Form 990

Department of the Treasury

Internal Revenue Service

Extended to November 15, 2019 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 Check if applicable: C Name of organization D Employer identification number В Address change Community Foundation of Warren County Name change 25-1380549 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 814-726-9553 310 Second Avenue City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ 17,643,922. Amended return Warren, PA 16365 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: John A. Lasher for subordinates? Yes X No 310 Second Avenue, Suite 1, Warren, PA 1636 H(b) Are all subordinates included? Yes No Tax-exempt status: \mathbf{X} 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ► Cfowc.org H(c) Group exemption number K Form of organization: X Trust Association Other L Year of formation: 1949 M State of legal domicile: PA Corporation Part I Summary Briefly describe the organization's mission or most significant activities: To provide leadership through 1 Activities & Governance philanthropy by diligently serving the interests of our trust 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 7 3 Number of voting members of the governing body (Part VI, line 1a) 3 7 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 3 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 7 Total number of volunteers (estimate if necessary) 6 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 38 7b 0. **Prior Year** Current Year 2,306,392. 1,471,185. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. 0. 9 Program service revenue (Part VIII, line 2g) 4,813,869. 5,776,568. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0 11 6,285,054. 8,082,960. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 2,908,014. 2,955,975. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 104,127. 117,357. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 20.736. 382,675. 438,733. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 3,394,816. 3,512,065. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 2,890,238. 4,570,895. Revenue less expenses. Subtract line 18 from line 12 19 **Beginning of Current Year** End of Year Pš 76,420,031. 81,352,437. 20 Total assets (Part X, line 16) 2,251,130. 2,467,133. 21 Total liabilities (Part X, line 26) let 78,885,304. 74,168,901. Net assets or fund balances. Subtract line 21 from line 20 22

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	Signature of officer		Date	
Here	John A. Lasher, Execut:	ive Director		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date Check PTIN	
Paid	Lisa M. McDermott	1	1/14/19 self-employed P01082518	
Preparer	Firm's name 🕨 KERSEY & ASSOCIA	TES, P.C.	Firm's EIN 25-1874952	
Use Only	Firm's address 208 Liberty Stree	et		
	Warren, PA 16365		Phone no. 814-723-4280	
May the II	RS discuss this return with the preparer shown abo	ve? (see instructions)	X Yes	No
832001 12-3	1-18 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.	Form 990 (20)18)

See Schedule O for Organization Mission Statement Continuation

Form	990 (2018) Community Foundation of Warren County 25-1380549 Page 2
	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Enhancing and Sustaining the Quality of Life in Warren County through
	Philanthropy
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	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 \$
ти	The Foundation administers many different scholarships. A donor may
	define an advisory committee and guidelines for candidate selection,
	and there is also a standing scholarship committee for this purpose.
	Scholarships can benefit a particular educational institution, a field
	of study, or be left to the discretion of the committee.
4b	(Code:) (Expenses \$ 2,023,618. including grants of \$ 2,023,618.) (Revenue \$)
	Donors choose specific charitable organizations or activities for
	grants through legacies and bequests. Donors may also choose that the
	Foundation decides which organization will benefit from their
	contributions.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code:) (Expenses a) (nevenue a)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 2,955,975.

Form 990 (2	2018)	Community	Foundation	of	Warren	County	
Part IV	Checklist of Re	equired Schedu	les				

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete			
-	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	<u> </u>		<u> </u>
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V	10		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	<u> 11a</u>		- 23
D		11b		x
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			- 23
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11c		x
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			- 23
a	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	444		x
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u></u>	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4.4.6		x
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		x
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	4.4%		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	45		v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		v
40	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
~ ~	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	

Form 990 (2	018) Community	Foundation	of	Warren	County
Part IV	Checklist of Required Schedu	lles (continued)			

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
•	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		77	
Par	Note. All Form 990 filers are required to complete Schedule O	38	Х	
ral				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	Х	

2a Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements,		990 (2018) Community Foundation of Warren County 25-1380	549	P	age 5							
ga Test the number of employees reported on From W3. Transmittal of Wage and Tax Statements. ga 3 b if at least one is reported on line 2a, did the organization file all equivel federal employment tax return? 2b X Note. If the sum of line 2a, did the organization file all equivel federal employment tax return? 2a X D Vest, 'has if tied a form 800-17 for this year, of the organization have an interestin, or a significant or order airty file year? 3a X D Vest, 'has if field a form 800-17 for this year, of the organization have an interest, in or a significan or order airty file year? 3b - A at any time time name of the frongin country: - 4a X D Vest, 'near item anaw of the organization have in the and may time during that year? 5a X B Vest, 'near item anaw of the organization file 80 mess 8867? 5a X D Vest, 'near item and wes an example that are normally greater than \$100,000, and did the organization selects 5a X D Vest, 'near item organization file west are advected at any time during that are provided to the payof? 5a X D Vest, 'near item anaw of the organization in exes statement that such contributions or gifts were not tax deductib	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
Interformed and the second provide or within the year covered by this return Image: Constraint of the second decide an endpower that are turns? Image: Constraint of the second decide and endpower the second of t				Yes	No							
b If a bast one is reported on line 2a, did the organization file all required fearly explored to <i>x</i> -file (see instructions) 3a X a Did the organization have nonslated business grass income of \$1,000 or more during the year? 3a X b If Yes, "that if field a form 900 T for file year? If No' to line 3b, provide an explanation on Schedule O 3a X b If Yes, "that if field a form 900 T for file year? If No' to line 3b, provide an explanation on Schedule O 3a X b If Yes, "that if field a form 900 T for file year? If No' to line 3b, provide an explanation on Schedule O 3a X b If Yes, "that if the Graphication that year? If No' to line 3b, provide an explanation or other famical account? 4a X b If Yes, "that the family and the organization file from 8806.7", Coll Schedule O 5a X c If Yes, "that the Sa or 5b, did the organization is the tare schedule from 8806.7", Coll Schedule O 5a X c If Yes, "that the cognization include with every solicitation an express statement that such contributions or gifts were not tax deductible from 8806.7", Coll Schedule O 5a X c If Yes, "that the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible or divelace the solicits of the value of the goods or services provided 1 the tap	2 a											
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e_r/se (see instructions) Image: Section 2000 Image: Section 2000 <thimage: 2000<="" section="" th=""> Image: Section</thimage:>		, , , , , , , , , , , , , , , , , , , ,										
3a Def the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b fi "Yes," has if field a Form 980-T for this year? /f "No" to <i>line 3b, provide an explanation in Schedule O</i> 3b X b fi "Yes," has if field a Form 980-T for this year? /f "No" to <i>line 3b, provide an explanation in Schedule O</i> 3b X b fi "Yes," inter the name of the foreign country (scuth as a bank acount, socurities acount, or other financial acounts (FRAP), 5a X 5a Was the organization party to a prohibit dat as the the transaction at any time during the tax year? 5a X 5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solication are proteines statement that such contributions or gifts were not tax deductible accharitable contributions under section 170(c). 6a X b If "Ves," indicate the number of Forms 8222 field during the year 7d X c Dift the organization notify the done of obstation are properiod as carritors provided 1 the parentized notify the done of acount on the value of the goal carritor the acount of the acount of the acount of the value of the goal carritor the acount of the acount of the done of acount on the value of the goal carritor the acount of the value of the goal carritor the acount of the acoun	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х								
b If Yes," has It lifed a form 390.1° for this yea? Yeb," to fire 32b, provide an explemation in Schedule 0 30 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a timanoial account in a foreign country (such as a bank account, securities account, or other financial accounts (FEAP). 4a X 5 See instructions for timin groupments for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAP). 5a X 6 Was the organization ap any to a prohibed tax sheller transaction at any time during the tax year? 5a X 6 Does the organization have nonal gross receipts that are normally greater than \$100,000, and did the organization shell regardization that was or is a park to a prohibed tax sheller transaction? 6a X 7 Toganization shat may receive deductible contributions or gifts ware not tax deductible? 7b Toganization shat may receive deductible contributions under section 170(c). 8b 8b 8b 10 If the organization network payment is exects 675 made party as a contribution any party for youlds the vas required to the layor? 7a X 11 Yes," did the organization file form 3822? To the value dispose of tangible personal property for which it was required to the layor? 7a X 12 Did the organization file form approperty did the organi		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)										
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly over, a bank account, source source source account, a corego country (but has a bank account, source source). 4a X b II "Yes," enter the name of the forsign country. b See instructions for filing requirements for FinCEN Form 114. Report of Forsign Bank and Financial Accounts (FBAR). 5a X b Dd any taxable party notity the organization that a was or is a party to a prohibited us shelter transaction? 5b X c III "Yes" in the organization include with every solicitation an express statement that such contributions onglits were not tax deductible contributions? 5c X b II "Yes," id d the organization notity the doors of the value of the ocols or services provided? 7a X b II "Yes," id d the organization notity the doors of the value of the ocols or services provided? 7b 7c X b II "Yes," id d the organization notity the doors or the value of the ocols or services provided? 7c X b II "Yes," id d the organization include with every solicitation an express statement that even contract? 7c X b II "Yes," id d the organization notity the doors or the value of the ocols or services provided? 7c X b II "Yes," id d the organization include any taxable distributions and party for gools and services provide? 7c X <t< th=""><td></td><td></td><td>3a</td><td></td><td>X</td></t<>			3a		X							
Image: Intervent and the origin country (such as a bank account, securities account, or other financial account)? 4a X b if "Yes," enter the name of the foreign country. See See See 54 Was the organization a party to a prohibited tax sheler transaction at any time during the tax year? See X 55 Was the organization are annual gross receipts that are normally greater than \$100,000, and did the organization see nanual gross receipts that are normally greater than \$100,000, and did the organization see nanual gross receipts that are normally greater than \$100,000, and did the organization see nanual gross receipts that are normally greater than \$100,000, and did the organization see nanual gross receipts that are normally greater than \$100,000, and did the organization see nanual gross receipts that are normally greater than \$100,000, and did the organization see nanual gross receipts that are normally greater than \$100,000, and did the organization see nanual gross receipts and partly for groots and services provided to the pare? Fe 7 Organization nore and gross receipts and are normally greater than \$100,000, and did the organization receive any funds, directly or indirectly, to any contributions or gross and services provided? Fe Ta X 7 Ves, 'did the organization neceve any funds, directly or indirectly, to any contract? Ta X 8 Did the organization neceve any funds, directly or indirectly, on a personal benefit contract? Ta X 9	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>							
b If "Yes," enter the name of the toreign country. See instructions for finiting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), Se Was the organization aptry to a prohibited six shelter transaction? Se X D Id any taxable party notify the organization finite orm 88867? Se X Ga 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? Se X Ga Does the organization nature annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions and ere to tax deductible? Se X D If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Se X D If "Yes," did the organization notify the donor of the value of the goods or services provided 1 To Z D If "Yes," idicate the number of Forms 8282 filed during the year Zd To X D D the organization neceive a sprimer in excess of \$75 made party indirecty, on a personal benefit contract? To X D If "Yes," indicate the number of Forms 8282 filed during the year Zd To X D D the organization neceive a contribution of callefied intellectual property, did	4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
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Note. See the instructions for additional information the organization must report on Schedule O. Image: Construction of the instruction of the instruction of the instruction of the instruction is licensed to issue qualified health plans Image: Construction of the instruction of the instructio			120		<u> </u>							
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15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X					<u> </u>							
excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X			UTI		<u> </u>							
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10		15		x							
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X			15									
	16	le the exemization on advectional institution subject to the section 1060 subject to you not investment income?	16		x							
		If "Yes," complete Form 4720, Schedule O.	.0									

