A BOARD MEMBER IS SUBJECT TO A CONFLICT OF
INTEREST THEY ARE RECUSED FROM PARTICIPATION IN THE MATTER.

Form 990, Part VI, Section B, Line 15:

EXECUTIVE DIRECTOR'S SALARY IS REVIEWED AND APPROVED BY THE BOARD OF
DIRECTORS BASED ON COMPARABLE DATA, JOB DESCRIPTION, ETC.

Name of the organization

CENTRE COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

25-1782197

Form 990, Part VI, Section C, Line 18:

CCCF'S FORM 990 IS AVAILABLE UPON REQUEST AT THEIR MAIN OFFICE IN STATE
COLLEGE, PA AND ALSO AVAILABLE ON THEIR WEBSITE.

Form 990, Part VI, Section C, Line 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
ARE AVAILABLE UPON REQUEST AT CCCF'S MAIN OFFICE IN STATE COLLEGE, PA.

Form 990, Part XI, line 9, Changes in Net Assets:

CHANGE IN CASH VALUE OF LIFE INSURANCE POLICY 638.

POLICY REGARDING REVIEW OF AUDIT, PART XII, LINE 2C

NO CHANGES FROM PRIOR YEAR. AUDIT AND FINANCE COMMITTEES REVIEW DRAFT
BEFORE PRESENTATION TO AND ACCEPTANCE BY THE BOARD.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Name of the organization

CENTRE COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number
25-1782197

OMB No. 1545-0047

2020

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CENTRE GIVES, LLC - 45-5226712 1377 RIDGE MASTER DRIVE STATE COLLEGE, PA 16803	TO RECEIVE GIFTS FROM THE PUBLIC IN SUPPORT OF CENTRE COUNTY COMMUNITY FDN	Pennsylvania	1,719,569.	250,821.	CENTRE COUNTY COMMUNITY FOUNDATION, INC. SOLE MEMBER

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
FOUNDATION PROPERTY, INC - 25-1873198 1377 RIDGE MASTER DRIVE STATE COLLEGE, PA 16803	TO RECEIVE GIFTS FROM THE PUBLIC IN SUPPORT OF CENTRE COUNTY COMMUNITY	Pennsylvania	501(c)(3)	Line 12b, II	CENTRE COUNTY COMMUNITY FOUNDATION, INC		X

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

See Part VII for Continuations

Schedule R (Form 990) 2020

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

[illegible]

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

[illegible]

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes No	
	1a	1b
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
OFFICERS AND EMPLOYEES PROVIDE SERVICES AS (1) NEEDED	O	1. NOT DETERMINED	
OFFICE SPACE AND FACILITIES PROVIDED AS (2) NEEDED	N	1. NOT DETERMINED	
FOUNDATION HAS PROVIDED ADVANCES FOR WORKING CAPITAL (3) WORKING CAPITAL	D	61,369. CASH	
OFFICERS AND EMPLOYEES PROVIDE SERVICES AS (4) NEEDED	L	1. NOT DETERMINED	
(5)			
(6)			

Part VII Supplemental Information

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

Part I, Identification of Disregarded Entities:**Name, Address, and EIN of Disregarded Entity:**

CENTRE GIVES, LLC

EIN: 45-5226712

1377 RIDGE MASTER DRIVE

STATE COLLEGE, PA 16803

Primary Activity: TO RECEIVE GIFTS FROM THE PUBLIC IN SUPPORT OF CENTRE
COUNTY COMMUNITY FDNDirect Controlling Entity: CENTRE COUNTY COMMUNITY FOUNDATION, INC. SOLE
MEMBER**Part II, Identification of Related Tax-Exempt Organizations:****Name, Address, and EIN of Related Organization:**

FOUNDATION PROPERTY, INC

EIN: 25-1873198

1377 RIDGE MASTER DRIVE

STATE COLLEGE, PA 16803

Primary Activity: TO RECEIVE GIFTS FROM THE PUBLIC IN SUPPORT OF CENTRE
COUNTY COMMUNITY FDNDirect Controlling Entity: CENTRE COUNTY COMMUNITY FOUNDATION, INC
APPOINTS DIRECTORS

CARRYOVER DATA TO 2021

Based on the information provided with this return, the following are possible carryover amounts to next year.

