Public Inspection Copy

EXTENDED TO NOVEMBER 15, 2019

Form **990**

Department of the Treasury

Internal Revenue Service

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.

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2018
Open to Public Inspection

Form 990 (2018)

OMB No. 1545-0047

and ending A For the 2018 calendar year, or tax year beginning D Employer identification number Check if applicable: C Name of organization Address change ARMSTRONG COUNTY COMMUNITY FOUNDATION X Name 31-1625798 E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ 220 S. JEFFERSON STREET 724-548-5897 termin-ated 1,080,733. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return KITTANNING, PA 16201 H(a) Is this a group return Applica-Yes X No F Name and address of principal officer: JODI BEERS for subordinates? pending 220 S. JEFFERSON ST, KITTANNING, H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) L 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.SERVINGTHEHEART.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Year of formation: 1998 M State of legal domicile: PA Association Part I Summary Briefly describe the organization's mission or most significant activities: THE FOUNDATION DEVELOPS, MANAGES Activities & Governance AND DISTRIBUTES CHARITABLE FUNDING TO MEET EXISTING AND CHANGING if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 10 10 Number of independent voting members of the governing body (Part VI, line 1b) 2 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 5 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 38 0. Prior Year **Current Year** 482,343. 854,514 Contributions and grants (Part VIII, line 1h) 0. Program service revenue (Part VIII, line 2g) 0 . 1,149,806. 593.790. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -3,792.Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -9,21211 1,995,108 072,341. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 591,564. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 529,943. 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 107,209. 118,489 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 59,365 67,216. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 765,989. 707,797 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,287,311 306,352. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances Beginning of Current Year End of Year 9,556,741. 8,730,181. 20 Total assets (Part X, line 16) 42,007 45,176. 21 Total liabilities (Part X, line 26) Net -9,514,734 8,685,005. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign AUTUMN VORPE-SEYLER, PRESIDENT Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature 08/08/19 self-employed P01861732 RICHARD J. TICE Paid RICHARD J. TICE Firm's name MCCALL SCANLON & TICE, LLC Firm's EIN 26-2728289 Preparer Firm's address 5500 CORPORATE DR #240 Use Only Phone no. 412-635-9314 PITTSBURGH, PA 15237 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2018)

Form 990 (2018) ARMSTRONG COUNTY COMMUNITY FOUNDATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	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		<u>X</u>
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	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	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			
	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		- T	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١	۱ ۲۶	
	Part VI	11a	X	
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			77
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			727
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		X
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	x	
	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	<u> </u>	
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		y
40	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	_ <u>~</u> _
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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	175		
13	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	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,			
''	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
.5	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,"			
	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		
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	

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	ì		
,	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>X</u>
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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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		<u>X</u>
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		<u>X</u>
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		<u>X</u>
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		<u>X</u>
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		<u> X</u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
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	ļ	<u>X</u>
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		<u>X</u>
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		<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
<u> </u>	Note. All Form 990 filers are required to complete Schedule O	38	X	
Pai	Statements Regarding Other IRS Filings and Tax Compliance			 1
	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	-i		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	 ,		
	(gambling) winnings to prize winners?	1 1c		

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Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			· · · · · · · · · · · · · · · · · · ·
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u>X</u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	ات		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	\ \frac{1}{2}		
	Initiation fees and capital contributions included on Part VIII, line 12			
h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12:	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1.20		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.	104		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
IJ	organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			
		14a		Х
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		- 27
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	172		
15	excess parachute payment(s) during the year?	15	:	Х
	If "Yes," see instructions and file Form 4720, Schedule N.	iO		42
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Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

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

	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 year1a10			
	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	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
-	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
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:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u></u>		
	COTT DI 1 OTTO TO (TITLE OCCUPANTE TE GLOSGO INFORMACIONI AD OLI PONDICO NOCTO QUINO MY MINISTRA TENENTE TE LE		Yes	No
d∩a	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		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	The state of the s			
12a	The state of the s	12a	x	
ıza b		12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	<u> </u>		
G	in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	<u> </u>		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a	x	
	Other officers or key employees of the organization	15b	X	
ņ	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
IUd		16a		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	,00		
a	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		
Sac	tion C. Disclosure	102		
	List the states with which a copy of this Form 990 is required to be filed ▶PA			
17 10	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) avails	able
18	for public inspection. Indicate how you made these available. Check all that apply.	my	,	
	X Own website Another's website X Upon request Other (explain in Schedule O)			
40	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i finan	cial	
19	statements available to the public during the tax year.		J. 1001	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
ZU	EXECUTIVE DIRECTOR - 724-548-5897		······································	
	220 C TEFFEDON OF KITHTANNITNO DA 16201			