Form	990	(2018)
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	Check if Schedule O contains a response or note to any line in this Part VI			X									
Sec	tion A. Governing Body and Management												
			Yes	No									
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	7											
	If there are material differences in voting rights among members of the governing body, or if the governing												
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.												
b	b Enter the number of voting members included in line 1a, above, who are independent												
2	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?												
3													
	of officers, directors, or trustees, or key employees to a management company or other person?												
4													
5													
6	Did the organization have members or stockholders?	6		Х									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or												
	more members of the governing body?	7a		x									
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or												
	persons other than the governing body?	7b		x									
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:												
a	The governing body?	8a	Х										
b	Each committee with authority to act on behalf of the governing body?	8b	Х										
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the												
•	organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		x									
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)												
			Yes	No									
10a	Did the organization have local chapters, branches, or affiliates?	10a		X									
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,												
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b											
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х										
b		12b	Х										
с													
	in Schedule O how this was done	12c	х										
13	Did the organization have a written whistleblower policy?	13	Х										
14	Did the organization have a written document retention and destruction policy?	14	Х										
15	Did the process for determining compensation of the following persons include a review and approval by independent												
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?												
а	The organization's CEO, Executive Director, or top management official	15a	Х										
	Other officers or key employees of the organization	15b		x									
2	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).												
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a												
	taxable entity during the year?	16a		x									
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100											
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's												
	exempt status with respect to such arrangements?	16b											
Sec	tion C. Disclosure	100											
17	List the states with which a copy of this Form 990 is required to be filed ▶PA												
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availat	ole									
	for public inspection. Indicate how you made these available. Check all that apply.	_ (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
	Own website Another's website X Upon request Other (explain in Schedule O)												
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	ial										
	statements available to the public during the tax year.												
20	State the name, address, and telephone number of the person who possesses the organization's books and records												
20	John A. Lasher - 814-726-9553												
	310 Second Avenue Suite 1 Warren PA 16365												

Community Foundation of Warren County

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

Form 990 (2018)

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Page 6

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)	(B)			(0	C)			(D)	(E)	(F)
	Name and Title	Average	(do	not c	Pos	itior) than d	ane	Reportable	Reportable	Estimated
		hours per	box	, unle	ss pei	rson i	s both pr/trus	n an	compensation	compensation	amount of
		week		Cer ar		recio	n/trus	lee)	from	from related	other
		(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
		related	e or c	stee			Isated		(W-2/1099-MISC)	(00-2/1099-00130)	organization
		organizations	truste	al trus		yee	mper				and related
		below	idual	Institutional trustee	er	Key employee	est cc loyee	ler			organizations
		line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) John	O. Hanna	1.00									
Chairman			Х		Х				0.	0.	0.
(2) Danie	l Blair	1.00									
Director			Х						0.	0.	0.
(3) Berna	rd J. Hessley, Esq.	1.00									
Director			Х						0.	0.	0.
(4) Barba	ra Tubbs	1.00									
Director			X						0.	0.	0.
(5) Rober	t D. Crowley	1.00									
Director			Х						0.	0.	0.
(6) Ellen	Paquette	1.00									
Director			Х						0.	0.	0.
(7) Miche	le Sokolski	1.00									
Director			Х						0.	0.	0.
(8) John	A. Lasher	40.00									
Executive	Director				Х				65,000.	0.	0.

