Form <b>990-T</b>	E	Exempt Organization Bus	sine	ss Income T	ax Return	L	OMB No 1545-0687	
		(and proxy tax und					0040	
a	For ca	lendar year 2018 or other tax year beginning		, and ending		.	2018	
Department of the Treasury Internal Revenue Service		► Go to www.irs.gov/Form990T for in Do not enter SSN numbers on this form as it may				0	pen to Public Inspection for 01(c)(3) Organizations Only	
A Check box if address changed		Name of organization (						
B Exempt under section	Print	CENTRE COUNTY COMMUNIT	V F	OUNTATION.	INC.	2 =	5-1782197	
X 501(c)(03,)	or	Number, street, and room or suite no. If a P.O. box			E	Unrelat	ed business activity code	
408(e) 220(e)	Туре	1377 RIDGE MASTER DRIV	-	on actions.		(See ins	structions)	
408A 530(a)		City or town, state or province, country, and ZIP o		n postal code				
529(a)		STATE COLLEGE, PA 168		. posta. ood	5	259	90	
C Book value of all assets at end of year		F Group exemption number (See instructions.)					<del> </del>	
46,756,0	27.	G Check organization type ► X 501(c) corp		501(c) trust	401(a) tr	ust	Other trust	
		ition's unrelated trades or businesses.	1		he only (or first) unre	lated		
trade or business here	► <u>S</u> €	ee Statement 1		. If only one, o	complete Parts I-V. If	more t	han one,	
describe the first in the b	lank spa	ce at the end of the previous sentence, complete Pa	arts I an	d II, complete a Schedule	M for each additional	trade	or	
business, then complete	Parts III	-V						
I During the tax year, was	the corp	oration a subsidiary in an affiliated group or a parei	nt-subsi	diary controlled group?	▶ □	☐ Yes	X No	
		tifying number of the parent corporation.						
J The books are in care of					ne number 🕨 (8	14)		
		de or Business Income		(A) Income	(B) Expenses		(C) Net	
1 a Gross receipts or sale					-		,	
<b>b</b> Less returns and allow		c Balance	1c			-+		
2 Cost of goods sold (S			2	<del></del>	_ <del>`</del>			
3 Gross profit. Subtract			3	10 602	· · ·	-+	10 602	
4a Capital gain net incon		· · · · · · · · · · · · · · · · · · ·	4a	10,693.	<del></del>	-+	10,693.	
		art II, line 17) (attach Form 4797)	4b			-+		
c Capital loss deduction			4c	12 716	Stmt 2		-13,716.	
		ship or an S corporation (attach statement)	5	-13,716.	Scmc 2	-+	-13,/10.	
6 Rent income (Schedu		ma (Cabadula E)	7	<del></del>				
7 Unrelated debt-finance		ne (Schedule E) and rents from a controlled organization (Schedule F)	8				<del></del>	
			<del> </del>	<del></del>				
		on 501(c)(7), (9), or (17) organization (Schedule G)	10					
<ul><li>10 Exploited exempt acti</li><li>11 Advertising income (\$\frac{3}{2}\$</li></ul>	-	•	11			-		
12 Other income (See in:		· ·	12			-+		
13 Total. Combine lines			13	-3,023.		_	-3,023.	
		ot Taken Elsewhere (See instructions for					3,0231	
		utions, deductions must be directly connected			income)			
14 Compensation of off	icers, di	rectors, and trustees (Schedule K)			<del> </del>	14	<del></del>	
15 Salaries and wages						15		
16 Repairs and mainter	ance '				<u> </u>	16		
17 Bad debts			_		<b>;</b>	17		
18 Interest (attach sche	dule) (s	ee instructions)				18		
19 Taxes and licenses	(0-				} <del>-</del>	19		
		e instructions for limitation rules)		امرا	-	20	<del></del>	
21 Depreciation (attach	Form 4:	562) RECEIVED		21		206		
22 Less depreciation cl	aimed oi	I Schedile Walla elecation of Letati	1	22a		22b		
<ul><li>23 Depletion</li><li>24 Contributions to defi</li></ul>		mpensation plans NOV 2 5 2010	B		) <del>-</del>	23 24	<del></del>	
		impensation plans	191		<u> </u>	25		
<ul><li>25 Employee benefit pro</li><li>26 Excess exempt expe</li></ul>		Shadula I) OCDEN			<del></del>	26		
27 Excess readership c			7			27		
28 Other deductions (at			<b>-</b>		<b>—</b>	28		
29 Total deductions A						29	0.	
		ncome before net operating loss deduction. Subtrac	t line 20	) from line 13		30	-3,023.	
		loss arising in tax years beginning on or after Janua			H-	31		
•	_	ncome. Subtract line 31 from line 30	., ., _0	(222= 88.18.19)	_	32	-3,023.	
		week Reduction Act Notice and instructions			C/ C		Form 990-T (2018)	

