Product: **Exempt**
Name: **Washington County Community Foundation**
FEIN: *******6013**

Category:

IRS Center: **Ogden**
e-Postmark: **06/25/2026 10:04:42 AM**
Notification:

Fiscal Year Begin Date: **1/1/2025**

Fiscal Year End Date: **12/31/2025**

eSigned:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
06/25/2026	25X:2430:V1	Upload Started			Walshak,Jeannette	
06/25/2026	25X:2430:V1	Released for Transmission - Validation in Progress			Walshak,Jeannette	
06/25/2026	25X:2430:V1	Ready to transmit - Validation Complete				
06/25/2026	25X:2430:V1	Transmitted to FD	25770620261760335e04			
06/25/2026	25X:2430:V1	Accepted by FD on 6/25/2026				

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax-Exempt Entity

For calendar year 2025, or fiscal year beginning _____, 2025, and ending _____, 20___

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

2025

Name of filer
WASHINGTON COUNTY COMMUNITY FOUNDATION

EIN or SSN
25-1726013

Name and title of officer or person subject to tax ALIESHA WALZ
PRESIDENT & CEO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here	[X]	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	6,899,948.
2a	**Form 990-EZ** check here	[ ]	**b Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here	[ ]	**b Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here	[ ]	**b Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	**Form 8868** check here	[ ]	**b Balance due** (Form 8868, line 3c)	5b	
6a	**Form 990-T** check here	[ ]	**b Total tax** (Form 990-T, Part III, line 4)	6b	
7a	**Form 4720** check here	[ ]	**b Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here	[ ]	**b FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here	[ ]	**b Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here	[ ]	**b Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2025 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize MAHER DUESSEL, CPA'S to enter my PIN 02430
ERO firm name
Enter five numbers, but do not enter all zeros

as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Aliesha M Walz **SIGN HERE** Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 25770612345
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2025 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature Michelle L. Bujar Date 6/25/2026

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8879-TE** (2025) Created 5/1/25

LHA 502521 12-18-25

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ termin-ated
- ☐ Amended return
- ☐ Applica-tion pending

C Name of organization
WASHINGTON COUNTY COMMUNITY FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1253 ROUTE 519, P.O. BOX 308

City or town, state or province, country, and ZIP or foreign postal code
EIGHTY FOUR, PA 15330

F Name and address of principal officer: ALIESHA WALZ
SAME AS C ABOVE

D Employer identification number
25-1726013

E Telephone number
724-222-6300

G Gross receipts $ 13,730,955.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

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

J Website: WWW.WCCF.NET

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1993

M State of legal domicile: PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO IMPROVE THE QUALITY OF LIFE IN WASHINGTON COUNTY BY PROMOTING AND FACILITATING PHILANTHROPY.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	13
6	Total number of volunteers (estimate if necessary)	6	24
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	6,783,437.	4,061,700.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,309,206.	2,836,423.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	1,825.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,092,643.	6,899,948.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,585,792.	4,341,300.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	955,576.	650,808.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 218,078.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	339,054.	357,125.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,880,422.	5,349,233.
19	Revenue less expenses. Subtract line 18 from line 12	3,212,221.	1,550,715.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	59,814,497.	66,228,776.
21	Total liabilities (Part X, line 26)	543,953.	435,852.
22	Net assets or fund balances. Subtract line 21 from line 20	59,270,544.	65,792,924.

Part II Signature Block

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

Sign Here

Signature of officer — Date 6/24/26

ALIESHA WALZ, PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
MICHELLE L. BRYAN			☐	P01306133

Firm's name MAHER DUESSEL, CPA'S — Firm's EIN 25-1622758

Firm's address 503 MARTINDALE STREET, SUITE 600
PITTSBURGH, PA 15212 — Phone no. 412-471-5500

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TO IMPROVE THE QUALITY OF LIFE IN WASHINGTON COUNTY BY PROMOTING AND FACILITATING PHILANTHROPY. THE WASHINGTON COUNTY COMMUNITY FOUNDATION (FOUNDATION) TYPICALLY RECEIVES SUPPORT FROM BUSINESSES AND INDIVIDUALS THAT HAVE A PRESENCE OR RESIDE WITHIN WASHINGTON