	y Founda	ti	on	0	f	Wa	rr	ren County	25-13	805	49	Page	8
Part VII Section A. Officers, Directors, Trus		ploy	ees,			ghes	t C	ompensated Employee	s (continued)				
(A)	(B) Average			(C Posi		1		(D)	(E)			F)	
Name and title	hours per		not c	heck r	more	than o s both		Reportable compensation	Reportable compensatior	,		nated unt of	
	week					r/trust		from	from related	`		ner	
	(list any	ector						the	organizations		compe		n
	hours for related	e or dir	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	C)		1 the	
	organizations	rustee	al trus		/ee	mpen		(00-2/1099-00130)			0	ization elated	
	below	Individual trustee or director	In stitutional trustee	er	Key employee	Highest compensated employee	ıer				organiz		3
	line)	Indiv	Instit	Officer	Key e	High empl	Former						
										\rightarrow			
										\rightarrow			
										+			
		1											
										+			
		1											
										\rightarrow			
										\rightarrow			
1b Sub-total								65,000.		0.		0).
c Total from continuation sheets to Part VI								0.		0.).
d Total (add lines 1b and 1c)								65,000.		0.).
2 Total number of individuals (including but n							o re						
compensation from the organization						,		. ,	·				0
										_	Y	es N	o
3 Did the organization list any former officer,	director, or tru	istee	e, ke	y en	nplo	yee,	or l	highest compensated er	nployee on				
line 1a? If "Yes," complete Schedule J for s										L	3	2	2
4 For any individual listed on line 1a, is the su	-		-						-				7
and related organizations greater than \$150										-	4	2	<u>.</u>
5 Did any person listed on line 1a receive or a											-	Σ	7
rendered to the organization? <i>If "Yes." con</i> Section B. Independent Contractors	plete Schedule	e J to	or sl	ich r	pers	on .					5	2	<u> </u>
1 Complete this table for your five highest co	mpensated ind	lene	nder	nt co	ontra	actor	s tł	hat received more than \$	100 000 of comp	ensatio	on from		
the organization. Report compensation for										mound			
(A)	, , , , , , , , , , , , , , , , , , ,			5				(B)		-	(C)		
Name and business	address	NC	ONE	3				Description of s	ervices	Co	mpensa	ation	
							\neg						
2 Total number of independent contractors (i	ncluding but no	ot lin	nited	t to t	thos	e list	ted	above) who received me	ore than				
\$100.000 of compensation from the organi	zation				C)							

				ndation c	of Warren (County	25-1380	549 Page 9
Par	t VII							
		Check if Schedule O cont	ains a response o	or note to any line	e in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
s, s	1 a	Federated campaigns	1a			lovendo	10101100	512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
D G		Fundraising events						
ifts ar A		Related organizations						
s, G milå		Government grants (contribut						
rsi	f	All other contributions, gifts, gran	its, and					
the		similar amounts not included abo	ve 1f	2,306,392.				
d	g	Noncash contributions included in lines	1a-1f: \$	716,981.				
a C	h	Total. Add lines 1a-1f			2,306,392.			
	-			Business Code				
Program Service Revenue	2 a							
erv ue	b							
m S ven	c c							
gra Re	d e							
Pro		All other program service reve						
		Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)			1,481,961.			1,481,961.
	4	Income from investment of ta						
	5	Royalties		🕨				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		····· ►				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	13,855,569.					
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)			4,294,607.			4,294,607.
		Net gain or (loss) Gross income from fundraisin			4,254,007.			4,254,007.
Ine	0 a	including \$	•					
ven		contributions reported on line						
Re		Part IV, line 18	,					
Other Revenue	b	Less: direct expenses						
õ		Net income or (loss) from fund						
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19	а					
	b	Less: direct expenses	b					
		Net income or (loss) from gam	-	····· ►				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
┝	С	Net income or (loss) from sale						
ŀ	4.4	Miscellaneous Revenu		Business Code				
	b							
	c d							
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			8,082,960.	0.	0.	5,776,568.

Form 990 (2018) Community Foundation of Warren County 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).

Seci	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				
Dou	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21	2,023,618.	2,023,618.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	932,357.	932,357.		
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,				
5	trustees, and key employees	65,000.		65,000.	
6	Compensation not included above, to disqualified	05,000.			
0					
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	43,381.		12 201	
7	Other salaries and wages	43,301.		43,381.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	0 000			
10	Payroll taxes	8,976.		8,976.	
11	Fees for services (non-employees):				
а	Management	4		1	
b	Legal	1,025.		1,025.	
С	Accounting	22,820.		22,820.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	340,865.		340,865.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	51,307.		30,571.	20,736.
14	Information technology				
15	Royalties				
16	Occupancy	16,017.		16,017.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	6,699.		6,699.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	, , , , , , , , , , , , , , , , , , ,				
b					
c					
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	3,512,065.	2,955,975.	535,354.	20,736.
<u>25</u> 26		5,512,003.	<u> </u>	555,551.	20,130.
20	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 Figure 16 If following SOP 98-2 (ASC 958-720)				- 000 (*****

Community Foundation of Warren County	Community	Foundation	of	Warren	County
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		<u>Check if Schedule O contains a response or note to any line in this Part X</u>			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,155,456.	1	2,153,198.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other 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			
ŝ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
¥8	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	78,924,101.	11	72,668,251.
	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	272,880.	15	1,598,582.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	81,352,437.	16	76,420,031.
	17	Accounts payable and accrued expenses	2,615.	17	2,042.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
iliti		key employees, highest compensated employees, and disqualified persons.			
Liabilities		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	2 161 510		2 240 000
		Schedule D	<u>2,464,518.</u> 2,467,133.	25	2,249,088. 2,251,130.
	26	Total liabilities. Add lines 17 through 25	2,407,133.	26	2,231,130.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
sec	07	complete lines 27 through 29, and lines 33 and 34.	78,612,424.	07	72,570,319.
and	27	Unrestricted net assets	70,012,424.	27	12,510,515.
Bal	28 29	Temporarily restricted net assets Permanently restricted net assets	272,880.	28 29	1,598,582.
pu	29	Organizations that do not follow SFAS 117 (ASC 958), check here	272,000.	29	1,550,502.
Ŀ,					
S 0	30	and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Nei	33	Total net assets or fund balances	78,885,304.	33	74,168,901.
_	34	Total liabilities and net assets/fund balances	81,352,437.	34	76,420,031.

Form **990** (2018)

Part X | Balance Sheet

Form	990	(201	8
1 01111	000	10201	0

Form	1990 (2018) Community Foundation of Warren County	25-	13805	549	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,082		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	,512	2,0	65.
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>,57(</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	78	,88!	5,3	04.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		,504		
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-10	<u>,793</u>	1,4	73.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	74	,168	3,9	01.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			·····		
					Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		— I			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	<u> </u>
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	t			37
	Act and OMB Circular A-133?		·····	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	000	L

Form **990** (2018)

	SC	HI	ED	UL	.E	Α
--	----	----	----	----	----	---

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2018
Open to Public

٦

		of the Treasury nue Service			Attach to Form 990 or F					Open to Public Inspection
				Go to www.irs.go	v/Form990 for instruction	ons and th	ie latest ii	nformation.	Employer	-
Namo	e of t	the organizati			Jahlan of Mar		7	_		identification number
Par	+ 1	Boscon			dation of War					5-1380549
					All organizations must co			e instruction	S	
г	rgan				For lines 1 through 12, c					
1					on of churches described			1)(A)(i).		
2					(Attach Schedule E (Forn					
3 [anization described in se			•		
4 [0	ation operated in co	njunction with a hospital	described	l in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,
,		city, and stat								
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). (C	Complete Part II.)						
6		A federal, sta	te, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organizati	on that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from tl	ne general j	oublic described in
_		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	Х	A community	r trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9 [An agricultur	al research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:								
10 [An organizati	on that norma	lly receives: (1) more	than 33 1/3% of its sup	port from a	contributio	ns, members	hip fees, an	d gross receipts from
		activities rela	ted to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	n 33 1/3% of i	ts support t	from gross investment
		income and ι	unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	after June 30, 1975.
		See section	509(a)(2). (Cor	mplete Part III.)						
11 [An organizati	on organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).		
12 [An organizati	on organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
					ed in section 509(a)(1) o					
					f supporting organizatior					
а		7			supervised, or controlled					aivina
				-	gularly appoint or elect a	• • • •	-			
				complete Part IV, Se		, ,				11 5
b		-			l or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hay	vina
~					anization vested in the sa					
			-	t complete Part IV,					go the cap	
с		¬ ~		•	g organization operated	in connect	tion with a	and functiona	llv integrate	ed with
Ŭ	L		-		b). You must complete I				ny integrate	i with,
d			÷		porting organization oper				rted organi-	zation(s)
u	L		-		zation generally must sat				-	
			-		mplete Part IV, Sections	-		-	anallenin	101033
•		- ·	,	,	written determination fro					
е			•		nally integrated supporti			турет, туре	п, туре п	
	Ente									
			of supported o	0	d execution(c)					
<u> </u>		(i) Name of supp		about the supporte	(iii) Type of organization		anization listed	(v) Amount o	f monetary	(vi) Amount of other
		organizatior		()	(described on lines 1-10	Yes	ing document?	support (see ii	-	support (see instructions)
		-			above (see instructions))	163				
Total										

Schedule A (Form 990 or 990-EZ) 2018 Community Foundation of Warren County 25-1380549 Page 2 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.)