Form 990-		5-1782197	Page 2
Part I	<del>```````</del>	<del> </del>	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	-3,023.
34	Amounts paid for disallowed fringes	34	1.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	36	-3,022.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		
	enter the smaller of zero or line 36	38	<u>-3,022.</u>
Part I		<del></del>	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	▶ 39	<u> </u>
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from:		
	Tax rate schedule or Schedule D (Form 1041)	▶ 40	
41	Proxy tax See instructions	▶ 41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income See Instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.
Part \	<del></del>	<del> </del>	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  45a		
b			
C	General business credit. Attach Form 3800 45c		
ď	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach		
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
	Payments: A 2017 overpayment credited to 2018		
	2018 estimated tax payments		
	Tax deposited with Form 8868		
	Foreign organizations: Tax paid or withheld at source (see instructions)  50d		
	Backup withholding (see instructions) 50e		
f	Credit for small employer health insurance premiums (attach Form 8941)  50f		
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ▶ <u>50g</u>		
51	Total payments. Add lines 50a through 50g	51	<del></del>
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	<del></del>
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		
Part \		·)	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No_
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		-
	here >		$- \frac{\mathbf{x}}{\mathbf{x}}$
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign to	rustr	<b>├─ ├ ^</b>
F0	If "Yes," see instructions for other forms the organization may have to file.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$  Under penalties of perjuty, I declare that I gave examined this return, including accompanying schedules and statements, and to the best	t of my knowledge and t	uelief it is true
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	. o, knowledge and a	
Here	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	May the IRS di	scuss this return with
	Signature of officer Date Title	instructions)?	own below (see
	Print/Type preparer's name Preparer's signature Date Check		
ъ		employed	
Paid	003		538622
Prepa	Tions Endeli Constant Constant TID		-2000257
Use C	2013 Sandy Dr. Ste 200		
		ne no. 814-23	37-8999
823711 01			orm <b>990-T</b> (2018)

Schedule A - Cost of Good	s Sold. Enter	method of invei	ntory valuation N/					
1 Inventory at beginning of year	1		6 Inventory at end of y			6	<del></del>	
2 Purchases	2		7 Cost of goods sold.	Subtract	line 6			
3 Cost of labor	3		from line 5. Enter hei	re and in	Part I,	1.1		
4a Additional section 263A costs		<del></del> :	line 2			7		
(attach schedule)	4a		8 Do the rules of section	on 263A (	with respect to		Yes	No
<ul><li>Other costs (attach schedule)</li></ul>	4b		property produced o	r acquire	d for resale) apply to			
5 Total Add lines 1 through 4b	5		the organization?					<u> </u>
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	/ Leas	ed With Real Pro	perty	)	
1 Description of property								
(1)								
(2)					<del></del>			
(3)					<del></del>	-		
(4)								
	2. Rent receiv	ed or accrued						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for	and personal property (if the perce personal property exceeds 50% or nt is based on profit or income)	ntage If	3(a) Deductions directi columns 2(a) a	y connect nd 2(b) (at	ed with the income i tach schedule)	.n
(1)		-			· · · · · · · · · · · · · · · · · · ·			
(2)								
(3)				-				
(4)								
Total	0.	Total		0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		nter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 8, column (B)	<b>•</b>		0.
Schedule E - Unrelated Deb	ot-Financed	I Income (see	instructions)					
			2. Gross income from		Deductions directly cor to debt-finan			
1. Description of debt-financed property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	'	(b) Other deduction (attach schedule)	
(1)								
(2)								
(3)			<u> </u>					
(4)					<del></del>			
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	adjusted basis allocable to inced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8 Allocable deduct blumn 6 x total of co 3(a) and 3(b))	
(1)			%	T				
(2)	·		%	<u> </u>				
(3)			%					
(4)			%					
					inter here and on page 1, Part I, line 7, column (A)		ter here and on pag art I, line 7, column	
Totals			<b>•</b>	•	0			0.
Total dividends-received deductions in	cluded in columi	n 8	•		<u>_</u>			0.

INC.

25-1782197

Page 4

Form 990-T (2018) CENTRE COUNTY COMMUNITY FOUNDATION,

;	schedule ł	( - (	Compensa	tion of	Officers,	Directors,	and	Trustees	(see instructions	)

1 Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2018)

	5				<b>C</b> 1 1	
Form 990-T '	<del>-</del>	Organization's	_	Unrelated	Statement	Τ
		Business Activi	ty			