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... Yes X No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... Yes X No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 2,694,787. including grants of $ 2,428,055.) (Revenue $)
GRANT-MAKING THE FOUNDATION OPERATES A DIVERSE GRANTS PROGRAM ORGANIZED INTO EIGHT FUNDING AREAS: ANIMAL WELFARE, ARTS & HUMANITIES, COMMUNITY IMPROVEMENT & ECONOMIC DEVELOPMENT, CONSERVATION & ENVIRONMENT, EDUCATION, HEALTH & FITNESS, HUMAN NEEDS, AND RELIGION & FAITH. IN TOTAL, 306 NONPROFITS PROVIDING CHARITABLE SERVICES IN OUR COMMUNITY WERE SUPPORTED IN 2025.

A SIGNIFICANT PORTION OF GRANTS ARE AWARDED FOR CAPACITY BUILDING, WHICH IS DEFINED AS ANY ACTIVITY THAT INCREASES THE NONPROFIT'S OPERATIONAL, PROGRAMMATIC, FINANCIAL, OR ORGANIZATIONAL MATURITY. FOUNDATION DONORS WITH DONOR ADVISED FUNDS HAVE ALSO EMBRACED THE CONCEPT OF CAPACITY BUILDING GRANT-MAKING. IN 2025, 34 CAPACITY

4b (Code:) (Expenses $ 2,119,129. including grants of $ 1,913,245.) (Revenue $)
COMMUNITY LEADERSHIP THE FOUNDATION WORKS TO IDENTIFY AND ADDRESS COMMUNITY ISSUES AND OPPORTUNITIES AND ALSO SERVES AS A LEADER AND CONVENER.

FOR YEARS WE HAVE HOSTED FREE EDUCATIONAL SESSIONS FOR LOCAL NONPROFITS ON A VARIETY OF TOPICS IMPACTING THE SECTOR. WHILE WE HAD BEEN PLEASED WITH THE RESULTS OF THOSE SESSIONS, WE KNEW THAT A MORE COMPREHENSIVE EDUCATIONAL PROGRAM WAS NEEDED. IN RESPONSE, WE DEVELOPED THE COMMUNITY PILLARS PROGRAM WHICH PROVIDES IN-DEPTH EDUCATIONAL SESSIONS ON SIX BROAD TOPICS: MISSION, STRATEGY & EVALUATION; GOVERNANCE & LEADERSHIP; LEGAL COMPLIANCE & ETHICS; FINANCE & OPERATIONS; FUNDRAISING & RESOURCE DEVELOPMENT; AND PUBLIC AWARENESS & ADVOCACY. THE PILLARS PROGRAM WAS

4c (Code:) (Expenses $ 51,470. including grants of $) (Revenue $)
DONOR SERVICES THE FOUNDATION ACCEPTS AND ADMINISTERS A DIVERSITY OF GIFT AND FUND TYPES TO MEET THE VARIED PHILANTHROPIC OBJECTIVES OF OUR DONORS AND THE NEEDS OF WASHINGTON COUNTY. WE WORK TO EDUCATE AND ENGAGE DONORS IN IDENTIFYING AND ADDRESSING COMMUNITY ISSUES AND GRANT-MAKING OPPORTUNITIES. AS DETAILED ABOVE, WE CREATED THE COMMUNITY SNAPSHOT WEBSITE, WHICH SERVES TO EDUCATE DONORS ABOUT COMMUNITY NEEDS.

4d Other program services (Describe on Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses 4,865,386.

SEE SCHEDULE O FOR CONTINUATION(S)

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*? See instructions	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 Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	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 donor-restricted endowments or in 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, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	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 Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	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 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.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	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	X	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	6		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	13		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
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:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	24		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	24		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website ☐ Another's website X Upon request ☐ Other *(explain on Schedule O)*