<u>Sec</u>	ction A. Public Support				-						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	3643436.	876,403.	491,735.	1471185.	2306392.	8789151.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
	Total. Add lines 1 through 3	3643436.	876,403.	491,735.	1471185.	2306392.	8789151.				
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)						4748970.				
	Public support. Subtract line 5 from line 4.						4040181.				
Sec	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
7	Amounts from line 4	3643436.	876,403.	491,735.	1471185.	2306392.	8789151.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	1282003.	1359483.	1289481.	1282810.	1481961.	6695738.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)										
11	Total support. Add lines 7 through 10						15484889.				
12	Gross receipts from related activities,	etc. (see instructio	ons)		-	12					
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	501(c)(3)					
	organization, check this box and stor	bhere			-						
Sec	ction C. Computation of Publi	c Support Per	centage								
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	26.09 %				
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	27.70 %				
	33 1/3% support test - 2018. If the o					ore, check this bo>	(and				
	stop here. The organization qualifies	as a publicly supp	orted organization								
b	33 1/3% support test - 2017. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box				
	and stop here. The organization qual										
17a	10% -facts-and-circumstances test										
	and if the organization meets the "fac	-									
	meets the "facts-and-circumstances"			•		•	►X				
b	10% -facts-and-circumstances test										
~	more, and if the organization meets th	-									
	organization meets the "facts-and-circ										
18	Private foundation. If the organization			-							
10	i mate roundation. It the organizatio	an alla not check a		, 100, 17a, 01 170	, oncon this box a						

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Community Foundation of Warren County 25-1380549 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) 25-1380549 Page 3

(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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ſ	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						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ł	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b 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 fo	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectior	n 501(c)(3) org	anization,
_							
	ction C. Computation of Publi						
	Public support percentage for 2018 (-			15	%
	Public support percentage from 2017					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
18						18 1/00/	%
19a	a 33 1/3% support tests - 2018. If the						
k	more than 33 1/3%, check this box as 33 1/3% support tests - 2017. If the						▶□
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	orted organizat	tion ►
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	tructions	

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990 EZ) 2018 Community Foundation of Warren County 25-1380549 Page 4 Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion 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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion 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	4		
~	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	5		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.	aotionoj	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (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? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990 or 990-EZ) 2018 Community Foundation of	- Warr	en County	25-1380549 Page 6
Pa	TV Type III Non-Functionally Integrated 509(a)(3) Supporting TV Type III Non-Functionally Integrated 509(a)(3)	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain	in Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must c	omplete S	ections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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	Check here if the current year is the organization's first as a non-functiona	ally integrat	ted Type III supporting of	organization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990 EZ) 2018 Community Foundation of Warren County 25-1380549 Page 7 Part V Type III Non-Europian III Integrated 509(2)(2) Supporting Organizations

Par	I ype III Non-Functionally Integrated 509	a)(3) Supporting Orga	inizations (continued)	
Secti	on D - Distributions		· · · ·	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive)	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
с	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			
	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

 Schedule A (Form 990 or 990-EZ) 2018
 Community
 Foundation
 of
 Warren
 County
 25–1380549
 Page 8

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

Part II, Section C, line 17a, Facts and Circumstances Test:

The Community Foundation of Warren County's public support percentage is well in excess of 10%. Its public support percentage is below 33 1/3% because the Foundation receives a high percentage of total support from the investment income that is generated by its investment accounts which are held by its Trustee financial institutions. The Foundation's investment accounts are comprised of funds that were originally contributed by many donors who were representative of the general public residing in and around Warren County, Pennsylvania, from the year 1949 through the present time. The Foundation is governed by a board of directors that consists of seven members who reside in Warren County, Pennsylvania. The Foundation's governing Resolution and Declaration of Trust provides for one board member to be appointed by each of the following: presiding Senior Common Pleas Judge of Warren County, Warren County Bar Association, Mayor of Warren City, and each of the two Foundation Trustee financial institutions. Two additional members are elected by the five appointed board members. The Foundation makes hundreds of grants and educational scholarships each year to varying non-profit organizations and students in Warren County, Pennsylvania, based on local needs.

SCHEDULE D)
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Department of the Treasury Internal Revenue Service

832051 10-29-18

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

Employer identification number Community Foundation of Warren County

25 - 1380549

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	36	
2	Aggregate value of contributions to (during year)	151,371.	
3	Aggregate value of grants from (during year)	320,968.	
4	Aggregate value at end of year	10,691,946.	
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised fu	
	are the organization's property, subject to the organization's	exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	lonly
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose confe	5
Par			V, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	·	
	Protection of natural habitat	Preservation of a certified	historic structure
-	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ried conservation contribution in the form of a c	
_	day of the tax year.		Held at the End of the Tax Year
b			
C A	Number of conservation easements on a certified historic stru Number of conservation easements included in (c) acquired a		2c
d			2d
3	listed in the National Register Number of conservation easements modified, transferred, rel		
5	year	eased, extinguished, or terminated by the orga	
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	•		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation e	easements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes the o	rganization's accounting for
Dec	conservation easements.		Oincitor Accesto
Par			Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descril		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public s	ervice, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
0	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treat the following amounts required to be reported under SEAS 1	· · ·	i, provide
	the following amounts required to be reported under SFAS 1 ⁻ Bevenue included on Form 990, Part VIII, line 1		▶ \$
a h	Revenue included on Form 990, Part VIII, line 1Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2018

		ty Foundati					25-13			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, c	or Other	r Simila	r Assets	contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that	at are a sig	gnificant u	ise of its c	ollection	items	
	(check all that apply):									
а	Public exhibition	d	Loan or ex	change progr	rams					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explair	how they further	the organizati	on's exem	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's c	ollection?				Yes		No
Par	t IV Escrow and Custodial Arrang), Part IV, I	line 9, or		
	reported an amount on Form 990, Pa		-							
1a	Is the organization an agent, trustee, custodi	an or other intermedi	iary for contributio	ns or other as	sets not i	ncluded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									_
			j					Amount		
c	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fe							Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Par						10.	<u></u>			<u></u>
		(a) Current year	(b) Prior year	(c) Two yea	T		/ears back	(e) Four	vears	hack
19	Beginning of year balance	79,196,981.	69,315,814		6,354.		46,093.		062,9	
	Contributions	3,600,556.	1,221,392		4,873.	,	91,815.	,		067.
	Net investment earnings, gains, and losses	-5,165,792.	11,636,213	-	8,464.		58,700.	,		206.
	Grants or scholarships	3,013,662.	2,652,903		9,382.		40,616.	,		123.
		5,015,002.	2,002,000	. 3,00	,	-,,,	10,010.	,	<u> </u>	120.
е	Other expenditures for facilities									
4	and programs	351,250.	323,535	30	4,495.	3	12,238.		314	974.
	Administrative expenses	74,266,833.	79,196,981		.5,814.		26,354.			093.
	End of year balance	, ,			5,014.	07,5	20,334.	,,,	<u>, 940</u>	055.
2	Provide the estimated percentage of the curr	99.00		a)) heid as:						
	Board designated or quasi-endowment		_%							
	Permanent endowment 1.00	%								
С	Temporarily restricted endowment	• 0 0 %								
	The percentages on lines 2a, 2b, and 2c show									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	and administe	ered for the	e organiza	ation	Г		
	by:								Yes X	No
	(i) unrelated organizations							3a(i)	<u> </u>	
	(ii) related organizations							3a(ii)	\rightarrow	X
	If "Yes" on line 3a(ii), are the related organiza			,				3b		
4 Dar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment funds.							
Fai				0 5 00						
	Complete if the organization answere		ŕ		T .		.	() = .		
	Description of property	(a) Cost or o	• • •	st or other	1	ccumulate		(d) Book	value	Э
		basis (investr	Dasi	s (other)	dep	preciation				
	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part J	X. column (B). line	10c.)						0.
							Schedule	D (Form	990)	2018

