

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
WASHINGTON COUNTY COMMUNITY FOUNDAT
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1253 ROUTE 519, PO BOX 308
 City or town, state or province, country, and ZIP or foreign postal code
EIGHTY FOUR PA 15330

D Employer identification number
**** - ***6013**

E Telephone number
724-222-6330

G Gross receipts\$ **6,344,098**

F Name and address of principal officer:
BETTY TREW
1253 ROUTE 519
EIGHTY FOUR PA 15330

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: **WWW.WCCF.NET**

K Form of organization: Corporation Trust Association Other **u**

L Year of formation: **1993** **M** State of legal domicile: **PA**

H(c) Group exemption number **u**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	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	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	50
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 38	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	16,866,884	5,663,393
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	307,622	599,346
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	31,094	12,276
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,205,600	6,275,015
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,003,695	3,973,683
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	298,914	411,878
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) u 202,523		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	195,827	221,000
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,498,436	4,606,561
19 Revenue less expenses. Subtract line 18 from line 12	14,707,164	1,668,454	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	35,935,933	36,491,346
	21 Total liabilities (Part X, line 26)	471,060	1,361,781
	22 Net assets or fund balances. Subtract line 21 from line 20	35,464,873	35,129,565

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: **BETTY TREW** Date: _____
 Type or print name and title: **PRESIDENT & CEO**

Paid Preparer Use Only Print/Type preparer's name: **DANIEL C. MILLER, CPA** Preparer's signature: _____ Date: **08/14/19** Check if PTIN self-employed *********
 Firm's name: **MARKOVITZ DUGAN & ASSOCIATES** Firm's EIN: **** - ***1188**
 Firm's address: **1001 E ENTRY DR STE 200**
PITTSBURGH, PA 15216-2943 Phone no. **412-571-0500**

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:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] 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 [X] 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 \$ 4,080,106 including grants of \$ 3,973,683) (Revenue \$ 4,082,432)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 86,999 including grants of \$) (Revenue \$ 86,999)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 21,750 including grants of \$) (Revenue \$ 21,750)

SEE SCHEDULE O

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

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

4e Total program service expenses u 4,188,855

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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 9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
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)?		X
b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	13b		
c	Enter the amount of reserves on hand		
	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u PA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**
BETTY R. TREW **1253 ROUTE 519, PO BOX 308**
EIGHTY FOUR **PA 15330** **724-222-6330**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BETTY TREW	40.00									
PRESIDENT & CEO	0.00	X		X			136,500	0	7,826	
(2) EDWARD MORASCYZK	1.00									
TRUSTEE	0.00	X					0	0	0	
(3) SANDRA GUTHRIE	3.00									
TREASURER	0.00	X		X			0	0	0	
(4) ANDREW M. MCILVAINE	1.00									
TRUSTEE	0.00	X					0	0	0	
(5) WILLIAM KLINE	1.00									
TRUSTEE	0.00	X					0	0	0	
(6) ALEX PARIS	1.00									
TRUSTEE	0.00	X					0	0	0	
(7) KURT SALVATORI	1.00									
TRUSTEE	0.00	X					0	0	0	
(8) BRIAN SMITH	1.00									
TRUSTEE	0.00	X					0	0	0	
(9) DOROTHY TECKLENBURG	1.00									
TRUSTEE	0.00	X					0	0	0	
(10) TAMMY HARDY	1.00									
TRUSTEE	0.00	X					0	0	0	
(11) LYNNE STOUT	3.00									
CHAIRMAN	0.00	X		X			0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) GERALDINE M. JONES	1.00									
TRUSTEE	0.00	X					0	0	0	
(13) THOMAS P. NORTHROP	1.00									
TRUSTEE	0.00	X					0	0	0	
(14) THOMAS F. HOFFMAN	1.00									
TRUSTEE	0.00	X					0	0	0	
(15) JAMES H. MCCUNE	1.00									
TRUSTEE	0.00	X					0	0	0	
(16) RICHARD L. WHITE	3.00									
SECRETARY	0.00	X		X			0	0	0	
(17) MICHAEL S. ANDERSON	1.00									
TRUSTEE	0.00	X					0	0	0	
(18) DEBRA E. KEEFER	1.00									
TRUSTEE	0.00	X					0	0	0	
(19) MICHAEL K. MACKIN	1.00									
TRUSTEE	0.00	X					0	0	0	
1b Sub-total							136,500		7,826	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							136,500		7,826	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 1**

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

Section B. Independent Contractors

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

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

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

0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,663,393				
	g Noncash contributions included in lines 1a-1f: \$		772,088				
	h Total. Add lines 1a-1f	u		5,663,393			
Program Service Revenue	2a	Busn. Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u					
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	599,346	599,346		
4 Income from investment of tax-exempt bond proceeds		u					
5 Royalties		u					
6a Gross rents		(i) Real	(ii) Personal				
b Less: rental exps.							
c Rental inc. or (loss)							
d Net rental income or (loss)		u					
7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis & sales exps.							
c Gain or (loss)							
d Net gain or (loss)		u					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a	78,250				
		b Less: direct expenses	b	68,349			
		c Net income or (loss) from fundraising events	u	9,901			9,901
9a Gross income from gaming activities. See Part IV, line 19		a	5,125				
		b Less: direct expenses	b	734			
	c Net income or (loss) from gaming activities	u	4,391			4,391	
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue		Busn. Code					
11a FEE INCOME			392,963	392,963			
b LI - CHANGE IN CASH VALUE			-2,017	-2,017			
c FUND ADMINISTRATIVE FEE - TEM			-55,036	-55,036			
d All other revenue			-337,926	-337,926			
e Total. Add lines 11a-11d	u		-2,016				
12 Total revenue. See instructions.	u		6,275,015	597,330	0	14,292	