Federal Post-2017 Net Operating Loss - INVESTMENTS IN LIMITE	122,556.
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Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund

OMB No. 1545-1002

Attachment
Sequence No. **69**

Go to www.irs.gov/Form8621 for instructions and the latest information.

Name of shareholder CENTRE COUNTY COMMUNITY FOUNDATION, INC.	Identifying number (see instructions) **-*****
Number, street, and room or suite no. If a P.O. box, see instructions. 1377 RIDGE MASTER DRIVE	Shareholder tax year: calendar year 2020 or other tax year beginning and ending
City or town, state, and ZIP code or country STATE COLLEGE, PA 16803	
Check type of shareholder filing the return: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nongrantor Trust <input type="checkbox"/> Estate	
Check if any Excepted Specified Foreign Financial Assets are reported on this form. See instructions <input type="checkbox"/>	
Qualifying Insurance Corporation Election-I, a shareholder of stock of a foreign corporation, elect to treat such stock as the stock of a Qualifying Insurance Corporation under the alternative facts and circumstances test within the meaning of section 1297(f)(2). See instructions <input type="checkbox"/>	
Name of foreign corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF) GLOBAL ABSOLUTE ALPHA COMPANY 1 % MAPLES CORPORATE SERVICES LIMITED	Employer identification number (if any)
Address (Enter number, street, city or town, and country.) P O BOX 309, UGLAND HOUSE GRAND CAYMAN, CAYMAN ISLANDS KY1-1104	Reference ID number (see instructions) 3817
	Tax year of foreign corporation, PFIC, or QEF: Calendar year 2020 or other tax year beginning and ending

Part I Summary of Annual Information (see instructions)

Provide the following information with respect to all shares of the PFIC held by the shareholder:

- 1 Description of each class of shares held by the shareholder: **CLASS B**
☐ Check if shares jointly owned with spouse.
- 2 Date shares acquired during the tax year, if applicable: **08/15/20**
- 3 Number of shares held at the end of the tax year: **100,000.**
- 4 Value of shares held at the end of the tax year (check the appropriate box, if applicable):
(a) ☐ \$0-50,000 (b) ☐ \$50,001-100,000 (c) ☐ \$100,001-150,000 (d) ☐ \$150,001-200,000
(e) If more than \$200,000, list value: **1,028,504.**
- 5 Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, and inclusion or deduction under section 1296 (check all boxes that apply):
(a) ☐ Section 1291 \$
(b) ☐ Section 1293 (Qualified Electing Fund) \$
(c) ☐ Section 1296 (Mark to Market) \$ **See Statement 4**

Part II Elections (see instructions)

- A** ☐ **Election To Treat the PFIC as a QEF.** I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. *Complete lines 6a through 7c of Part III.*
- B** ☐ **Election To Extend Time For Payment of Tax.** I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. *Complete lines 8a through 9c of Part III to calculate the tax that may be deferred.*
Note: If any portion of line 6a or line 7a of Part III is includable under section 951, you may not make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.
- C** ☐ **Election To Mark-to-Market PFIC Stock.** I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). *Complete Part IV.*
- D** ☐ **Deemed Sale Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. *Enter gain or loss on line 15f of Part V.*
- E** ☐ **Deemed Dividend Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. *Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V.*
- F** ☐ **Election To Recognize Gain on Deemed Sale of PFIC.** I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). *Enter gain on line 15f of Part V.*
- G** ☐ **Deemed Dividend Election With Respect to a Section 1297(e) PFIC.** I, a shareholder of a section 1297(e) PFIC, within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*
- H** ☐ **Deemed Dividend Election With Respect to a Former PFIC.** I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*

Part III Income From a Qualified Electing Fund (QEF). All QEF shareholders complete lines 6a through 7c. If you are making Election B, also complete lines 8a through 9c. See instructions.