## INVESTMENTS IN LIMITED PARTNERSHIPS

To Form 990-T, Page 1

Form 990-T Income (Loss) from Partnerships	Statement 2
Description	Net Income or (Loss)
TIFF KEYSTONE FUND - Ordinary Business Income (loss)	-1,543.
TIFF KEYSTONE FUND - Net Rental Real Estate Income	-2,049.
TIFF KEYSTONE FUND - Other Net Rental Income (loss)	-8,128.
TIFF KEYSTONE FUND - Interest Income	148.
TIFF KEYSTONE FUND - Dividend Income	115.
TIFF KEYSTONE FUND - Royalties	27.
TIFF KEYSTONE FUND - Other Portfolio income (loss)	61.
TIFF KEYSTONE FUND - Other income (loss)	-259.
COMMONFUND CAP. PART. V - Ordinary Business Income (loss)	-1,020.
COMMONFUND CAP. PART. V - Interest Income	147.
COMMONFUND CAP. PART. V - Dividend Income	34.
COMMONFUND CAP. PART. V - Royalties	4.
COMMONFUND CAP. PART. V - Other Portfolio income (loss)	_ 9.
COMMONFUND CAP. PART. V - Other income (loss)	540.
COMMONFUND CAP. PART. VI - Ordinary Business Income (loss)	-2,676.
COMMONFUND CAP. PART. VI - Net Rental Real Estate Income	-2.
COMMONFUND CAP. PART. VI - Other Net Rental Income (loss)	66.
COMMONFUND CAP. PART. VI - Interest Income	245.
COMMONFUND CAP. PART. VI - Dividend Income	47.
COMMONFUND CAP. PART. VI - Royalties	74.
COMMONFUND CAP. PART. VI - Other Portfolio income (loss)	94.
COMMONFUND CAP. PART. VI - Other income (loss)	315.
COMMONFUND CAP. PART. VII - Ordinary Business Income	2.2
(loss)	33.
COMMONFUND CAP. PART. VII - Net Rental Real Estate Income	2.
Total Included on Form 990-T, Page 1, line 5	-13,716.

### SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

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

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

OMB No 1545-0123

Name

Employer identification number

CENTRE COUNTY COMM	UNITY FOUNDAT	ION, INC.		25-	1782197
Part I Short-Term Capital Ga	ins and Losses (See	instructions.)			
See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gai or loss from Form(s) 894 Part I, line 2, column (g		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b			3		
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked		<u> </u>			
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked			<u> </u>		107.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		_ 4	
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			_ 5	
6 Unused capital loss carryover (attach compute	ation)			6	(
7 Net short-term capital gain or (loss) Combine	e lines 1a through 6 in column	ı h		7	107.
Part II Long-Term Capital Gai	ns and Losses (See	nstructions.)			
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gai or loss from Form(s) 894	9,	(ħ) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column (g	Part II, line 2, column (g) combine the resu	
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked	<u> </u>				
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					9,069.
11 Enter gain from Form 4797, line 7 or 9				11	1,517.
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 3	7		12	
13 Long-term capital gain or (loss) from like-king	d exchanges from Form 8824			_13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combine	lines 8a through 14 in colum	n h		15	10,586.
Part III Summary of Parts I and	<u>d II</u>				
16 Enter excess of net short-term capital gain (lin	ne 7) over net long-term capita	il loss (line 15)		16	107.
17 Net capital gain. Enter excess of net long-term			ne 7)	17	10,586.
18 Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the pr	oper line on other returns.		_ 18	10,693.
Note: If losses exceed gains, see Capital loss	es in the instructions.	-			

JWA

Department of the Treasury Internal Revenue Service

# Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D OMB No 1545-0074

Sequence No 12A

Name(s) shown on return

Social security number or taxpayer identification no.

CENTRE COUNTY COMMUNITY FOUNDATION, <u> 25-1782197</u> Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your

broker and may even tell you which box to check. Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (a) (c) (d) (e) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date sold or Date acquired in column (g), enter a code in (sales price) basis See the Subtract column (e) (Example, 100 sh. XYZ Co) (Mo, day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo, day, yr) (g) Amount of see Column (e) in combine the result Code(s) the instructions with column (g) adjustment COMMONFUND CAPITAL PARTNERS V, 151 LP-COMMON COMMONFUND CAPITAL PARTNERS VI, LP-COMMO <44. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an

adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment. Form 8949 (2018)

above is checked), or line 3 (if Box C above is checked)

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

Social security number or taxpayer identification no.

CENTRE	COUNTY	COMMINITY	FOUNDATION.	TNC

25-1782197

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute
statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your
broker and may even tell you which box to check
Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short term transactions

see page 1
Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (a) (b) (d) (e) (h) (c) loss If you enter an amount Gain or (loss). Proceeds Cost or other Description of property Date acquired Date sold or in column (g), enter a code in column (f). See instructions (sales price) basis. See the Subtract column (e) (Example 100 sh. XYZ Co) (Mo, day, yr) disposed of Note below and from column (d) & (Mo, day, yr.) (g) Amount of (f) see Column (e) ın combine the result Code(s) the instructions with column (g) adjustment TIFF KEYSTONE FUND, LP-TIFF KEYSTONE FUN 128. COMMONFUND CAPITAL PARTNERS V, 6,002. LP-COMMON COMMONFUND CAPITAL PARTNERS VI, LP-COMMO 2,936. COMMONFUND CAPITAL PARTNERS VII, LP-COMM 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (If Box D above is checked), line 9 (If Box E 9,069. above is checked), or line 10 (if Box F above is checked)

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