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	3,973,683	3,973,683		
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	136,500	46,410	46,410	43,680
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	219,159	74,514	74,514	70,131
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,450	6,273	6,273	5,904
9 Other employee benefits	7,826	2,661	2,661	2,504
10 Payroll taxes	29,943	10,180	10,181	9,582
11 Fees for services (non-employees):				
a Management				
b Legal	1,687	573	574	540
c Accounting	7,500	2,550	2,550	2,400
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	8,489	2,887	2,886	2,716
12 Advertising and promotion	21,735	7,390	7,390	6,955
13 Office expenses	17,404	5,918	5,917	5,569
14 Information technology	10,951	3,722	3,724	3,505
15 Royalties				
16 Occupancy	6,506	2,212	2,212	2,082
17 Travel	3,896	1,324	1,325	1,247
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,081	707	708	666
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	41,161	13,994	13,995	13,172
23 Insurance	19,710	6,702	6,701	6,307
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS/MAINTENANCE	32,381	11,009	11,010	10,362
b PRINTING	18,940	6,439	6,440	6,061
c POSTAGE	8,046	2,735	2,736	2,575
d MEMBERSHIPS/PUBLICATIONS/	5,937	2,018	2,019	1,900
e All other expenses	14,576	4,954	4,957	4,665
25 Total functional expenses. Add lines 1 through 24e	4,606,561	4,188,855	215,183	202,523
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet		Check if Schedule O contains a response or note to any line in this Part X <input type="checkbox"/>	
		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest bearing	207,925	1 69,439
	2 Savings and temporary cash investments	587,648	2 583,466
	3 Pledges and grants receivable, net	4,837,773	3 7,327,924
	4 Accounts receivable, net	103,867	4 193,948
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6
	7 Notes and loans receivable, net		7
	8 Inventories for sale or use		8
	9 Prepaid expenses and deferred charges	8,500	9
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,273,063	
	b Less: accumulated depreciation	10b 174,833	10c 1,098,230
	11 Investments—publicly traded securities	28,943,359	11 26,968,769
	12 Investments—other securities. See Part IV, line 11		12
	13 Investments—program-related. See Part IV, line 11		13
	14 Intangible assets		14
	15 Other assets. See Part IV, line 11	181,457	15 249,570
16 Total assets. Add lines 1 through 15 (must equal line 34)	35,935,933	16 36,491,346	
Liabilities	17 Accounts payable and accrued expenses	23,214	17 5,791
	18 Grants payable	435,666	18 1,353,549
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23 Secured mortgages and notes payable to unrelated third parties		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	12,180	25 2,441
	26 Total liabilities. Add lines 17 through 25	471,060	26 1,361,781
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	515,488	27 767,473
	28 Temporarily restricted net assets	2,313,791	28 1,878,685
	29 Permanently restricted net assets	32,635,594	29 32,483,407
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds		30
	31 Paid-in or capital surplus, or land, building, or equipment fund		31
	32 Retained earnings, endowment, accumulated income, or other funds		32
33 Total net assets or fund balances	35,464,873	33 35,129,565	
34 Total liabilities and net assets/fund balances	35,935,933	34 36,491,346	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,275,015
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,606,561
3	Revenue less expenses. Subtract line 2 from line 1	3	1,668,454
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	35,464,873
5	Net unrealized gains (losses) on investments	5	-2,003,762
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	35,129,565

Part XII Financial Statements and Reporting

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

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

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

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

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

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

Section B. Independent Contractors

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

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

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

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.

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **WASHINGTON COUNTY COMMUNITY FOUNDAT** Employer identification number ****-***6013**

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,828,007	2,247,313	2,442,643	16,866,884	5,672,244	29,057,091
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	1,828,007	2,247,313	2,442,643	16,866,884	5,672,244	29,057,091
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)						1,485,877
6 Public support. Subtract line 5 from line 4						27,571,214

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	1,828,007	2,247,313	2,442,643	16,866,884	5,672,244	29,057,091
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	225,695	193,014	183,554	307,622	599,347	1,509,232
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.)	5,092	106,040		80,375	83,375	274,882
11 Total support. Add lines 7 through 10						30,841,205
12 Gross receipts from related activities, etc. (see instructions)					12	906,396
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	89.40 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	40.13 %
16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<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"/>

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

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

PART II, LINE 10 - OTHER INCOME DETAIL

\$ 191,507

Schedule of Contributors

2018

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

Name of the organization WASHINGTON COUNTY COMMUNITY FOUNDAT	Employer identification number ** - *** 6013
--	--

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization

Employer identification number

WASHINGTON COUNTY COMMUNITY FOUNDAT

-*6013

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	\$ 180,448	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	\$ 394,566	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	\$ 730,064	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	\$ 1,989,109	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	\$ 205,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

WASHINGTON COUNTY COMMUNITY FOUNDAT

-*6013

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	STOCK	\$ 730,064	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

u Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Employer identification number

WASHINGTON COUNTY COMMUNITY FOUNDAT

** - *** 6013

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions, grants, and total value at end of year. Includes Yes/No checkboxes for reporting requirements.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include Purpose(s) of conservation easements, Total number of easements, Total acreage, and various monitoring and reporting details.