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records

ALIESHA WALZ - 724-222-6300

1253 ROUTE 519, P.O. BOX 308, EIGHTY FOUR, PA 15330

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BETSIE TREW	0.00									
FORMER PRESIDENT & CEO							X	136,252.	0.	13,869.
(2) ALIESHA WALZ	50.00									
PRESIDENT & CEO				X				87,052.	0.	5,223.
(3) JAMES MCCUNE	3.00									
TRUSTEE		X						0.	0.	0.
(4) E. ALEX PARIS, III	3.00									
TRUSTEE		X						0.	0.	0.
(5) MICHAEL ANDERSON	3.00									
CHAIRMAN		X		X				0.	0.	0.
(6) MEGAN CHICONE	1.00									
TRUSTEE		X						0.	0.	0.
(7) BARBARA GRAHAM	3.00									
SECRETARY		X		X				0.	0.	0.
(8) GERALDINE JONES	1.00									
VICE CHAIRMAN/CHARIMAN ELE		X		X				0.	0.	0.
(9) DEBRA KEEFER	1.00									
TRUSTEE		X						0.	0.	0.
(10) TAMMY HARDY	1.00									
TRUSTEE		X						0.	0.	0.
(11) TODD JAMES	1.00									
TREASURER		X		X				0.	0.	0.
(12) SHEILA GOMBITA	1.00									
TRUSTEE		X						0.	0.	0.
(13) JOSEPH PISZCZOR	1.00									
TRUSTEE		X						0.	0.	0.
(14) LARS LANGE	1.00									
TRUSTEE		X						0.	0.	0.
(15) KURT SALVATORI	1.00									
TRUSTEE		X						0.	0.	0.
(16) KIMBERLY MARISCOTTI	1.00									
TRUSTEE		X						0.	0.	0.
(17) W. TAYLOR FRANKOVITCH	1.00									
TRUSTEE		X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HARLAN G. SHOBER JR. TRUSTEE	1.00	X						0.	0.	0.
(19) DOROTHY TECKLENBURG TRUSTEE	1.00	X						0.	0.	0.
(20) AMY TODD TRUSTEE	1.00	X						0.	0.	0.
(21) MARY ELLEN JUTCA TRUSTEE	1.00	X						0.	0.	0.
(22) ROBERT GRIFFIN TRUSTEE	1.00	X						0.	0.	0.
(23) LOUIS WALLER TRUSTEE	1.00	X						0.	0.	0.
(24) ELAINE PAPPASERGI TRUSTEE	1.00	X						0.	0.	0.
(25) RICHARD WHITE TRUSTEE	1.00	X						0.	0.	0.
(26) CHAD GRIFFITH TRUSTEE	1.00	X						0.	0.	0.
1b Subtotal								223,304.	0.	19,092.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								223,304.	0.	19,092.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,061,700.			
	g	Noncash contributions included in lines 1a-1f	1g	$			
	h	**Total.** Add lines 1a-1f		4,061,700.			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,562,061.			1562061.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory 7a	8,102,458.	2,911.			
	b	Less: cost or other basis and sales expenses 7b	6,826,712.	4,295.			
	c	Gain or (loss) 7c	1,275,746.	-1,384.			
	d	Net gain or (loss)		1,274,362.			1274362.
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19 9a					
	b	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances 10a					
	b	Less: cost of goods sold 10b					
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
	11a	MISCELLANEOUS INCOME		1,825.	1,825.		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d		1,825.			
	12	**Total revenue.** See instructions		6,899,948.	1,825.	0.	2836423.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,341,300.	4,341,300.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	99,141.	49,571.	24,785.	24,785.
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	451,671.	238,586.	87,077.	126,008.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	27,354.	14,315.	5,525.	7,514.
9 Other employee benefits	38,534.	23,603.	4,749.	10,182.
10 Payroll taxes	34,108.	19,203.	4,690.	10,215.
11 Fees for services (nonemployees):				
a Management				
b Legal	11,832.	4,023.	4,023.	3,786.
c Accounting	12,859.	4,372.	4,372.	4,115.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	52,811.	19,840.	19,840.	13,131.
12 Advertising and promotion	14,532.	7,266.	7,266.	
13 Office expenses	17,635.	7,277.	7,277.	3,081.
14 Information technology	43,591.	21,044.	21,044.	1,503.
15 Royalties				
16 Occupancy	13,200.	5,940.	5,940.	1,320.
17 Travel	3,861.	1,313.	1,313.	1,235.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,276.	2,824.	2,824.	628.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	49,078.	22,085.	22,085.	4,908.
23 Insurance	22,073.	5,777.	16,296.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a COMMUNITY PROJECTS	48,794.	48,794.		
b REPAIRS AND MAINTENANCE	22,228.	11,114.	11,114.	
c MEMBERSHIP AND PUBLICAT	16,735.	7,531.	7,531.	1,673.
d OTHER	13,640.	5,618.	6,771.	1,251.
e All other expenses	7,980.	3,990.	1,247.	2,743.
25 **Total functional expenses.** Add lines 1 through 24e	5,349,233.	4,865,386.	265,769.	218,078.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		55,280.	1	78,618.
	2	Savings and temporary cash investments		324,900.	2	706,173.
	3	Pledges and grants receivable, net		114,185.	3	272,085.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,702,967.			
	b	Less: accumulated depreciation	10b 484,696.	1,268,733.	10c	1,218,271.
	11	Investments - publicly traded securities		57,655,253.	11	63,580,686.
	12	Investments - other securities. See Part IV, line 11		134,625.	12	134,625.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		261,521.	15	238,318.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		59,814,497.	16	66,228,776.
Liabilities	17	Accounts payable and accrued expenses		181,753.	17	11,277.
	18	Grants payable		362,200.	18	424,575.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		543,953.	26	435,852.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		2,826,094.	27	3,142,856.
	28	Net assets with donor restrictions		56,444,450.	28	62,650,068.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		59,270,544.	32	65,792,924.
	33	Total liabilities and net assets/fund balances		59,814,497.	33	66,228,776.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,899,948.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,349,233.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,550,715.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	59,270,544.
5	Net unrealized gains (losses) on investments	5	4,971,665.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	65,792,924.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990)