Form 990 (2018)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	nor any related organization compensa (B) (C) Average Position						(D)	(E)	(F)
Name and Title	Average	ído	not c	more than one			Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an		compensation	amount of
	week (list any		1		1000	1	,	from the	from related organizations	other compensation
	hours for	direct				9		organization	(W-2/1099-MISC)	from the
	related	te oz	ıstee			ensafe		(W-2/1099-MISC)	·	organization
	organizations	T trus	nal tr		loyee	dwos a				and related
	below	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	ĻĒ	<u> </u>	ō	35	宝哥	윤			
(1) AUTUMN VORPE-SEYLER	5.00	X		 .				0.	0.	0 .
PRESIDENT	5.00	Α.		Х				0.	<u> </u>	0 .
(2) LANCE WHITEMAN	3.00	X		х				0.	0.	0.
VICE PRESIDENT	5.00	<u> </u>		Δ				0.	<u> </u>	0 ,
(3) KAREN WAUGAMAN	3.00	X		х				0.	0.	0.
SECRETARY/TREASURER	1.00	┢						U •	0.	
(4) CHASE MCCLISTER	1.00	X						0.	0.	0 .
DIRECTOR (5) FRANK BAKER	1.00	/A							, , , , , , , , , , , , , , , , , , ,	
DIRECTOR	1.00	X						0.	0.	0 .
(6) SANDY BRADIGAN	1.00	122								
DIRECTOR	2.00	x						0.	0.	0.
(7) RICHARD SNYDER	1.00									-
DIRECTOR EMERITUS		x						0.	0.	0.
(8) TYLER HELLER	1.00									
DIRECTOR		X						0.	0.	0.
(9) DINA BLAKE	1.00									
DIRECTOR		X						0.	0.	0.
(10) CHRISTINE MOSS	1.00]								
DIRECTOR		X	<u> </u>					0.	0.	0.
(11) JODI BEERS	40.00									
EXECUTIVE DIRECTOR		<u> </u>	<u> </u>	X				60,921.	0.	1,828
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Form 990 (2018)

Fai	Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	<u>, an</u>	d Hi	ghe	st (compensated Employe	es (continuea)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do		Posi heck		than	опе	Reportable	Reportable		Es	timate	ed
		hours per	box	, unle	ss pe	rson	is bot or/trus	h an	· ·	compensation			ount	of
		week (list any	\vdash	CEI AII		T COL	1	1	from the	from related organization			other pensa	tion
		hours for	direct				153			(W-2/1099-MI			om th	
		related	ee or	stee			nsate		(W-2/1099-MISC)	(11 27 1000 1111	-,		anizat	
		organizations	trust	ad fru),ee	эши		, ,			_	l relat	
		below	Individual trustee or director	Institutional trustee	19.	Key employee	Highest compensated employee	Ē				orga	nizati	ons
		line)	亨	藍	Officer	že,	물통	Ē						
						ļ								
			<u> </u>											
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	The state of the s							<u> </u>						
			<u> </u>										····	
4 h	Sub-total	1	L	L		l		_	60,921.		0.		1,8	28.
	Total from continuation sheets to Part V								0.		Ö.		- / -	0.
	Total (add lines 1b and 1c)								60,921.		0.		1,8	
2	Total number of individuals (including but n									000 of reportab				
ح	compensation from the organization	ot minious to the		,,,,,,,			.,			,000 01 10 01 100				0
	Compensation from the organization												Yes	No
3	Did the organization list any former officer,	director, or tru	istee	e. ke	v en	olan	vee.	. or	highest compensated e	mplovee on				
-	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$15	•							for such individual	***************************************		4		X
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," com								*******************************			5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated ind	depe	ende	nt c	onti	acto	ors t	hat received more than	\$100,000 of con	npens	ation f	rom	
	the organization. Report compensation for	the calendar y	ear e	endi	ng w	vith	or w	ithir	n the organization's tax y	year.				
	(A)								(B)		_	(C		
	Name and business	address	NO	NI	3			_	Description of s	ervices		omper	nsatio	n
								\dashv						
		W-4							Harwite V					
	Total number of independent in the state of in-	naludina Lut -			d +-	+1	00 11-	<u></u>	I about who received -	oro than				
2	Total number of independent contractors (i		Ot III	me	u (O		se III)	sieC	i abovej wno received ir	iore triait				
	\$100,000 of compensation from the organi	zanon 🚩				1						Form !	200	