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

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

Table with 2 columns: Description, Amount. Rows include reporting requirements for art and historical treasures, including revenue and asset inclusion details.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | 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 Yes No

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	32,635,594	16,285,777	15,836,037	15,786,730	15,105,256
b Contributions	3,856,139	15,308,933	240,345	472,761	324,133
c Net investment earnings, gains, and losses	303,284	2,154,756	770,567	44,569	669,612
d Grants or scholarships	3,973,683	861,768	379,557	284,729	135,838
e Other expenditures for facilities and programs					
f Administrative expenses	337,926	252,104	181,615	183,294	176,433
g End of year balance	32,483,408	32,635,594	16,285,777	15,836,037	15,786,730

- 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 100.00 %
 - c Temporarily restricted 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:
- | | Yes | No |
|-----------------------------------|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 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		10,000		10,000
b Buildings		1,190,933	111,272	1,079,661
c Leasehold improvements				
d Equipment				
e Other		72,130	63,561	8,569
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,098,230

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) ANNUITY PAYABLE	2,441	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	2,441	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	4,705,647
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-2,003,762	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	434,394	
e	Add lines 2a through 2d		2e	-1,569,368
3	Subtract line 2e from line 1		3	6,275,015
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	6,275,015

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	5,040,955
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	434,394	
e	Add lines 2a through 2d		2e	434,394
3	Subtract line 2e from line 1		3	4,606,561
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	4,606,561

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 - INTENDED USES FOR ENDOWMENT FUNDS

TO ISSUE GRANTS TO WORTHY COMMUNITY ORGANIZATIONS AND SCHOLARSHIPS TO QUALIFIED STUDENTS IN ACCORDANCE WITH DONOR AGREEMENTS.

PART X - FIN 48 FOOTNOTE

MANAGEMENT HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS OR UNRECOGNIZED TAX BENEFITS AND THERE IS NO MATERIAL IMPACT ON THE FINANCIAL STATEMENTS.

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

DIRECT PROGRAM EXPENSES TO OFFSET DIRECT PROGRAM REVENUE \$ 41,431

ADMINISTRATIVE FEE EXPENSES TO OFFSET ADMINISTRATIVE FEE REV \$ 392,963

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

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

U Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

WASHINGTON COUNTY COMMUNITY FOUNDAT

Employer identification number

**** - *** 6013**

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

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

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

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

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

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

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

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.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>PHILATHROPY BAN</u> (event type)	<u>LEGACY CELEBRAT</u> (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	51,800	12,650	64,450
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	51,800	12,650	64,450
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	1,592	2,069	3,661
	6	Rent/facility costs			
	7	Food and beverages	11,767	6,257	18,024
	8	Entertainment			
	9	Other direct expenses	5,864	2,393	8,257
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				34,508

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

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

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

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

**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.
u Attach to Form 990.
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OMB No. 1545-0047

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Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

WASHINGTON COUNTY COMMUNITY FOUNDAT

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**** - *** 6013**

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 noncash assistance	(h) Purpose of grant or assistance
(1)	ANGEL RIDGE ANIMAL RESCUE 390 OLD HICKORY RIDGE ROAD WASHINGTON PA 15301	** - *** 3565	501C3	19,510				PROGRAMS
(2)	AVELLA AREA SCHOOL DISTRICT 1000 AVELLA ROAD AVELLA PA 15312	** - *** 8304	GOV	12,860				PROGRAMS
(3)	BENTLEYVILLE PUBLIC LIBRARY 931 MAIN ST. BENTLEYVILLE PA 15314	** - *** 2345	501C3	12,029				PROGRAMS
(4)	BIBLE FELLOWSHIP CHURCH 1705 READING DRIVE BETHLEHEM PA 18015	** - *** 2482	RELIG	10,000				PROGRAMS
(5)	BIG BROTHERS BIG SISTERS OF PGH 5989 CENTRE AVENUE PITTSBURGH PA 15206	** - *** 4707	501C3	9,359				PROGRAMS
(6)	BLUEPRINTS (COMMUNITY ACTION SW) 150 WEST BEAU STREET, STE 304 WASHINGTON PA 15301	** - *** 3028	501C3	13,166				PROGRAMS
(7)	BRADFORD HOUSE HISTORICAL ASSOCIATI PO BOX 537 WASHINGTON PA 15301	** - *** 0816	501C3	44,572				PROGRAMS
(8)	BROWNSON HOUSE 1415 JEFFERSON AVE. WASHINGTON PA 15301	** - *** 5444	501C3	17,507				PROGRAMS
(9)	BURGETTSTOWN AREA SCHOOL DISTRICT 100 BAVINGTON RD. BURGETTSTOWN PA 15021	** - *** 9712	GOV	12,860				PROGRAMS