Schedule D		oundation o	f Warren	Count	y 25	-1380549	Page 3
Part VII	Investments - Other Securities.						
	Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11b. See Fo	orm 990, Par	t X, line 12.		
(a) Descrip	Dtion of security or category (including name of security)	(b) Book value	(c) Me	thod of valua	ation: Cost or end	d-of-year market v	value
(1) Financi	al derivatives						
(2) Closely	-held equity interests						
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨						
Part VII	Investments - Program Related.						
	Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11c. See Fo	orm 990, Parl	: X, line 13.		
	(a) Description of investment	(b) Book value				d-of-year market v	alue
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	b) must equal Form 990, Part X, col. (B) line 13.) 🕨						
Part IX			•				
	Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11d. See Fo	orm 990, Par	t X, line 15.		
		Description				(b) Book va	alue
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Colu	ımn (b) must equal Form 990. Part X. col. (B) lin	e <u>15.</u>)					
Part X	Other Liabilities.						
	Complete if the organization answered "Yes"	on Form 990, Part IV,			0, Part X, line 25		
1.	(a) Description of liability		(b) Book va	lue			
	deral income taxes						
(2) Fu	unds Held for Agencies		2,249,	088.			
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Colu	<u>ımn (b) must equal Form 990, Part X, col. (B) lin</u>	e 25.)	2,249,	088.			
0 L 1 - L 111L	for a state to a solution of the Doub VIII and state						

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

	dule D (Form 990) 2018 Community Foundation of	Warren County	25-1380549 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ements With Revenue pe	r 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
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pa	t XII Reconciliation of Expenses per Audited Financial Stat	ements With Expenses p	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
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments		
с	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Pa	t 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:

The	Foundation	works	with	individual	donors	and	professional	advisors	to

design named endowments that meet the unique and individual needs

identified by each donor. The Foundation also strives to build its

unrestricted endowment that can respond to the most pressing current and

future needs of Warren County.

SCHEDULE I (Form 990) Department of the Treasury Interval Distance Control			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.	er Assistance to d Individuals in answered "Yes" on For Attach to Form 990.	Other Assistance to Organizations, , and Individuals in the United States zation answered "Yes" on Form 990, Part IV, line 21 or 2 Attach to Form 990.	zations, ed States : IV, line 21 or 22.		OMB No. 1545-0047 2018 Open to Public
Name of the organization	on Community Foundation	Foundati		county County	of Warren County	ation.		Employer identification number 25-1380549
Part I General In	General Information on Grants and Assistance	d Assistance						
1 Does the organiz	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	substantiate the	amount of the grants of	or assistance, the c	grantees' eligibility f	or the grants or assis	tance, and the selectic	
	criteria used to award the grants or assistance?	ance?						X Yes No
2 Describe in Part I	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	edures for monit	oring the use of grant f	unds in the United	States.			
Part II Grants and	Grants and Other Assistance to Domestic Organizations and Domestic Governments.	omestic Organi:	zations and Domestic	Governments. C	omplete if the orga	nization answered "Y	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any
recipient u 1 (a) Name and ad or gov	Technent that received more than \$5,000. Fart it can be duplicated it additional space is needed. 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of of other ot	0,000. Part II can (b) EIN	(if applicable) (if applicable)	(d) Amount of cash grant	ed. (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
								Grants from donor advised
Don Mills Achievement Center	ment Center							funds and a Warren Gives
677 Hospital Drive,	e, Suite J							matching grant. Also, a
Warren, PA 16365		25-1399598	501 (c) (3)	61,582.	0.			designated charity by
								Grants from donor advised
First Presbyterian Church	n Church of							funds and a Warren Gives
Warren – 300 Market	et Steet -							matching grant. Also, a
Warren, PA 16365		25-0965358	501 (c) (3)	14,459.	.0			designated charity by
								Grants from donor advised
 E4	ed Methodist							ren Give
Church - 200 Market	et St - Warren,				c			matching grant. Also, a
PA 16365		25-0965351	501 (c) (3)	68,277.	.0			designated charity by
Tiona United Methodist Church	odist Church							Designated charity by will or estate.
PO Box 256								Recipient of a Warren
Tiona, PA 16352		25-1445936	501 (c) (3)	11,674.	0.			Gives matching grant.
								Various Foundation and
Warren County School District	ool District							donor advised grants for
6820 Market Street	t							school district needs
Russell, PA 16345		25-1157816	N/A	49,887.	0.			including the WCSD Kids
Warren County Probation	bation							
Association - 204	204 Fourth Avenue -							Designated charity by
Warren, PA 16365		25 - 6065511	501 (c) (3)	21,438.	0.			will or estate.
	Enter total number of section 501(c)(3) and government organizations listed	d government or	ganizations listed in the	in the line 1 table				
_	Enter total number of other organizations listed in the line 1 table	listed in the line .	I table					
LHA For Paperwork	For Paperwork Reduction Act Notice, see the Instructions for Form 990. マムロ Dart エバ チヘア ペロ1・mm (ト)、	see the Instructi .ェフ	ons for Form 990. 1 개매가). Jaerrintione				Schedule I (Form 990) (2018)

See Part IV for Column (h) descriptions

832101 11-02-18

Schedule I (Form 990) Community Foundation of Wa Part II Continuation of Grants and Other Assistance to Governments and	Foundation Assistance to Govern	on of Warren vernments and Organiz	rren County Organizations in the United States		(Schedule I (Form 990), Part II.)		25-1380549 Page 1
	NIE (q)	(c) IRC section if applicable	(d) Amount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							Grants from donor advised
Hospice of Warren County							funds and Foundation
1 Main Avenue							grants for their Hospice
Warren, PA 16365	25-1512020	501 (c) (3)	47,253.	.0			House driveway project.
							Grants from donor advised
Jefferson Defrees Family Center							funds and Foundation
207 Second Avenue	2E 086E610	E01 (2) (3)	с го 17	c			grants for Jefferson
			• 7 TC ' CT T				
							m aonor aav
rd L							runds and a recipient of
inter council				¢			en Glves
Avenue – Warren, PA 16365	25-0965263	501 (c) (3)	26,010.	.0			grant. Also, a
							Grants from donor advised
Warren Concert Association, Inc							funds and a recipient of
PO Box 844							a Warren Gives matching
Warren, PA 16365	23-7007938	501 (c) (3)	18,198.	0.			grant. Also, a
							Donor advised grants for
Second Harvest Food Bank of NW PA							food stock for Warren
1507 Grimm Drive							County food pantries and
Erie, PA 16501	25-1405798	501 (c) (3)	36,954.	0.			soup kitchens. Also,
							Recipient of Foundation
Warren County Development							grants and donor advised
Association - 308 Market Street -							grants for a wide variety
Warren, PA 16365	25-1461831	501 (c) (3)	155,469.	0.			of community-based
							Recipient of various
Warren General Hospital							Foundation grants and
PO Box 68							donor advised grants for
Warren, PA 16365	25-0965598	501 (c) (3)	226,977.	0.			various purposes
							Donor advised grants and
United Fund of Warren County							a Warren Gives matching
308 Market Street							grant in support of the
Warren, PA 16365	25-6003367	501 (c) (3)	176,374.	0.			United Fund annual
							Recipient of various
Trustees of Struthers Library							Foundation and donor
Theatre - PO Box 6 - Warren, PA							advised grants for a
16365	25-6037927	501 (c) (3)	213,505.	0.			variety of purposes
							Schedule I (Form 990)

832241 04-01-18

Schedule I (Form 990)