Form 990 (2018) ARMSTRO
Part VIII Statement of Revenue

		Check if Schedule O contains a re	sponse or note to any li	ne in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a				
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1b		f		-
A,G		Fundraising events	tc 13,350.				
無量		Related organizations	1d				
ž.E	е	Government grants (contributions)	1e				
r in	f	All other contributions, gifts, grants, and					
ip di		similar amounts not included above	1f 468,993.	.]			
늘	g	Noncash contributions included in lines 1a-1f: \$					
<u> </u>	h	Total. Add lines 1à-1f	<u></u>	482,343.			
			Business Code	<u> </u>			
8	2 a						
iz ei	b						
Program Service Revenue	C	***************************************					
e a	d						
jo.	е						
<u>~</u>		All other program service revenue					
	•	Total. Add lines 2a-2f					<u> </u>
	3	Investment income (including dividend		E02 E00	E02 700		
		other similar amounts)		593,790.	593,790.		
	4	Income from investment of tax-exempt	•	<u> </u>			
	5	Royalties					
	_		Real (ii) Personal				
	ба,	Gross rents					
	g						
ļ		Rental income or (loss)		-			
1		Net rental income or (loss)					
ĺ	/ a	assets other than inventory	urities (ii) Other	-			
	h	Less: cost or other basis		-			
	ь	and sales expenses					
	^	Gain or (loss)		1			
		Net gain or (loss)		1			
_		Gross income from fundraising events					
nue	υu	including \$ 13,350 . c					
Other Reven		contributions reported on line 1c). See					
Æ.		Part IV, line 18					
‡	b	Less: direct expenses					
0		Net income or (loss) from fundraising e		-3,792.			-3,792
ĺ		Gross income from gaming activities.					
		Part IV, line 19	a				
	b	Less: direct expenses					
	С	Net income or (loss) from gaming activ	ities 📐				
	10 a	Gross sales of inventory, less returns					
		and allowances	а	<u> </u>			
	b	Less: cost of goods sold	b	<u> </u>]		
L	С	Net income or (loss) from sales of inve	ntory 🕨				
		Miscellaneous Revenue	Business Code	<u> </u>	Simple service		
	11 a						
	b						
	С		·				
		All other revenue					
1	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions	<u></u>	<u> 1,072,341.</u>	593,790.	0.	-3,792.

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 respon				
Do	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	375,211.	375,211.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	216,353.	216,353.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	60,921.	30,461.	15,230.	15,230.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	35,453.	8,863.	17,727.	8,863.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	2,877.	719.	1,439.	719.
10	Payroll taxes	7,958.	3,183.	2,785.	1,990.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	10,000.		10,000.	
d	,				
е	· · · · · · · · · · · · · · · · · · ·				
f	Investment management fees				,
g	, -	4 500	600	200	603
	column (A) amount, list line 11g expenses on Sch 0.)	1,508	603.	302.	603.
12	Advertising and promotion	2,657.	1,062.	266.	1,329.
13	Office expenses	20,479.	5,119.	10,240.	5,120.
14	Information technology				
15	Royalties	44 650	1 660	0 224	4 650
16	Occupancy	11,650.	4,660.	2,331.	4,659.
17	Travel	1,389.	556.	278.	555.
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	7 200	1 000	2 600	1 000
22	Depreciation, depletion, and amortization	7,200.	1,800.	3,600. 657.	1,800. 1,311.
23	Insurance	3,281.	1,313.	007.	1,311.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	MISCELLANEOUS	3,756.	940.	1,878.	938.
b	PRINTING & POSTAGE	2,836.	1,133.	284.	1,419.
c	DUES & SUBSCRIPTIONS	2,460.	615.	1,232.	613.
d		,			
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	765,989.	652,591.	68,249.	45,149.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0.12-31-18				Form 990 (2018)

Form 990 (2018)