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

**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.
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- 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 noncash assistance	(h) Purpose of grant or assistance
(1)	CALIFORNIA UNITED METHODIST CHURCH PO BOX 426 CALIFORNIA PA 15419	** - *** 1124	RELIG	15,000				PROGRAMS
(2)	CALIFORNIA UNIVERSITY OF PENNSYLVAN 250 UNIVERSITY AVENUE CALIFORNIA PA 15419	** - *** 0694	501C3	14,500				PROGRAMS
(3)	CALVARY CHAPEL CHRISTIAN SCHOOL 112 THORNTON ROAD BROWNSVILLE PA 15417	** - *** 0572	RELIG	6,039				PROGRAMS
(4)	CANON-MCMILLAN SCHOOL DISTRICT 1 NORTH JEFFERSON AVE. CANONSBURG PA 15317	** - *** 7826	GOV	12,860				PROGRAMS
(5)	CASA FOR KIDS 30 EAST BEAU STREET, SUITE 417 WASHINGTON PA 15301	** - *** 9282	501C3	76,240				PROGRAMS
(6)	CENTER IN THE WOODS 130 WOODLAND COURT BROWNSVILLE PA 15417	** - *** 4616	501C3	16,506				PROGRAMS
(7)	CHARLEROI AREA SCHOOL DIST. EDUC 125 FECSSEN DRIVE CHARLEROI PA 15022	** - *** 2586	GOV	5,971				PROGRAMS
(8)	CHURCH OF THE COVENANT 267 EAST BEAU STREET WASHINGTON PA 15301	** - *** 3374	RELIG	10,484				PROGRAMS
(9)	CITIZENS LIBRARY ASSOCIATION OF WAS 55 SOUTH COLLEGE STREET WASHINGTON PA 15301	** - *** 5299	501C3	8,790				PROGRAMS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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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 noncash assistance	(h) Purpose of grant or assistance
(1)	COALITION FOR CHRISTIAN OUTREACH 5912 PENN AVENUE PITTSBURGH PA 15206	** - *** 6330	RELIG	18,048				PROGRAMS
(2)	COMMUNITY FOUNDATION OF FAYETTE COU 5 S. MOUNT VERNON AVE. UNIONTOWN PA 15401	** - *** 1158	501C3	26,367				PROGRAMS
(3)	DOMESTIC VIOLENCE SERVICES OF SWPA 308 EAST MAIDEN STREET WASHINGTON PA 15301	** - *** 1327	501C3	118,912				PROGRAMS
(4)	DONORA HISTORICAL SOCIETY PO BOX 522 DONORA PA 15033	** - *** 8382	501C3	5,460				PROGRAMS
(5)	DONORA PUBLIC LIBRARY ASSOCIATION 510 MELDON AVE. DONORA PA 15033	** - *** 8170	501C3	41,368				PROGRAMS
(6)	DRESS FOR SUCCESS 254 N. MAIN STREET WASHINGTON PA 15031	** - *** 8809	501C3	35,742				PROGRAMS
(7)	FIRST LOVE CHRISTIAN ACADEMY 150 SUNSET BOULEVARD WASHINGTON PA 15301	** - *** 0089	501C3	25,050				PROGRAMS
(8)	FORT CHERRY SCHOOL DISTRICT 110 FORT CHERRY RD. MCDONALD PA 15057	** - *** 7829	GOV	12,860				PROGRAMS
(9)	FOUNDATION FOR CALIFORNIA UNIVERSIT 250 UNIVERSITY AVENUE CALIFORNIA PA 15419	** - *** 0183	501C3	25,587				PROGRAMS

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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- 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
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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 noncash assistance	(h) Purpose of grant or assistance
(1)	FREDRICKTOWN AREA PUBLIC LIBRARY 38 WATER ST. BOX 625 FREDRICKTOWN PA 15333	** - *** 2797	501C3	6,513				PROGRAMS
(2)	GENESIS OF PITTSBURGH 550 CALIFORNIA AVE. PITTSBURGH PA 15202	** - *** 6977	501C3	12,474				PROGRAMS
(3)	GREATER WASHINGTON COUNTY FOOD BANK 1020 ROUTE 519 EIGHTY FOUR PA 15330	** - *** 9247	501C3	73,599				PROGRAMS
(4)	HISTORICAL SOCIETY OF WESTERN PA 401 MEADOWCROFT RD. AVELLA PA 15312	** - *** 5391	501C3	27,604				PROGRAMS
(5)	INDIANA UNIVERSITY OF PENNSYLVANIA 1090 SOUTH DRIVE INDIANA PA 15705	** - *** 3112	501C3	14,400				PROGRAMS
(6)	JOHN F. KENNEDY CATHOLIC SCHOOL 111 WEST SPRUCE STREET WASHINGTON PA 15301	** - *** 8794	RELIG	13,213				PROGRAMS
(7)	JUMONVILLE FOUNDATION 887 JUMONVILLE RD. HOPWOOD PA 15445	** - *** 2183	501C3	20,000				PROGRAMS
(8)	LEADERSHIP WASHINGTON COUNTY ONE CHAMBER PLAZA CHARLEROI PA 15022	** - *** 5297	501C3	16,924				PROGRAMS
(9)	LEMOYNE MULTI CULTURAL COMMUNITY CE 200 FOREST AVENUE WASHINGTON PA 15301	** - *** 5468	501C3	39,746				PROGRAMS

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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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 noncash assistance	(h) Purpose of grant or assistance
(1)	LITERACY COUNCIL OF SWPA 150 WEST BEAU STREET, STE 215 WASHINGTON PA 15301	** - *** 0790	501C3	68,031				PROGRAMS
(2)	LITTLE LAKE THEATRE 500 LAKESIDE DRIVE SOUTH CANONSBURG PA 15317	** - *** 5251	501C3	17,617				PROGRAMS
(3)	LOW COST SPAY NEUTER WASHINGTON COU 183 HILL PLACE RD. VENETIA PA 15367	** - *** 9469	501C3	13,177				PROGRAMS
(4)	MADONNA CATHOLIC 731 CHESS STREET MONONGAHELA PA 15063	** - *** 5976	501C3	21,569				PROGRAMS
(5)	MAIN STREET FARMERS MARKET 400 COVE RD. WASHINGTON PA 15301	** - *** 5436	501C3	10,000				PROGRAMS
(6)	MATTHEW'S HEARTS OF HOPE 1 FARM ROAD SHERMAN CT 06784	** - *** 4506	501C3	20,000				PROGRAMS
(7)	MEALS ON WHEELS OF PETERS TOWNSHIP 243 E. MCMURRAY ROAD MCMURRAY PA 15317	** - *** 5091	501C3	20,109				PROGRAMS
(8)	MINGO CREEK CEMETARY 526 MINGO CHURCH RD. FINLEYVILLE PA 15332	** - *** 3799	501C3	10,000				PROGRAMS
(9)	MON VALLEY YMCA P.O. BOX 64 CHARLEROI PA 15022	** - *** 8619	501C3	33,010				PROGRAMS