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

2025

Open to Public Inspection

Name of the organization

WASHINGTON COUNTY COMMUNITY FOUNDATION

Employer identification number

25-1726013

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3547735.	3213368.	3612543.	6783437.	4061700.	21218783.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	3547735.	3213368.	3612543.	6783437.	4061700.	21218783.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3737409.
6 **Public support.** Subtract line 5 from line 4.						17481374.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	3547735.	3213368.	3612543.	6783437.	4061700.	21218783.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	873,641.	845,503.	1072803.	1309206.	1562061.	5663214.
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.)					1,825.	1,825.
11 **Total support.** Add lines 7 through 10						26883822.

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	14	65.03 %
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	61.97 %

16a **33 1/3% support test - 2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2025.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental supported organization. *Describe in* **Part VI** *how you supported a governmental supported organization (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? *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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a, 3b, and 3c below.**			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* **Part VI.**	**3a**		
b	Did the organization direct 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**		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* **Part VI.**	**3c**		

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

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

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

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

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	**5**	
6 **Total annual distributions.** Add lines 1 through 5.	**6**	
7 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	**7**	
8 Distributable amount for 2025 from Section C, line 6	**8**	
9 Line 7 amount divided by line 8 amount	**9**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: $			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, 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 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER INCOME
2025 AMOUNT: $ 1,825.

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

WASHINGTON COUNTY COMMUNITY FOUNDATION

Employer identification number

25-1726013

Organization type (check one):

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

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

General Rule

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

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization

WASHINGTON COUNTY COMMUNITY FOUNDATION

Employer identification number

25-1726013

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 402,404.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 110,060.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 127,142.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

WASHINGTON COUNTY COMMUNITY FOUNDATION

Employer identification number

25-1726013

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 562,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 500,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

WASHINGTON COUNTY COMMUNITY FOUNDATION

Employer identification number

25-1726013

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

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

Name of organization: WASHINGTON COUNTY COMMUNITY FOUNDATION

Employer identification number: 25-1726013

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
WASHINGTON COUNTY COMMUNITY FOUNDATION

Employer identification number
25-1726013

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	52	
2	Aggregate value of contributions to (during year)	2,913,246.	
3	Aggregate value of grants from (during year)	4,552,326.	
4	Aggregate value at end of year	21,874,437.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [X] Yes [ ] No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- [ ] Preservation of land for public use (for example, recreation or education)
- [ ] Preservation of a historically important land area
- [ ] Protection of natural habitat
- [ ] Preservation of a certified historic structure
- [ ] Preservation of open space