<u> </u>	ILA	Check if Schedule O contains a response or not	e to a	ıv line in this Part X		.,	
		Onder Condens Contained responds of the	.5 15 11	7 1110 11 2110 7 51111	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			91,064.	1	18,475.
	2	Savings and temporary cash investments			184,805.	2	196,793.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensations					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	•	-			
		employers and sponsoring organizations of sec					
S		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			2,875.	9	6,874.
	10a	Land, buildings, and equipment: cost or other			_		
		basis. Complete Part VI of Schedule D	10a	20,000.			
	b	Less: accumulated depreciation	10b	14,333.	12,867.	10c	5,667.
	11	Investments - publicly traded securities			9,265,130.	11	8,502,372.
	12	Investments - other securities. See Part IV, line	1		12		
	13	Investments - program-related. See Part IV, line	· · · · · · · · · · · · · · · · · · ·		13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ		ľ	9,556,741.	16	8,730,181.
	17	Accounts payable and accrued expenses		10,007.	17	11,426.	
	18	Grants payable		32,000.	18	33,750.	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete			21		
S	22	Loans and other payables to current and former	office	rs, directors, trustees,			
ΙΞ		key employees, highest compensated employee	s, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
=	23	Secured mortgages and notes payable to unrela	ated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			42,007.	26	45,176.
		Organizations that follow SFAS 117 (ASC 958), che	ck here 🕨 🐰 and			
es		complete lines 27 through 29, and lines 33 ar					
nc nc	27	Unrestricted net assets			500,035.	27	369,545.
3ak	28	Temporarily restricted net assets			9,014,699.	28	8,315,460.
β	29			<u></u>		29	
Ē		Organizations that do not follow SFAS 117 (A	SC 95	8), check here 🕨 📖 📗			
ō		and complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
άss	31	Paid-in or capital surplus, or land, building, or ed		l l		31	
et.	32	Retained earnings, endowment, accumulated in				32	0 605 005
2	33	Total net assets or fund balances			9,514,734.	33	8,685,005.
	34	Total liabilities and net assets/fund balances	******		9,556,741.	34	8,730,181.

review, or compilation of its financial statements and selection of an independent accountant?

Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2018)

X

2c | X

3a

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number ARMSTRONG COUNTY COMMUNITY FOUNDATION 31-1625798 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ล An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part il.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. _____ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN in your governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization Yes above (see instructions)) Total

Schedule A (Form 990 or 990-EZ) 2018 ARMSTRONG COUNTY COMMUNITY FOUNDATION 31-1625798 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.)

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
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	875,593.	951,459.	434,717.	857,034.	486,943.	3605746.
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						
4	Total. Add lines 1 through 3	875,593.	951,459.	434,717.	857,034.	486,943.	3605746.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included	ANT THE PROPERTY OF THE PROPER					
	on line 1 that exceeds 2% of the	Avenue 4411					
	amount shown on line 11,	VIII-LEADER VIII-L				-	
	column (f)						
6	Public support. Subtract line 5 from line 4.						3605746.
	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	875,593.	951,459.	434,717.	857,034.	486,943.	3605746.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	}					
	and income from similar sources	72,258.	-229,203.	513,930.	1334917.	-542,291.	1149611.
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.)	30,238.	10,545.				<u>40,783.</u>
11	Total support. Add lines 7 through 10						<u>4796140.</u>
12	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor						.
Sec	ction C. Computation of Publ	ic Support Pe	rcentage	***************************************		,	
14	Public support percentage for 2018 (line 6, column (f) d	ivided by line 11, c	column (f))		14	75.18 %
15	Public support percentage from 2017	7 Schedule A, Part	II, line 14	.,		15	69.50 %
16a	33 1/3% support test - 2018. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the	organization did no	ot check a box on l	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	xod air
	and stop here. The organization qual	lifies as a publicly :	supported organiza	ation			▶∟
17a	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	nis box and stop h	iere. Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	he "facts-and-circu	ımstances" test, cl	heck this box and	stop here. Explair	n in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	ınd see instruction	s
					Sche	edule A (Form 990	or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 ARMSTRONG COUNTY COMMUNITY FOUNDATION 31-1625798 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	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								
1	Tax revenues levied for the organ-								
-7	ization's benefit and either paid to	THE PROPERTY OF THE PROPERTY O			-				
	or expended on its behalf				****				
5	The value of services or facilities								
5	furnished by a governmental unit to								
	the organization without charge								
_	- ***								
	Total. Add lines 1 through 5								
/a	Amounts included on lines 1, 2, and								
1_	3 received from disqualified persons			***************************************					
D	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								
	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)]							
	tion B. Total Support	T	Г		1	T			
	ndar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties,				***************************************				
	and income from similar sources								
b	Unrelated business taxable income				as A Commission of the Commiss				
	(less section 511 taxes) from businesses				***				
	acquired after June 30, 1975								
	Add lines 10a and 10b								
11	Net income from unrelated business								
	activities not included in line 10b, whether or not the business is								
	regularly carried on								
12	Other income. Do not include gain				4-44-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4				
	or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
	First five years. If the Form 990 is fo		s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,		
	check this box and stop here		**********************				. [
Sec	tion C. Computation of Publ	ic Support Pe	rcentage						
	Public support percentage for 2018 (column (f))		15	<u>%</u>		
16	Public support percentage from 2017	⁷ Schedule A, Part	III, line 15		**********************	16	%		
Sec	ction D. Computation of Inve	stment Incom	e Percentage						
17	Investment income percentage for 20)18 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%		
	Investment income percentage from					18	%		
	33 1/3% support tests - 2018. If the					33 1/3%, and line	17 is not		
	more than 33 1/3%, check this box a						▶□		
h	33 1/3% support tests - 2017. If the	· · · · · · · · · · · · · · · · · · ·					and		
~	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
20	Private foundation. If the organization		-						
	3 10-11-18		<u></u>				0 or 990-EZ) 2018		