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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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 noncash assistance	(h) Purpose of grant or assistance
(1)	MONONGAHELA LIBRARY 813 W. MAIN STREET MONONGAHELA PA 15063	** - *** 1467	501C3	8,279				PROGRAMS
(2)	NATIONAL DUNCAN GLASS SOCIETY 525 JEFFERSON AVE. WASHINGTON PA 15301	** - *** 7148	501C3	35,634				PROGRAMS
(3)	NORTH FRANKLIN VOLUNTEER FIRE DEPT 565 SYLVAN DRIVE WASHINGTON PA 15301	** - *** 4634	GOV	6,000				PROGRAMS
(4)	OLIVIA SCOTT FOUNDATION 225 KELLY ROAD WASHINGTON PA 15301	** - *** 0444	501C3	10,420				PROGRAMS
(5)	PENN STATE UNIVERSITY 109 SHIELDS BUILDING UNIVERSITY PARK PA 16802	** - *** 0376	501C3	35,250				PROGRAMS
(6)	PENNSYLVANIA ELKS MAJOR PROJECTS 1460 HENERSON AVENUE WASHINGTON PA 15301	** - *** 4084	501C3	32,560				PROGRAMS
(7)	PENNSYLVANIA TROLLEY MUSEUM ONE MUSEUM ROAD WASHINGTON PA 15301	** - *** 0314	501C3	91,004				PROGRAMS
(8)	PET SEARCH 257 POINT VIEW DR. WASHINGTON PA 15301	** - *** 9497	501C3	7,320				PROGRAMS
(9)	PETERS TOWNSHIP EDUCATION FOUNDATIO P.O BOX 1284 MCMURRAY PA 15317	** - *** 9620	501C3	5,500				PROGRAMS

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Schedule I (Form 990) (2018)

**SCHEDULE I
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(1)	PETERS TOWNSHIP LIBRARY FOUNDATION 616 EAST MCMURRAY ROAD MCMURRAY PA 15317	** - *** 5928	501C3	7,320				PROGRAMS
(2)	PETERS TOWNSHIP SCHOOL DISTRICT 631 EAST MCMURRAY ROAD MCMURRAY PA 15317	** - *** 2463	GOV	12,860				PROGRAMS
(3)	PRESBYTERIAN SENIOR CARE 835 S MAIN ST. WASHINGTON PA 15301	** - *** 9422	501C3	100,000				PROGRAMS
(4)	PRESBYTERIAN SENIOR CARE FOUNDATION 1215 HULTON RD. OAKMONT PA 15139	** - *** 3291	501C3	13,106				PROGRAMS
(5)	PRIMROSE SCHOOL & MUSEUM 364 E. LINCOLN AVENUE MCDONALD PA 15057	** - *** 1995	501C3	7,011				PROGRAMS
(6)	RESURRECTION POWER OF WASHINGTON PA PO BOX 1533 WASHINGTON PA 15301	** - *** 0530	501C3	16,000				PROGRAMS
(7)	ROTARY FOUNDATION ONE ROTARY CENTER, 1560 SHERMAN AVE EVANSTON IL 60201	** - *** 5072	501C3	100,000				PROGRAMS
(8)	SALVATION ARMY WASHINGTON CORPS 60 EAST MAIDEN STREET WASHINGTON PA 15301	** - *** 2351	501C3	11,249				PROGRAMS
(9)	SHEKINAH RANCH OF THE MON VALLEY 371 CRACKER JACK ROAD MONONGAHELA PA 15063	** - *** 8513	501C3	13,509				PROGRAMS

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Schedule I (Form 990) (2018)

**SCHEDULE I
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- 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 noncash assistance	(h) Purpose of grant or assistance
(1)	SLIPPERY ROCK UNIVERSITY 103 OLD MAIN SLIPPERY ROCK PA 16057	** - *** 3539	501C3	13,500				PROGRAMS
(2)	SOUTH HILLS PET RESCUE & REHABILITA PO BOX 224 MONACA PA 15061	** - *** 4195	501C3	34,033				PROGRAMS
(3)	THE SALVATION ARMY, WESTERN PA DIVI P.O. BOX 742 700 N. BELL AVENUE CARNEGIE PA 15106	** - *** 2351	501C3	25,000				PROGRAMS
(4)	TRINITY AREA SCHOOL DISTRICT 231 PARK AVE. WASHINGTON PA 15301	** - *** 8133	GOV	13,950				PROGRAMS
(5)	UNITED WAY OF WASHINGTON COUNTY 590 WASHINGTON ROAD, SUITE 200 WASHINGTON PA 15301	** - *** 0133	501C3	14,167				PROGRAMS
(6)	UNIVERSITY OF PITTSBURGH 4227 FIFTH AVENUE PITTSBURGH PA 15260	** - *** 5591	501C3	27,500				PROGRAMS
(7)	WASHINGTON & JEFFERSON COLLEGE 60 S LINCOLN ST WASHINGTON PA 15301	** - *** 5601	501C3	17,540				PROGRAMS
(8)	WASHINGTON -GREENE COUNTY BLIND 566 E. MAIDEN ST. WASHINGTON PA 15301	** - *** 5456	501C3	55,042				PROGRAMS
(9)	WASHINGTON AREA HUMAN SOCIETY 1527 ROUTE 136 WASHINGTON PA 15301	** - *** 5781	501C3	248,456				PROGRAMS