6 a	Enter your pro rata share of the ordinary earnings of the QEF	6a			
b	Enter the portion of line 6a that is included in income under section 951 or that may be excluded under section 1293(g)	6b			
c	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income			6c	
7 a	Enter your pro rata share of the total net capital gain of the QEF	7a			
b	Enter the portion of line 7a that is included in income under section 951 or that may be excluded under section 1293(g)	7b			
c	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D used for your income tax return. See instructions			7c	
Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.					
8 a	Add lines 6c and 7c			8a	
b	Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF. See instructions	8b			
c	Enter the portion of line 8a not already included in line 8b that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred during the tax year	8c			
d	Add lines 8b and 8c			8d	
e	Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets) Important: If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951, you may make Election B with respect to the amount on line 8e.			8e	
9 a	Enter the total tax for the tax year. See instructions	9a			
b	Enter the total tax for the tax year determined without regard to the amount entered on line 8a	9b			
c	Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is extended by making Election B			9c	

Part IV Gain or (Loss) From Mark-to-Market Election (see instructions)

10a	Enter the fair market value of your PFIC stock at the end of the tax year	10a	
b	Enter your adjusted basis in the stock at the end of the tax year	10b	
c	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11	10c	
11	Enter any unreversed inclusions (as defined in section 1296(d))	11	
12	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return	12	
13	If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:		
a	Enter the fair market value of the stock on the date of sale or disposition	13a	
b	Enter the adjusted basis of the stock on the date of sale or disposition	13b	
c	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your tax return. If a loss, go to line 14	13c	
14a	Enter any unreversed inclusions (as defined in section 1296(d))	14a	
b	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c	14b	
c	Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax return according to the rules generally applicable for losses provided elsewhere in the Code and regulations	14c	

Note: See instructions in case of multiple sales or dispositions.

Part V Distributions From and Dispositions of Stock of a Section 1291 Fund(see instructions)*Complete a separate Part V for each excess distribution and disposition. See instructions.*

15 a	Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions	15a	
b	Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year)	15b	
c	Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.)	15c	
d	Multiply line 15c by 125% (1.25)	15d	
e	Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, do not complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return	15e	
f	Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain, complete line 16. If a loss, show it in brackets and do not complete line 16	15f	
16 a	If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year.		
b	Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income	16b	
c	Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). See instructions	16c	
d	Foreign tax credit (see instructions)	16d	
e	Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." See instructions	16e	
f	Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. See instructions	16f	

Form 8621 (Rev. 12-2018)

Part VI Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections*Complete a separate column for each outstanding election.*

Complete lines 17 through 20 to report the status of outstanding prior year section 1294 elections.						
	(i)	(ii)	(iii)	(iv)	(v)	(vi)
17 Tax year of outstanding election						
18 Undistributed earnings to which the election relates						
19 Deferred tax						
20 Interest accrued on deferred tax (line 19) as of the filing date						
Complete lines 21 through 24 only if a section 1294 election is terminated in the current year.						
21 Event terminating election						
22 Earnings distributed or deemed distributed during the tax year						
23 Deferred tax due with this return						
24 Accrued interest due with this return						
Complete lines 25 and 26 only if there is a partial termination of a section 1294 election in the current tax year.						
25 Deferred tax outstanding after partial termination of election. Subtract line 23 from line 19						
26 Interest accrued after partial termination of election. Subtract line 24 from line 20						

Form 8621

Additional Information

Statement

4

Name of Passive Foreign Investment Company or Qualified Electing Fund

GLOBAL ABSOLUTE ALPHA COMPANY 1
% MAPLES CORPORATE SERVICES LIMITED

Class of Stock	Number of Shares at Begining of Year	Change in Number of Shares	Date of Change	Number of Shares at End of Year	Value of Shares Held at End of Year
CLASS B	.000	100000.000	08/15/20	100000.000	1028504.00