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.)

ec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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).			
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
_	(b) and (c) below.	3a		
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	O.		
	organization made the determination.	3b		
¢	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.	3c		
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.	<u>4a</u>		
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	41.		
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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.	4c		
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).	<u>5a</u>	······	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	-L		
	designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	<u>5c</u>		
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		Ī	
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also		Į	
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
_	Part VI.	66		
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	7		
_	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		ļ <u>-</u>	
8		8		
٠.	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Was the organization controlled directly or indirectly at any time during the tax year by one or more			
ча	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.	9a		
l.	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	Ja		
D	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
_	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	95		
C	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
ın-	Was the organization subject to the excess business holdings rules of section 4943 because of section		 	
υa	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
ņ	determine whether the organization had excess business holdings.)	10b		
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Sche	dule A (Form 990 or 990-EZ) 2018 ARMSTRONG COUNTY COMMUNITY FOUNDATION 31-16	<u> 2579</u>	8 Pa	age 5
Pa	t IV Supporting Organizations (continued)		Γ	
			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)	44-		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	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. tion B. Type I Supporting Organizations	1 110	L	
<u> </u>	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		100	110
٠	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		<u></u>	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1 1		
Sec	tion D. All Type III Supporting Organizations		1	
		F	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	1 .		
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	 	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	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		Ì	
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	,		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions	s).		
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.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struction	s).	,
2	Activities Test. Answer (a) and (b) below.		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	<u> </u>	
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		1	
	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.		1	
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	ļ	<u> </u>

832025 10-11-18

31-1625798 Page 6 Schedule A (Form 990 or 990-EZ) 2018 ARMSTRONG COUNTY COMMUNITY FOUNDATION Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) Add lines 1 through 3 4 4 5 Depreciation and depletion 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) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 10 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) 8 8 Current Year Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Schedule A (Form 990 or 990-EZ) 2018 ARMSTRONG COUNTY COMMUNITY FOUNDATION 31-1625798 Page 7 Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Current Year Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (iii) (i) (ii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions. Excess distributions carryover, if any, to 2018 3 a From 2013 b From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount Carryover from 2013 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 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. Breakdown of line 7: a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017 e Excess from 2018

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018 ARM	STRONG	COUNTY	COMMUNITY	FOUNDATION	31-1625798 Page 8
Part VI	Supplemental Part IV, Section A, I line 1; Part IV, Sect Section D, lines 5, 6 (See instructions.)	Informatio lines 1, 2, 3b, 3 ion D, lines 2 a 6, and 8; and F	n. Provide the 3c, 4b, 4c, 5a, and 3; Part IV, Part V, Section	e explanations 6, 9a, 9b, 9c, Section E, line E, lines 2, 5,	required by Part II, 11a, 11b, and 11c; es 1c, 2a, 2b, 3a, ar and 6. Also comple	line 10; Part II, line 17a o Part IV, Section B, lines nd 3b; Part V, line 1; Part te this part for any addition	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V, onal information.
	(Oco mondonono.)		***************************************				
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

2018
Open to Public Inspection

Name of the organization

Employer identification number

ARMSTRONG COUNTY COMMUNITY FOUNDATION 31-1625798 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 67,400. Aggregate value of grants from (during year) 245,270. 3 4,987,407. Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ______ Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2018