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

**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.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

WASHINGTON COUNTY COMMUNITY FOUNDAT

Employer identification number

**** - *** 6013**

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 noncash assistance	(h) Purpose of grant or assistance
(1)	WASHINGTON CITY MISSION 84 W WHEELING ST. WASHINGTON PA 15301	** - *** 1749	501C3	146,875				PROGRAMS
(2)	WASHINGTON COMMUNITIES HUMAN SERVIC 387 W. CHESTNUT ST. WASHINGTON PA 15301	** - *** 1929	501C3	15,262				PROGRAMS
(3)	WASHINGTON COUNTY HISTORICAL SOCIET 49 EAST MAIDEN STREET WASHINGTON PA 15301	** - *** 1578	501C3	36,703				PROGRAMS
(4)	WASHINGTON COUNTY HISTORY & LANDMAR 2151 N. MAIN ST. PO BOX 274 WASHINGTON PA 15301	** - *** 5645	501C3	11,800				PROGRAMS
(5)	WASHINGTON COUNTY LIBRARY SYSTEM 55 S. COLLEGE STREET WASHINGTON PA 15301	** - *** 9763	501C3	25,000				PROGRAMS
(6)	WASHINGTON GAY STRAIGHT ALLIANCE 390 SANITARIUM ROAD WASHINGTON PA 15301	** - *** 1929	501C3	26,251				PROGRAMS
(7)	WASHINGTON HOSPITAL FOUNDATION 155 WILSON AVENUE WASHINGTON PA 15301	** - *** 8215	501C3	1,049,183				PROGRAMS
(8)	WASHINGTON JAZZ SOCIETY 404 CLUBHOUSE DRIVE WASHINGTON PA 15301	** - *** 2496	501C3	51,204				PROGRAMS
(9)	WASHINGTON SCHOOL DISTRICT 201 ALLISON AVE. WASHINGTON PA 15301	** - *** 3381	GOV	13,056				PROGRAMS

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

**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.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

WASHINGTON COUNTY COMMUNITY FOUNDAT

Employer identification number

**** - *** 6013**

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 noncash assistance	(h) Purpose of grant or assistance
(1)	WASHINGTON SYMPHONY ORCHESTRA PO BOX 178 WASHINGTON PA 15301	** - *** 5227	501C3	30,313				PROGRAMS
(2)	WATCHFUL SHEPHERD 1061 WATERDAM PLAZA, STE 204 MCMURRAY PA 15317	** - *** 0181	501C3	18,988				PROGRAMS
(3)	WEST VIRGINIA UNIVERSITY 1500 UNIVERSITY AVENUE PO BOX 6003 MORGANTOWN WV 26506	** - *** 1831	501C3	7,500				PROGRAMS
(4)	WESTERN AREA CAREER & TECHNOLOGY CE 688 WESTERN AVENUE CANONSBURG PA 15317	** - *** 3986	GOV	6,000				PROGRAMS
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

Schedule I (Form 990) (2018)

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

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Inspection**

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

Department of the Treasury
Internal Revenue Service
Name of the organization

WASHINGTON COUNTY COMMUNITY FOUNDAT

Employer identification number
**** - ***6013**

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	2	772,088	NYSE MEAN OF DAY
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 u (.....				
26 Other u (.....				
27 Other u (.....				
28 Other u (.....				

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

	Yes	No
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?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
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.		

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.

PART I, LINE 32B - THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS

THE FOUNDATION HAS ADOPTED A COMPREHENSIVE GIFT ACCEPTANCE POLICY WHICH GENERALLY REQUIRES THAT NON-CASH GIFTS BE CONVERTED TO CASH IN A TIMELY FASHION, UNLESS THE GIFT IS TO BE USED IN FUTURE OF THE FOUNDATION'S MISSION. QUALIFIED APPRAISALS ARE OBTAINED WHEN NECESSARY AND ENVIRONMENTAL AUDITS ARE REQUIRED BEFORE ACCEPTANCE OF ANY PHYSICAL PROPERTY. THE FOUNDATION CONTRACTS WITH WESBANCO TRUST AND INVESTMENT SERVICES TO ACCEPT GIFTS OF APPRECIATED SECURITIES AND CONVERT THEM TO CASH IN A TIMELY FASHION.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

WASHINGTON COUNTY COMMUNITY FOUNDAT

Employer identification number

** - ***6013

FORM 990 - ORGANIZATION'S MISSION

TO IMPROVE THE QUALITY OF LIFE IN WASHINGTON COUNTY BY PROMOTING AND
FACILITATING PHILANTHROPY. THE FOUNDATION TYPICALLY RECEIVES SUPPORT FROM
BUSINESSES AND INDIVIDUALS THAT HAVE A PRESENCE OR RESIDE WITHIN WASHINGTON
COUNTY.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