Schedule I (Form 990) Community Foundation	Foundati	on of Warren	n County	(10,000)			25-1380549 Page 1
Commutation of drams and Other Assistance to dovernments and (a) Name and address of (b) EIN (c) IRC sect organization or government (b) EIN (c) IRC sect if applicable	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	Organizations in the Onited States Output of (a) Amount of (b) Amount of (c) Amount of (c) Method of (c) Amount of cash grant non-cash (c)	(11.) (g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bollinger Enterprises Inc. 44 North State Street North Warren, PA 16365	25-1235475	501 (c) (3)	27,358.	0.			Recipient of a Warren Gives matching grant and donor advised grants. Also, a designated
st. Paul Lutheran Church 306 Conewango Àve Warren, PÀ 16365	25-1014576	501 (c) (3)	7,782.	0.			Designated charity by will or estate.
Salvation Army, Warren Chapter 311 Beech St Warren, PA 16365	13-5562351	501 (c) (3)	10,520.	.0			Designated charity by will or estate. Also, grants from donor advised funds.
Warren County Historical Society PO Box 427 Warren, PA 16365	25-6059123	501 (c) (3)	36,632.				Designated charity by will or estate. Also, a recipient of various donor advised grants and
Sheffield Area Hospitality Center PO Box 216 Sheffield, PA 16347	25-1208658	501 (c) (3)	42,316.				Grants from donor advised funds and a Warren Gives matching grant. Also, a designated charity by
American Red Cross 305 Market Street Warren, PA 16365	53-0196605	501 (c) (3)	6,446.				Designated charity by will or estate. Grants from donor advised funds and a Warren Gives
Friends of Struthers Library Theatre – PO Box 575 – Warren, PA 16365	25-1412346	501 (c) (3)	18,198.	.0			Grants from donor advised funds and a Warren Gives matching grant. Also, a designated charity by
Warren County YMCA 212 Lexington Ave Warren, PA 16365	25-0995783	501 (c) (3)	151,784.	.0			Foundation grants, donor advised grants, and and a Warren Gives matching grant. Also, designated
American Cancer Society, Warrren County Unit – 2 Crescent Park – Warren, PA 16365	25-1798733	501 (c) (3)	8,945.				Designated charity by will or estate.
							Schedule I (Form 990)

Schedule I (Form 990)

Schedule I (Form 990) Community Foundation of Wa Part II Continuation of Grants and Other Assistance to Governments and	Foundation Assistance to Govern		1 County izations in the Uni	ted States (Sche	エアen County Organizations in the United States (Schedule I (Form 990), Part II.)		25-1380549 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	 (f) Method of valuation (book, FMV, appraisal, other) 	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Family Services of Warren County, Inc 589 Hospital Drive, Suite E - Warren, PA 16365	25-0965289	501 (c) (3)	5,328.	0.			Grants from donor advised funds, a Foundation grant, and a Warren Gives matching grant. Also,
Pleasant Community Church 673 Pleasant Drive Warren, PA 16365	25-6057711	501 (c) (3)	6,435.	.0			Designated charity by Will or estate.
St. Joseph Elementary School 600 PA Avenue West Warren, PA 16365	25-1010306	501 (c) (3)	24,500.				Grants from donor advised funds and Foundation grants.
Warren Library Association 205 Market Street Warren, PA 16365	25-0998189	501 (c) (3)	102,431.	.0			Grants from donor advised funds, a Warren Gives matching grant, and a Foundation grants for a
Crary Art Gallery, Inc. 511 Market Street Warren, PA 16365	25-158 4 906	501 (c) (3)	17,398.	.0			Donor advised and Foundation grants in support of exhibitions. Also, a designated
Audubon Community Nature Center, Inc 1600 Riverside Road - Jamestown, NY 14701	16-6031149	501 (c) (3)	9,881.				a der
Trinity Memorial Episcopal Church 444 Pennsylvania Ave West Warren, PA 16365	25-0965585	501 (c) (3)	12,412.	0.			Recipient of a Warren Gives matching grant. Also, a designated charity by will or
Warren Area Student Union, Inc. 330 Hickory Street Warren, PA 16365	25-1814491	501 (c) (3)	17,260.	0.			Recipient of a Warren Gives matching grant, donor advised grants, and a Foundation grant.
Warren County Summer Music School PO Box 635 Warren, PA 16365	03-0407643	501 (c) (3)	20,875.	0.			Recipient of a Foundation grant and a Warren Gives matching grant. Also, a designated charity by Schedule (Form 990)

04-01-18

Schedule I (Form 990) Community	Foundation	on of Warren	n County				25-1380549 Page 1
(a) Name and address of organization or government (b) EIN (c) IRC section (d) Amount of if applicable (e) Amount of if applicable	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Gen. J. Pendleton Det. U.S. Marine Corp - 2355 Jackson Avenue - Warren, PA 16365	25-6086861	501 (c) (3)	5,737.	0.			Designated charity by will or estate.
PAWS Along the River Humane Society - 212 Elm Street - Warren, PA 16365	23-7107312	501 (c) (3)	10,719.	.0			Recipient of various Foundation grants, grants from donor advised funds, and a Warren Gives
Russell Volunteer Fire Dept. 111 Perrigo Lane Russell, PA 16345	20-4732376	501 (c) (3)	6,520.	0.			Grants from donor advised funds and a Warren Gives matching grant. Also, a designated charity by
American Heart Association National Bequest Center, PO Box 222 St Petersburg, FL 33742	13-5613797	501 (c) (3)	8,177.	0.			Designated charity by will or estate.
City of Warren 318 W. 3rd Ave Warren, PA 16365	25-6000497	A/A	9,500.	0.			Recipient of various donor advised and Foundation grants.
Warren County 4th of July Organization, Inc PO Box 434 - Warren, PA 16365	46-1260628	501 (c) (3)	5,500.	.0			Grants from donor advised funds for the support of the annual 4th of July celebration.
Tidioute Community Charter School 241 Main Street Tidioute, PA 16351	83-0417793	N/A	24,117.				Recipient of Foundation grant.
Warren County Fair, Inc. PO Box 230 Pittsfield, PA 16340	25-1653028	501 (c) (3)	10,000.	0.			Foundation grants for improvements to horse show arena.
Women's Care Center of Erie County 4408 Peach Street, Suite 101 Erie, PA 16509	25-1433389	501 (c) (3)	20,000.	• 0			Foundation grant supporting the establishment of a pregnancy support center
							Schedule I (Form 990)

Schedule I (Form 990)

Schedule I (Form 990) Community Foundation of Wa	Foundation Assistance to Govern		1 County izations in the Unit	ited States (Sche	rren County Organizations in the United States (Schedule 1 (Form 990). Part II.)		25-1380549 Page 1
	(b)		(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A Safe Place 210 North Drive, Suite C Warren, PA 16365	25-1620421	501 (c) (3)	6,770.	.0			Recipient of Foundation grant.
Allegheny Center for the Arts / Warren County - PO Box 431, 444 PA Ave W - Warren, PÀ 16365	45-3803994	501 (c) (3)	6,000.	.0			Foundation grants for purchase of equipment and software.
Americans for Competitive Enterprise System - 1001 State Street, Suite 310 - Erie, PA 16501	26-2763757	501 (c) (3)	7,000.	.0			Recipient of Foundation grant.
Friends of Brokenstraw Valley Pool 129 7th Street Youngsville, PA 16371	27-4605599	501 (c) (3)	8,600.	0.			Recipient of Foundation grant.
Tidioute Area Volunteer Fire Department – 224 Main Street – Tidioute, PA 16351	25-6055747	501 (c) (3)	8,000.	0.			Recipient of Foundation grant.
Warren County Children's Advocacy Center - 110A East St Clair Street - Warren, PA 16365	81-2553314	501 (c) (3)	33,700.				Recipient of Foundation grant.
Warren Phiharmonic 607 Conewango Ave Warren, PA 16365	23-7398748	501 (c) (3)	5,638.	.0			Grant in support of annual programming
Warren / Forest Higher Education Council – 589 Hospital Drive, Suite F – Warren, PA 16365	25-1491411	501 (c) (3)	10,000.	.0			Recipient of Foundation grant.
Woofington Dog Park PO Box 265 Warren, PA 16365	82-4737276	501 (c) (3)	5,000.	0.			Recipient of Foundation grant. Schedule (Form 990)