_	edule D (Form 990) 2018 ARMSTRO	NG COUNTY Collections of A				<u>L-1625</u> Assets@			age 2
3	Using the organization's acquisition, accessi								S
	(check all that apply):		•	_	_				
а	Public exhibition	d	Loan or excl	hange programs					
b	Scholarly research	е	Other						
Ç	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further ti	ne organization's ex	empt purpose	in Part XII	I.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other simila	ar assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	Ilection?	**************	Ty	es		No_
Pa	rt IV Escrow and Custodial Arranger reported an amount on Form 990, Par		te if the organizatio	n answered "Yes" o	n Form 990, F	Part IV, line	9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other assets no	t included				
	on Form 990, Part X?					🗀 Y	es] No
b	If "Yes," explain the arrangement in Part XIII								
	· •					An	nount		
С	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance				1 1				
2a	Did the organization include an amount on Fo					🔲 Y	es		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part XI	1]
Pa	rt V Endowment Funds. Complete it	f the organization an	swered "Yes" on Fo	rm 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three year	rs back (e)) Four	years	back
1a	Beginning of year balance	9,014,699.	7,613,561.	7,211,340.	7,899	261.	7,	609,	759.
b	Contributions	436,994.	802,094.	383,751.	917	,200.		875,	593.
	Net investment earnings, gains, and losses	462,638.	1,322,377.	520,239.	-158	,893.		268,	622.
d	Grants or scholarships	591,564.	529,943.	439,291.	1,243	,578.		707,	986.
е	Other expenditures for facilities								
	and programs	20,631.	138,279.	10,673.	147	,235.		20,	486.
f	Administrative expenses	61,400.	55,111.	51,805.	55	415.		126,	241.
g	End of year balance	8,315,460.	9,014,699.	7,613,561.	7,211	.,340.	7,	899,	<u> 261.</u>
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column (a)) held as:					
· a	Board designated or quasi-endowment 🕨		_%						
	Permanent endowment	%							
¢	Temporarily restricted endowment > 10	<u>0.00</u> %							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3а	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the organizat	ion	_		
	by:							Yes	No
	(i) unrelated organizations	,.,		***************************************			Ba(i)		<u>X</u>
	(ii) related organizations						a(ii)		<u>X</u>
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?			L	3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Pa	t VI								
	Complete if the organization answered	d "Yes" on Form 990							
	Description of property	(a) Cost or of	1	',	\ccumulated	(d)	Book	value	8
	and the second of the second o	basis (investr	nent) basis ((otner) de	epreciation				
	Land								
	Buildings								
	Leasehold improvements								
d			l l						
	EquipmentOther			0,000.	14,333	2		5,6	67

Schedule D (Form 990) 2018

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

Schedule D (Form 990) 2018

Sche	edule D (Form 990) 2018 ARMSTRONG COUNTY COMMUNITY	FOU	NDATION		<u> 1625798</u>	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statemen	nts W	ith Revenue per R	eturi	า.	
	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	-55	348.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-1,136,081.			
b	Donated services and use of facilities					
c	Recoveries of prior year grants					
d			8,392.			
е	Add lines 2a through 2d			2e	-1,127	<u>.689.</u>
3	Subtract line 2e from line 1			3	1,072	341.
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.)					
c				4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,072	341.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts V	Vith Expenses per			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		, , , , , , , , , , , , , , , , , , ,			
	Total expenses and losses per audited financial statements			1	774	,381.
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:			-		, , , , , , ,
2		0-1				
a	Donated services and use of facilities	1 1				
þ	Prior year adjustments	1 1				
C	Other losses		8,392.			
d	Other (Describe in Part XIII.)			_	٥	202
е				2e		<u>,392.</u>
3	Subtract line 2e from line 1		·····	3	/ 05	<u>,989.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)	4b				_
C	Add lines 4a and 4b			4c		<u> </u>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			_5	765	<u>,989.</u>
	rt XIII Supplemental Information.					
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines	1b and 2b; Part V, line	4; Pari	t X, line 2; Part I	XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional in	formation.			
PAI	RT XI, LINE 2D - OTHER ADJUSTMENTS:					
SPI	ECIAL EVENT EXPENSES				8	<u>,392.</u>
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:					
SPI	ECIAL EVENT EXPENSES				8	,392.
***************************************					•	

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SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number 31-1625798 ARMSTRONG COUNTY COMMUNITY FOUNDATION Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations Internet and email solicitations Solicitation of government grants b Phone solicitations С In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes _ No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did fundraiser (vi) Amount paid (iv) Gross receipts (i) Name and address of individual to (or retained by) to (or retained by) (ii) Activity have custody or control of contributions? from activity fundraiser or entity (fundraiser) organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2018

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

Schedule G (Form 990 or 990-EZ) 2018 ARMSTRONG COUNTY COMMUNITY FOUNDATION 31-1625798 Pag