GRANT-MAKING - THE FOUNDATION OPERATES A BROAD GRANTS PROGRAM TO MULTIPLE
GRANTEES WHICH IS NOT LIMITED TO A SINGLE FOCUS OR CAUSE OR EXCLUSIVELY TO
THE INTERESTS OF A PARTICULAR CONSTITUENCY. EACH YEAR WE AWARD SOME GRANTS
FROM DISCRETIONARY RESOURCES, THROUGH AN OPEN AND COMPETITIVE PROCESS THAT
SEEKS TO ADDRESS THE CHANGING AND UNMET NEEDS OF WASHINGTON COUNTY. IN
2018, THE FOUNDATION CONDUCTED ITS LARGEST COMPETITIVE GRANT CYCLE, IN
WHICH 20 LOCAL CHARITIES RECEIVED CAPACITY BUILDING GRANTS RANGING FROM
\$5,000 TO \$50,000 AND TOTALING \$500,000. ALSO, IN 2018 THE FOUNDATION
INITIATED ITS LARGEST GRANT TO DATE, A \$1,000,000 GRANT TO THE WASHINGTON
HOSPITAL FOUNDATION FOR THE CARE CENTER FOR FAMILY BIRTH AND WOMEN'S
HEALTH. IN ADDITION TO GRANT-MAKING FUNDS WHOSE SPECIFIC CHARITABLE
PURPOSES WERE DEFINED BY THE DONORS AT THE TIME THE FUNDS WERE CREATED, THE
FOUNDATION ALSO MANAGES THREE PERMANENT POOLED GRANT-MAKING FUNDS, WITH
CONTRIBUTIONS RECEIVED BY MULTIPLE DONORS WHO SHARE A COMMON CHARITABLE
INTEREST. THE ARTS FUND MAKES GRANTS FOR ARTS EDUCATION AS WELL AS ARTS
APPRECIATION, AND INCLUDES THE PERFORMING, VISUAL AND CREATIVE ARTS, AS
WELL AS CULTURAL AND HISTORIC PROJECTS. THE MOTHER'S FUND SUPPORTS
DISADVANTAGED WOMEN AND CHILDREN. THE ACORN FUND, THE BROADEST OF THE

Name of the organization

Employer identification number

WASHINGTON COUNTY COMMUNITY FOUNDAT

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THREE POOLED FUNDS SERVES AS THE FOUNDATION'S PRIMARY FUND TO SUPPORT EMERGING AND UNMET NEEDS IN THE COMMUNITY. THE FOUNDATION MANAGES THREE GRANT-MAKING FUNDS THROUGH THE EDUCATIONAL IMPROVEMENT TAX CREDIT PROGRAM OF THE PENNSYLVANIA DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT. THE EIO FUND AWARDS GRANTS FOR INNOVATIVE EDUCATIONAL PROGRAMS AT K-12 PUBLIC SCHOOLS; THE ESO FUND AWARDS SCHOLARSHIPS TO INCOME-ELIGIBLE FAMILIES FOR STUDENTS TO ATTEND NON-PUBLIC K-12 SCHOOLS; THE EPK FUND AWARDS SCHOLARSHIPS TO INCOME-ELIGIBLE FAMILIES FOR STUDENTS TO ATTEND PRE-APPROVED PRESCHOOL PROGRAMS, AND THE EOS FUND AWARDS SCHOLARSHIPS TO INCOME-ELIGIBLE FAMILIES WHO LIVE IN THE GEOGRAPHIC AREA SERVED BY AN UNDERPERFORMING SCHOOL, AS DEFINED BY THE COMMONWEALTH, TO ATTEND ANOTHER APPROVED EDUCATIONAL INSTITUTION.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

COMMUNITY LEADERSHIP - THE FOUNDATION WORKS TO IDENTIFY AND ADDRESS COMMUNITY ISSUES AND OPPORTUNITIES AND ALSO SERVES AS A LEADER AND CONVENER. THE FOUNDATION PROVIDES VARIOUS EDUCATIONAL PROGRAMS AND TECHNICAL ASSISTANCE TO ARE CHARITIES. SINCE 2013 THE FOUNDATION HAS HOSTED A COUNTY-WIDE DAY OF GIVING FOR ELIGIBLE CHARITIES SERVING WASHINGTON COUNTY TO SECURE UNRESTRICTED FINANCIAL SUPPORT. CONTRIBUTIONS RECEIVED ON WCCF GIVES DAY ARE INCREASED BY A PER-CENTAGE OF A \$100,000 BONUS POOL. THE WCCF DOES NOT CHARGE ANY FEES TO THE CHARITIES OR TO THE DONORS TO FACILITATE WCCF GIVES. IN 2018 THE FOUNDATION COMPLETED THE REHABILITATION OF THE SCOTCH IRISH HERITAGE ROOMS ON THE FIRST FLOOR OF THE SAMUEL T. BROWNLEE HOUSE, WHICH IS ON THE NATIONAL REGISTER OF HISTORIC PLACES AND WHICH WAS DONATED TO THE WCCF IN LATE 2013. THE FOUNDATION ALSO ADMINISTERS THE HEART OF GIVING STORYBOOK PROJECT WHICH SEEKS TO EDU-CATE

PAGE 1 OF 4

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

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WASHINGTON COUNTY COMMUNITY FOUNDAT

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THE COMMUNITY ABOUT THE IMPORTANT WORK BEING DONE BY CHARITIES IN WASHINGTON COUNTY. STORIES, WHICH ARE OFTEN WRITTEN BY FOUNDATION VOLUNTEERS, ARE INCLUDED ON A DESIGNATED WEBSITE OF THE FOUNDATION, AND ARE SHARED IN VARIOUS PRINTED AND ELECTRONIC PUBLICATIONS. THERE IS NO COST TO CHARITIES FOR PARTICIPATING IN THE STORYBOOK PROJECT.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