25-1380549 Page 1	(h) Purpose of grant or assistance	Recipient of Foundation grant.					Schedule I (Form 990)
	(g) Description of non-cash assistance						
(Schedule I (Form 990), Part II.)	(f) Method of valuation (book, FMV, appraisal, other)						
		0.					
1 County izations in the Un	(d) Amount of cash grant	10,000.					
on of Warren vernments and Organiz	(c) IRC section if applicable	501 (c) (3)					
Foundati Assistance to Gov	NIƏ (q)	24-6000376					
Schedule I (Form 990) Community Foundation of Warren County Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States		WPSU Radio 238 Outreach Building, 100 Innovation Boulevard - University Park, PA 16802					

Schedule I (Form 990) (2018) Community Found	Foundation of	Warren Col	County		25-1380549 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	rred "Yes" on Form 99	00, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Whirley Drinkworks Scholarship – awarded to students who are sons and daughters of Whirley employees.	26	33,960.	0.		
Association of College Women Scholarship - a one time award to a Warren County graduating senior with no restrictions on income or field of study.	4	2,000.	0.		
Barbara DeFrees Music Scholarship - restricted to students in a music related field.	7	16,500.	0.		
Blair Family Scholarship - restricted to students who are sons and daughters of employees of Blair, LLC.	29	138,700.	0.		
Warren County Career Center Scholarship - awarded to graduating seniors based on recommendation of the Warren County Career Center faculty.	0	2,000.	.0		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	quired in Part I, line	e 2; Part III, column	(b); and any other ad	ditional information.	
<u>Part I, Line 2:</u> Scholarships are approved and monitored		by requiring students		to complete	
<u>formal applications, provide academic</u>		transcripts, and	d maintain	a required	
grade point average.					
<u>Grants to charities are approved a</u>	and monitored	λď	requiring app.	applicants to	
complete formal applications and g	grant foll	follow-up forms	ıs upon project	ject	
completion.					

See Part IV for Column (a) descriptions

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Schedule I (Form 990) (2018)

Schedule I (Form 990) Community Foundation		Warren Cou	of Warren County		25-1380549 Page 2
(a) Type of grant or assistance		(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Chapin Reese Academic Scholarship – awarded to a graduating Warren Area High School senior based on academic achievement.	ů	20,000.	°		
Jacob Levinson Scholarship – awarded to students entering a field of study related to retailing.	ى .	.000.	0.		
James Barrett Scholarship – awarded to Warren Area High School students outstanding in English or a related subject.	ຕໍ	3,000.	.0		
Jane G. Masters Scholarship - awarded to a graduating Warren Area High School student who is a member of the National Honor Society and will be attending an accredited college program full time.	1.	500.	.0		
John Check Memorial Scholarship - restricted to students going into a musical or musical theatre related field.	1.	800.	. 0		
Paul & Linda Keverline Medical Scholarship – awarded to students entering a health career field.	° m	3,000.			
Mary Dutter Scholarship – one time award for Kane Area High School graduating seniors.	11.	22,500.			
Richard and Edith Metzgar Scholarship - with preference given to students residing in the Clarendon, Cherry Grove, Mead, and Sheffield areas.	18.	62,000.	0.		
Health Career Scholarship - graduate and undergraduate grants that are restricted to the health professions.	14.	51,000.	.0		
					Schedule I (Form 990)

Schedule I (Form 990) Community Foundation	ition of	Warren Cou	County		25-1380549 Page 2
Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)	als in the United	d States (Schedule	e I (Form 990), Part III.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
William Falconer Henry Scholarship - awarded to a Warren County resident who is related to a member of the Warren Elks Club Lodge.	m	3,000.			
Community Foundation of Warren County Need-based Scholarship - available to all Warren County High School students, subject to income and grade restrictions.	150.	433,379.	.0		
Quinn Smith Scholarship – a one time scholarship award to an undergraduate student pursuing a degree in Liberal Arts.	1.	2,000.	0.		
St. Bonaventure dual enrollment - scholarships awarded to high school students enrolled in the Dual Enrollment Initiative.	30.	66,818.	. 0		
Paul & Andrew Keverline Scholarship – awarded to a student athlete in good acedemic standing.	2.	2,000.	. 0		
s & Margue	10.	40,000.			
Dr. Albert B. Cecchini Memorial Scholarship - awarded to a Warren Co. high school graduating senior with a cumulative GPA of at least 3.0 who is active in the community and is of good	4.	4,000.	0.		
Paula Southwell Memorial Scholarship – annual scholarship to be awarded to a WAHS graduating senior	1.	1,000.	0.		
Soderberg Nursing Scholarship - awarded to students attending schools of nursing.	1.	1,000.	.0		Schedule I (Form 990)

Schedule I (Form 990)

Schedule I (Form 990) Community Foundation Part III Continuation of Grants and Other Assistance to Individuals in the		Warren Cou d States (Schedule	of Warren County United States (Schedule I (Form 990), Part III.)	(25-1380549 Page 2
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Agnes V. Baker Scholarship – awarded to students with a classical piano field of interest.	э.	2,500.	0.		
Stacy Lindsey Memorial Scholarship - awarded to graduating seniors from Sheffield High School who will attend Penn State University.	ц.	500.	.0		
Blair & Janice Logan Scholarship - awarded to Warren County graduating seniors who are entering the field of music, fine arts, social work, or liberal arts.	2.	6,000.	0.		
The Robert P. North Memorial Scholarship Fund - awarded to graduating seniors who attend the Warren Career Center School.	1.	1,000.	0.		
The Lt. Jack L. Pedersen Memorial Scholarship - awarded to a graduating senior at the Warren County Career Center.	1.	300.	.0		
Nursing Scholarship - a scholarship program specific to students entering the field of nursing.	2.	5,000.	.0		
					Schedule I (Form 990)

 Schedule I (Form 990)
 Community Foundation of Warren County
 25-1380549 Page 2

 Part IV
 Supplemental Information

 Part II, line 1, Column (h):

 Name of Organization or Government: Don Mills Achievement Center

 (h) Purpose of Grant or Assistance: Grants from donor advised funds and

 a Warren Gives matching grant. Also, a designated charity by will or

 estate.

Name of Organization or Government: First Presbyterian Church of Warren (h) Purpose of Grant or Assistance: Grants from donor advised funds and a Warren Gives matching grant. Also, a designated charity by will or estate.

Name of Organization or Government: Warren First United Methodist Church (h) Purpose of Grant or Assistance: Grants from donor advised funds and a Warren Gives matching grant. Also, a designated charity by will or estate.

Name of Organization or Government: Warren County School District (h) Purpose of Grant or Assistance: Various Foundation and donor advised grants for school district needs including the WCSD Kids in Need program, YHS ACES PA Business Week, and the WCSD Food Pantry.

Name of Organization or Government: Hospice of Warren County

(h) Purpose of Grant or Assistance: Grants from donor advised funds and

Foundation grants for their Hospice House driveway project. Also, a

designated charity by will or estate, and a Warren Gives matching grant.

Name of Organization or Government: Jefferson Defrees Family Center

(h) Purpose of Grant or Assistance: Grants from donor advised funds and

Schedule I (Form 990) Community Foundation of Warren County 25-1380549 Page 2 Part IV Supplemental Information

Foundation grants for Jefferson Defrees programs and CASA programs.

Also, a designated charity by will or estate, and a Warren Gives matching grant.

Name of Organization or Government:

Boy Scouts of America Chief Cornplanter Council

(h) Purpose of Grant or Assistance: Grants from donor advised funds and

a recipient of a Warren Gives matching grant. Also, a designated charity by will or estate.

Name of Organization or Government: Warren Concert Association, Inc (h) Purpose of Grant or Assistance: Grants from donor advised funds and a recipient of a Warren Gives matching grant. Also, a designated charity by will or estate.

Name of Organization or Government: Second Harvest Food Bank of NW PA (h) Purpose of Grant or Assistance: Donor advised grants for food stock for Warren County food pantries and soup kitchens. Also, designated charity by will or estate. Recipient of a Warren Gives matching grant.

Name of Organization or Government: Warren County Development Association (h) Purpose of Grant or Assistance: Recipient of Foundation grants and donor advised grants for a wide variety of community-based projects and programs.