**Return by a U.S. Transferor of Property
to a Foreign Corporation**

OMB No. 1545-0026

- ▶ Go to www.irs.gov/Form926 for instructions and the latest information.
▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment
Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor CENTRE COUNTY COMMUNITY FOUNDATION, INC.	Identifying number (see instructions) 25-1782197
---	--

- 1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? ☐ Yes ☒ No
- 2 If the transferor was a corporation, complete questions 2a through 2d.
- a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? ☐ Yes ☒ No
- b Did the transferor remain in existence after the transfer? ☒ Yes ☐ No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ Yes ☐ No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d Have basis adjustments under section 367(a)(4) been made? ☐ Yes ☒ No

- 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☒ No
- c Is the partner disposing of its entire interest in the partnership? ☐ Yes ☒ No
- d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☒ No

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation) GLOBAL ABSOLUTE ALPHA COMPANY 1	5a Identifying number, if any
6 Address (including country) % MAPLES CORP SVCS, PO BOX 309, UGLAND HOUSE GRAND CAYMAN, CAYMAN ISLANDS KY1-1104 Cayman Islands	5b Reference ID number 3817

7 Country code of country of incorporation or organization
CJ

8 Foreign law characterization (see instructions)
INCORPORATED WITH LIMITED LIABILITY

- 9 Is the transferee foreign corporation a controlled foreign corporation? ☐ Yes ☒ No

Part III Information Regarding Transfer of Property (see instructions)**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	08/15/2020		1,000,000.		

- 10 Was cash the only property transferred? ☒ Yes ☐ No
If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

- 11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? ☐ Yes ☐ No
- 12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? ☐ Yes ☐ No
If "Yes," go to line 12b.
- b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? ☐ Yes ☐ No
If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.
- c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? ☐ Yes ☐ No
If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.
- d Enter the transferred loss amount included in gross income as required under section 91 ▶ \$ _____
- 13 Did the transferor transfer property described in section 367(d)(4)? ☐ Yes ☐ No
If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a** Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? ☐ Yes ☐ No
- b** At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? ☐ Yes ☐ No
- c** Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? ☐ Yes ☐ No
- d** If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ _____
- 15** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ Yes ☐ No

Supplemental Part III Information Required To Be Reported (see instructions)**Part IV Additional Information Regarding Transfer of Property (see instructions)**

- 16** Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before 0.000 % (b) After 0.200 %
- 17** Type of nonrecognition transaction (see instructions) ► _____
- 18** Indicate whether any transfer reported in Part III is subject to any of the following.
- | | | |
|--|------------------------------|--|
| a Gain recognition under section 904(f)(3) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b Gain recognition under section 904(f)(5)(F) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c Recapture under section 1503(d) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d Exchange gain under section 987 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
- 19** Did this transfer result from a change in entity classification? ☐ Yes ☒ No
- 20 a** Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) ☐ Yes ☒ No
If "Yes," complete lines 20b and 20c.
- b** Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)
- c** Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? ☐ Yes ☐ No
- 21** Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions ☐ Yes ☒ No

Form 926 (Rev. 11-2018)

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

OMB No. 1545-0047

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 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.

Type or print	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	CENTRE COUNTY COMMUNITY FOUNDATION, INC.	25-1782197
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	1377 RIDGE MASTER DRIVE	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	STATE COLLEGE, PA 16803	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

CARRIE RYAN

- The books are in the care of ► **1377 RIDGE MASTER DRIVE - STATE COLLEGE, PA 16803**
Telephone No. ► **(814) 237-6229** Fax No. ► _____
- If the organization does not have an office or place of business in the United States, check this box ☐ ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **November 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► ☒ calendar year **2020** or
 ► ☐ tax year beginning _____, and ending _____.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	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	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.