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 31-1625798 Page 2

	,	of fundraising event contributions and gr				pts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ANNUAL		NONE	(add col. (a) through
			DINNER			col. (c))
e			(event type)	(event type)	(total number)	1
Revenue			45.050			45 050
Æ	1	Gross receipts	17,950.			17,950.
	_	l	13,350.	Account to the second s		13,350.
	2	Less: Contributions	T5,220.			
	3	Gross income (line 1 minus line 2)	4,600.			4,600.
	4	Cash prizes				

cΛ	5	Noncash prizes	305.			305.
ße		D . 16 . W.	200			200
хреі	6	Rent/facility costs	200.			200.
Direct Expenses	7	Food and beverages	5,729.			5,729.
)irec	1	rood and beverages	5,125.			٠٠٠١٢٥٠
ч	8	Entertainment	200.			200.
	9	Other direct expenses				1,617.
	10	Direct expense summary. Add lines 4 through			>	8,051.
	11	Net income summary. Subtract line 10 from I	ine 3, column (d)		<u></u>	-3,451.
Pa	ırt l	Gaming. Complete if the organization	answered "Yes" on Forπ	1990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	T		•	
Je			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
Re						
	1.	Gross revenue				
	2	Cash prizes				
ses	2	Ozda prizos				
Expenses	3	Noncash prizes				
Ĕ	_					
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	L No	No No	L No	
	7	Direct expense summary. Add lines 2 through	15 in column (d)			
		Net gaming income summary. Subtract line 7	from line 1 column (d)		_	
	8	Net garning income summary, Subtract line 7	nominie i, column (d)			1
9	Ent	ter the state(s) in which the organization cond	icts gaming activities:			
		he organization licensed to conduct gaming a				
		No," explain:			•••••	
		-				
10a	We	re any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No
b	lf "	Yes," explain:				
_	_					<u>:</u>
		1-03-18			Sabadula C/Ea	rm 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018 ARMSTRONG COUNTY COMMUNITY FOUNDATION 31-162	<u> 5798</u>	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	_	,
to administer charitable gaming?	_ Yes	└── No
13 Indicate the percentage of gaming activity conducted in:	1	
a The organization's facility	1	%
	lb	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name ►		
Address >		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount		
of garning revenue retained by the third party > \$		
c If "Yes," enter name and address of the third party:		
Name 🕨		
Address ►		
16 Gaming manager information:		
Name		
Gaming manager compensation > \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	Yes	☐ No
ь Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year ▶ \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, lines 9,	9b, 10b,
13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instituctions.		
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Schedule G (Form 990 or 990-EZ) Part IV Supplemental Info	ARMSTRONG COUNTY	COMMUNITY	FOUNDATION	31-1625798	Page 4
Part IV Supplemental Info	rmation (continued)		<u> </u>		

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		•			
				Schedule G (Form 990 or	990-F71

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

2018
2018
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► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

Name of the organization ARMSPRONG COTINTY COMMINITY	COTTNEY		FOUNDATION				Employer identification number 31-1625798
Part I General Information on Grants and Assistance	nd Assistance	ł l					
1 Does the organization maintain records to substantiate the amount of	to substantiate the		or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion
criteria used to award the grants or assistance?	stance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for moni	toring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Domestic Organi \$5.000. Part II car	zations and Domestion be duplicated if additi	c Governments. Co	omplete if the orga led.	nization answered "\	res" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
RICHARD G. SNYDER YMCA 1150 N WAJER ST KITTANNING. PA 16201	25-1034424	501(C)(3)	98,308.	0.			OPERATING FUND
ST. JOHN'S LUTHERAN CHURCH 218 N JEFFERSON ST KITTANNING. PA 16201	25-1044103		10,000.	0.			OPERATING FUND
GETTYSBURG COLLEGE 300 N WASHINGTON ST GETTYSBURG PA 17325			9	0			OPERATING FUND
UNION FIRST PRESBYTERIAN CHURCH 824 EAST BRADY RD COWANSVILLE PA 16218			+	0			OPERATING FUND
FORD CITY FUBLIC LIBRARY 1136 4TH AVE FORD CITY PA 16226	25-6001470			0			
HAVIN PO BOX 983	, t			C			תאדום מאדווה מסממי
ATTTANNING, FA 16201. 2 Enter total number of section 501(c)(3) and government organizations	and government of		listed in the line 1 table				Vrbrating Cond
	s listed in the line						
ہ ا	see the Instruction	ions for Form 990				:	Schedule 1 (Form 990) (2018)