DONOR SERVICES - THE FOUNDATION WORKS TO EDUCATE AND ENGAGE DONORS IN IDENTIFYING AND ADDRESSING COMMUNITY ISSUES AND GRANT-MAKING OPPORTUNITIES. WE ACCEPT AND ADMINISTER A DIVERSITY OF GIFT AND FUND TYPES TO MEET THE VARIED PHILANTHROPIC OBJECTIVES OF OUR DONORS AND THE NEEDS OF WASHINGTON COUNTY. IN 2018 WE HOSTED A POST-SECONDARY SCHOLARSHIP AWARDS EVENT TO PROVIDE THE OPPORTUNITY FOR DONORS TO MEET AND INTERACT WITH STUDENT RECIPIENTS. ALSO, WE PROVIDE INDIVIDUAL ASSISTANCE AND RESEARCH SERVICES TO DONORS REGARDING AREA NON-PROFITS. AS A SERVICE TO DONORS, WE MAINTAIN ON OUR WEBSITE A SEARCHABLE DATABASE OF MORE THAN 100 REGISTERED 501(C)(3) LOCAL CHARITIES PROVIDING SERVICES IN WASHINGTON COUNTY. OUR WEBSITE ALSO PROVIDES THE ABILITY FOR DONORS TO MAKE CHARITABLE GIFTS ELECTRONICALLY TO THESE SAME CHARITIES. THE FOUNDATION DOES NOT CHARGE ANY FEES FOR PROCESSING GIFTS RECEIVED THROUGH THE WEBSITE. THROUGH SEVERAL PRINTED AND ELECTRONIC PUBLICATIONS, THE FOUNDATION HELPS TO EDUCATE DONORS REGARDING EFFECTIVE PROGRAMS BEING OFFERED BY THESE CHARITIES. THE FOUNDATION ALSO FACILITATES THE WOMEN OF PHILANTHROPY GIVING CIRCLE TO PROMOTE AND FACILITATE LOCAL PHILANTHROPY IN A COORDINATED AND STRATEGIC MANNER TO IMPROVE THE QUALITY OF LIFE IN WASHINGTON COUNTY WITH A PARTICULAR EMPHASIS ON SUPPORTING DISADVANTAGED WOMEN AND CHILDREN.

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FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
 THE FINANCE & AUDIT COMMITTEE IS RESPONSIBLE FOR MEETING ANNUALLY WITH THE
 FOUNDATION AUDITORS TO REVIEW THE FORM 990. AFTER REVIEW BY THIS COMMITTEE,
 THE FORM 990 IS DISTRIBUTED TO THE ENTIRE BOARD OF TRUSTEES IN ADVANCE OF A
 SCHEDULED MEETING OF THE FULL BOARD. THE FOUNDATION TREASURER, OR OTHER
 MEMBER OF THE FINANCE AND AUDIT COMMITTEE WHO HAS MET WITH THE AUDITORS,
 SHALL PROVIDE AN OVERVIEW OF THE DOCUMENT AND RESPOND TO ANY QUESTIONS
 POSED BY ANY TRUSTEE AT THE SCHEDULED MEETING. AFTER A THOROUGH REVIEW AND
 SATISFACTORY RESPONSE TO ALL QUESTIONS POSED, THE CHAIRMAN SHALL ASK FOR A
 VOTE TO ACCEPT THE FORM 990 AND TO AUTHORIZE THE PRESIDENT AND CEO TO FILE
 WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
 TRUSTEES, STAFF AND COMMITTEE MEMBERS ARE REQUIRED TO ANNUALLY DISCLOSE,
 USING A PRESCRIBED FORM, ANY ORGANIZATION WITH WHICH THEY HAVE A CONFLICT
 OF INTEREST. A SCHEDULE OF THESE CONFLICTS IS PREPARED AND REFERENCED
 THROUGHOUT THE YEAR WHEN ACTION ITEMS ARE ADVANCED. ABSTENTIONS ARE
 RECORDED IN THE MEETING MINUTES FOR THOSE WITH A CONFLICT OF INTEREST.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
 THE PRESIDENT/CEO'S ANNUAL REVIEW SHALL BE CONDUCTED BY THE CHAIRMAN OF THE
 BOARD IN THE FOURTH QUARTER OF EACH YEAR IN CONSULTATION WITH THE EXECUTIVE
 COMMITTEE, USING THE ESTABLISHED CEO PERFORMANCE APPRAISAL FORM. THE ANNUAL
 APPRAISAL, IN CONJUNCTION WITH THE SALARY TABLES PUBLISHED BY THE COUNCIL
 ON FOUNDATIONS AND A COMPARISON OF SALARIES FOR SIMILAR POSITIONS AT LOCAL
 NOT-FOR-PROFITS, SHALL BE THE BASIS FOR CONSIDERATION OF ANY SALARY
 CHANGES.

Name of the organization

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WASHINGTON COUNTY COMMUNITY FOUNDAT

-*6013

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

ALL SALARY CHANGES FOR FOUNDATION STAFF MUST BE APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE FOUNDATION BY-LAWS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE TO THE PUBLIC THROUGH THE FOUNDATION WEBSITE, WWW.WCCF.NET. IN ADDITION THESE ITEMS ARE AVAILABLE IN PRINT AT THE FOUNDATION HEADQUARTERS. AUDITED FINANCIAL STATEMENTS AND IRS 990 FORMS ARE AVAILABLE UPON REQUEST.

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

DIRECT PROGRAM EXPENSES TO OFFSET DIRECT PROGRAM REVENUE	\$	41,431
ADMINISTRATIVE FEE EXPENSES TO OFFSET ADMINISTRATIVE FEE REV	\$	392,963
DIRECT PROGRAM EXPENSES TO OFFSET DIRECT PROGRAM REVENUE	\$	-41,431
ADMINISTRATIVE FEE EXPENSES TO OFFSET ADMINISTRATIVE FEE REV	\$	-392,963

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

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

Name(s) shown on return

WASHINGTON COUNTY COMMUNITY FOUNDAT

Identifying number

**** - ***6013**

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

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

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	2,603

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

Section A

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

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

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

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	2,603
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.