Name of Organization or Government: Warren General Hospital (h) Purpose of Grant or Assistance: Recipient of various Foundation grants and donor advised grants for various purposes including the WGH Schedule I (Form 990)

Schedule I (Fo	rm 990)			nity	Foun	dat	ion o	f Warrer	ı Co	ounty	25-1380549	Page 2
Part IV S	Supplementa	l Inform	nation									
aquatic	therapy	pool	and	the	Dare	to	Care	program		Also, a	designated	
charity	by will	or e	state	and	lare	ecir	oient	of a Wa	rre	n Gives	matching	
grant.												

Name of Organization or Government: United Fund of Warren County (h) Purpose of Grant or Assistance: Donor advised grants and a Warren Gives matching grant in support of the United Fund annual campaign. Also, a designated charity by will or estate.

Name of Organization or Government: Trustees of Struthers Library Theatre (h) Purpose of Grant or Assistance: Recipient of various Foundation and donor advised grants for a variety of purposes including the elevator project, the seating project, and sponsorship of the 2017-2018 celebrity series. Also, a designated charity by will or estate, and a recipient of a Warren Gives matching grant.

Name of Organization or Government: Bollinger Enterprises Inc. (h) Purpose of Grant or Assistance: Recipient of a Warren Gives matching grant and donor advised grants. Also, a designated charity by will or estate.

Name of Organization or Government: Warren County Historical Society (h) Purpose of Grant or Assistance: Designated charity by will or estate. Also, a recipient of various donor advised grants and a Warren Gives matching grant.

Name of Organization or Government: Sheffield Area Hospitality Center
(h) Purpose of Grant or Assistance: Grants from donor advised funds and
Schedule I (Form 990)

Sc	hedule I	(Form	990)	Com	nunity	Foundati	on of	Warren	County	2	25-138	0549	Page 2
Ρ	art IV	Su	pplemen	tal Informatio	n								
a	Warr	ren	Gives	matching	grant	. Also,	a de	signated	charity	bv	will	or	
					<u> </u>			<u>»-g</u>	<u> </u>	1			

estate.

Name of Organization or Government: American Red Cross

(h) Purpose of Grant or Assistance: Designated charity by will or

estate. Grants from donor advised funds and a Warren Gives matching

grant.

Name of Organization or Government: Friends of Struthers Library Theatre

(h) Purpose of Grant or Assistance: Grants from donor advised funds and

a Warren Gives matching grant. Also, a designated charity by will or

estate.

Name of Organization or Government: Warren County YMCA

(h) Purpose of Grant or Assistance: Foundation grants, donor advised

grants, and and a Warren Gives matching grant. Also, designated charity

by will or estate.

Name of Organization or Government:

Family Services of Warren County, Inc.

(h) Purpose of Grant or Assistance: Grants from donor advised funds, a

Foundation grant, and a Warren Gives matching grant. Also, designated

charity by will or estate.

Name of Organization or Government: Warren Library Association

(h) Purpose of Grant or Assistance: Grants from donor advised funds, a

Warren Gives matching grant, and a Foundation grants for a new telephone

system and for meeting room tables and chairs. Also, a designated

charity by will or estate.

Name of Organization or Government: Crary Art Gallery, Inc.

(h) Purpose of Grant or Assistance: Donor advised and Foundation grants

in support of exhibitions. Also, a designated charity by will or estate

and a recipient of a Warren Gives matching grant.

Name of Organization or Government: Audubon Community Nature Center, Inc. (h) Purpose of Grant or Assistance: Recipient of donor advised and Foundation grants. Also a recipient of a Warren Gives matching grant.

Name of Organization or Government: Trinity Memorial Episcopal Church (h) Purpose of Grant or Assistance: Recipient of a Warren Gives matching grant. Also, a designated charity by will or estate.

Name of Organization or Government: Warren Area Student Union, Inc. (h) Purpose of Grant or Assistance: Recipient of a Warren Gives matching grant, donor advised grants, and a Foundation grant. Also, a designated charity by will or estate.

Name of Organization or Government: Warren County Summer Music School (h) Purpose of Grant or Assistance: Recipient of a Foundation grant and a Warren Gives matching grant. Also, a designated charity by will or estate.

Name of Organization or Government: PAWS Along the River Humane Society (h) Purpose of Grant or Assistance: Recipient of various Foundation grants, grants from donor advised funds, and a Warren Gives matching Schedule I (Form 990)

Schedule I			Foundation	of	Warren	County	25-1380549	Page 2
Part IV	Supplemental Info	ormation						

grant. Also, a designated charity by will or estate.

Name of Organization or Government: Russell Volunteer Fire Dept.

(h) Purpose of Grant or Assistance: Grants from donor advised funds and

a Warren Gives matching grant. Also, a designated charity by will or

estate.

Name of Organization or Government: Women's Care Center of Erie County

(h) Purpose of Grant or Assistance: Foundation grant supporting the

establishment of a pregnancy support center in Warren County.

Part III, Column (a):

(a) Type of Grant or Assistance: Dr. Albert B. Cecchini Memorial

Scholarship - awarded to a Warren Co. high school graduating senior with

a cumulative GPA of at least 3.0 who is active in the community and is of good character.

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

20 18 **Open to Public** Inspection

Employer identification number

25-1380549

Name of the	organization

Community Foundation of Warren County

Par	tl	Type	s of Property							
				(a)	(b)	(c)	(d)			
				Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu			•
				applicable		Form 990, Part VIII, line 1g	TIONCASH CONTINUE	ution ai	nount	<u>,</u>
1	Art -	Works of	art							
2			treasures							
3			Il interests							
4			blications							
5			nousehold goods							
6			er vehicles							
7			nes							
8		ectual pro								
9	Secu	Irities - Pu	ublicly traded	X	6	716,981.	Stock Excha	nge	Pri	Lce
10			osely held stock							
11			artnership, LLC, or							
		interests								
12	Secu	ırities - Mi	iscellaneous							
13			servation contribution -							
	Histo	oric struct	ures							
14			servation contribution - Other							
15										
16										
17			Other							
18										
19			у							
20			dical supplies							
21	Taxio	dermy								
22			acts							
23	Scie	ntific spea	cimens							
24	Arch	eological	artifacts							
25	Othe	er 🕨	()							
26	Othe	er 🕨	()							
27	Othe	er 🕨	()							
28	Othe	er 🕨	()							
29			rms 8283 received by the organiz							
	for w	hich the	organization completed Form 828	83, Part IV, [Donee Acknowledg	jement 29				
									Yes	No
30a			ar, did the organization receive by							
	must hold for at least three years from the date of the initial contribution, and which isn't required to be used for									
			ses for the entire holding period?	?				30a		X
b	b If "Yes," describe the arrangement in Part II.									
31								31	X	
32a		•	nization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
		ributions?						32a		X
			ribe in Part II.							
33			tion didn't report an amount in c	olumn (c) foi	r a type of property	r for which column (a) is che	cked,			
	desc	ribe in Pa	art II.							

Schedule M	(Form 990) 2018	Community	Foundation	of Warren	County	25-1380549	Page 2
Part II	Supplemental is reporting in Part this part for any ad	Information. P I, column (b), the n dditional information	rovide the information umber of contributior	n required by Part I, is, the number of ite	lines 30b, 32b, and 33, ms received, or a comb	and whether the organizat ination of both. Also comp	tion olete

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	OMB No. 1545-0047	
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. 		Open to Public Inspection
Name of the organization	Community Foundation of Warren County		identification number 380549
Form 990, Part	I, Line 1, Description of Organization Miss	ion:	

beneficiaries, responding to the existing needs of the community, and

providing donors the opportunity to make a meaningful and beneficial

impact on the future of Warren County.

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

The members of the Foundation board of directors are provided with a copy

of the Form 990 prior to its filing.

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

Members of the board are aware that the conflict of interest policy exists,

and they monitor and identify potential conflicts of interest on a

continuing basis.

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

Compensation for the executive director is voted on by the board of

directors of the Foundation.

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

The Foundation makes its governing documents, conflict of interest policy,

and financial statements available to the general public upon request.

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

Unrealized loss on investments -10,791,473.