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31-1625798 Page 1	- CANTON - C
Schedule I (Form 990) ARMSTRONG COUNTY COMMUNITY FOUNDATION	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARKER PERSONAL CARE 103 SEWARD ST PARKER, PA 16049	20-5821889		27,194.	0			OPERATING FUND
FITTSBURGH TECHNICAL COLLEGE 1111 MCKEE RD OAKDALE, PA 15071			5,750.	0			OPERATING FUND
INDIANA UNIVERSITY OF PENNSYLVANIA BURSAR OFFICE, CLARK HALL LOBBY INDIANA, PA 15705			8,350.	0			OPERATING FUND
UNIVERSITY OF PITTSBURGH OFFICE OF UNDERGRAD FINANCIAL AID, PITTSBURGH, PA 15260	a service de la constante de l		8,150,	0			OPERATING FUND
TRINITY CHRISTIAN SCHOOL 200 TRINITY WAY MORGANTOWN, WV 26507	30-0637587		116,786.	0			OPERATING FUND
			PRESENTATION OF THE PRESEN		ANN PROPERTY OF THE PROPERTY O		Schedule I (Form 990)

ARMSTRONG COUNTY COMMUNITY FOUNDATION Schedule I (Form 990) (2018)

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Page 2

31-1625798

Part

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.

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) THE FORM FOR THIS REPORT IS PROVIDED Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. AND MUST ARE THE AMOUNTS AND PURPOSES FOR WHICH THE FROM THE FOUNDATION (d) Amount of non-cash assistance 0. 0 THE CHECK DATE, 68 250 148 103 (c) Amount of cash grant OUTCOMES ACHIEVED OF GRANTS THE FUNDS WITHIN ONE YEAR 466 (b) Number of recipients ORGANIZATIONS AND INDIVIDUALS RECEIVING GRANT & BUDGET REPORT. THE FOUNDATION AND ADDRESSES WELL AS THE EDUCATIONAL INCOME TAX CREDIT - SCHOLARSHIPS (a) Type of grant or assistance AS POST-SECONDARY SCHOLARSHIPS SPEND FINAL WAS USED LINE OL. REQUIRED SUBMIT A PART I GRANT B₹

Schedule I (Form 990) (2018)

SCHEDULE O

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(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information

OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number

ARMSTRONG COUNTY COMMUNITY FOUNDATION 31-1625798 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: COMMUNITY NEEDS. FORM 990, PART VI, SECTION B, LINE 11B: COPY OF FORM 990 AND ATTACHMENTS WERE PROVIDED TO MEMBERS OF THE AUDIT THE INFORMATION ON FORM 990 WAS COMPARED COMMITTEE AND BOARD OF DIRECTORS. TO THE FINANCIAL INFORMATION ON THE AUDITED FINANCIAL STATEMENTS AND APPROVED BY MEMBERS OF THE AUDIT COMMITTEE. THE ADDITIONAL INFORMATION, RELATED QUESTIONS, ETC. INCLUDED ON FORM 990 AND ATTACHMENTS WERE REVIEWED AND APPROVED BY MEMBERS OF THE AUDIT COMMITTEE. FORM 990, PART VI, SECTION B, LINE 12C: THE FOUNDATION'S WRITTEN CONFLICT OF INTEREST POLICY STATES THAT THERE IS AN OBLIGATION TO REVEAL ANY POTENTIAL CONFLICTS OF INTEREST AND DISCLOSE THE ACTUAL OR POTENTIAL CONFLICT OF INTEREST AS SOON AS IT IS KNOWN. ALL BOARD MEMBERS AND EMPLOYEES WILL REVIEW AND SIGN A STATEMENT OF AFFIRMATION ANNUALLY REGARDING THE CONFLICT OF INTEREST POLICY. FORM 990, PART VI, SECTION B, LINE 15: SALARIES ARE REVIEWED ANNUALLY AND COMPARED TO COMPARABILITY DATA. INCREASES MUST BE APPROVED BY THE BOARD OF DIRECTORS AND REPORTED IN BOARD MINUTES. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S DOCUMENTS ARE AVAILABLE UPON REQUEST.

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

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

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Form **8868**

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(Rev. January 2019)

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

OMB No. 1545-1709

File a separate application for each return. Department of the Treasury Go to www.irs.gov/Form8868 for the latest information. Internal Revenue Service Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits, Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print ARMSTRONG COUNTY COMMUNITY FOUNDATION 31-1625798 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 220 S. JEFFERSON STREET City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions KITTANNING, PA 16201 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Return Application Return Application ls For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 07 01 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 12 Form 8870 06 EXECUTIVE DIRECTOR The books are in the care of \triangleright 220 S. JEFFERSON ST. - KITTANNING, PA 16201 Telephone No. ► <u>724-</u>548-5897 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 ____ . If it is for part of the group, check this box 🕨 ____ and attach a list with the names and EINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2018 or __l tax year beginning , and ending Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2019)

3b

any nonrefundable credits. See instructions.