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

		Held at the End of the Tax Year
a	Total number of conservation easements 2a	
b	Total acreage restricted by conservation easements 2b	
c	Number of conservation easements on a certified historic structure included on line 2a 2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register 2d	

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

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 $ _____

(ii) Assets included in Form 990, Part X $ _____

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

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $ _____

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

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

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

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

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

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

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

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	55,173,428.	47,848,156.	43,347,920.	52,417,979.	49,129,676.
b Contributions	1,361,886.	4,462,015.	572,579.	619,466.	1,253,320.
c Net investment earnings, gains, and losses	7,709,361.	4,995,581.	6,091,289.	-7,510,936.	5,130,954.
d Grants or scholarships	2,288,968.	1,392,598.	1,552,340.	1,559,598.	2,427,254.
e Other expenditures for facilities and programs	19,541.				
f Administrative expenses	640,067.	739,726.	611,292.	618,991.	668,717.
g End of year balance	61,296,099.	55,173,428.	47,848,156.	43,347,920.	52,417,979.

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

a Board designated or quasi-endowment _____ %
b Permanent endowment 100 %
c Term endowment _____ %

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

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

	Yes	No
(i) Unrelated organizations? 3a(i)		X
(ii) Related organizations? 3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,554,634.	354,388.	1,200,246.
c Leasehold improvements		58,375.	58,375.	0.
d Equipment		89,958.	71,933.	18,025.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				1,218,271.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	11,881,613.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	4,971,665.		
b	Donated services and use of facilities	2b	10,000.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	4,981,665.
3	Subtract line 2e from line 1			3	6,899,948.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	6,899,948.

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

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

1	Total expenses and losses per audited financial statements			1	5,359,233.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	10,000.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	10,000.
3	Subtract line 2e from line 1			3	5,349,233.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	5,349,233.

Part XIII Supplemental Information

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

PART V, LINE 4:
TO ISSUE GRANT TO WORTHY COMMUNITY ORGANIZATIONS AND SCHOLARSHIPS TO QUALIFIED STUDENTS IN ACCORDANCE WITH DONOR AGREEMENTS.

SCHEDULE I (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
WASHINGTON COUNTY COMMUNITY FOUNDATION

Employer identification number
25-1726013

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] Yes [ ] No

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
412 FOOD RESCUE 6140 STATION ST PITTSBURGH, PA 15206	47-3476140	501(C)3	10,000.	0.			PROGRAM
A.D. WHITE RESEARCH SOCIETY 10 SENECA PLACE AVELLA, PA 15312	25-1744714	501(C)3	14,612.	0.			PROGRAM
ALWAYS B SMILING 304 PINE VALLEY DR. BRIDGEVILLE, PA 15017	85-3823890	501(C)3	21,946.	0.			PROGRAM
AMERICAN CANCER SOCIETY-PITTSBURGH 320 BILMAR DR. PITTSBURGH, PA 15205	13-1788491	501(C)3	6,833.	0.			PROGRAM
AMITY METHODIST CHURCH 635 AMITY RIDGE RD AMITY, PA 15311	93-1795418	CHURCH	155,000.	0.			PROGRAM
AMWELL TOWNSHIP VOLUNTEER FIRE DEPARTMENT - P.O. BOX 388 - AMITY, PA 15311	25-1144730	TAX-EXEMPT	7,500.	0.			PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 133.

3 Enter total number of other organizations listed in the line 1 table ..... 31.

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANGEL RIDGE ANIMAL RESCUE 390 OLD HICKORY RIDGE ROAD WASHINGTON, PA 15301	25-1853565	501(C)3	35,441.	0.			PROGRAM
ARC HUMAN SERVICES 111 WEST PIKE STREET CANONSBURG, PA 15317	25-1663522	501(C)3	16,274.	0.			PROGRAM
AVELLA AREA PUBLIC LIBRARY CENTER 11 SCHOOL COURT AVELLA, PA 15312	25-1460542	501(C)3	11,409.	0.			PROGRAM
BENTLEYVILLE PUBLIC LIBRARY 931 MAIN ST. BENTLEYVILLE, PA 15314	25-1302345	501(C)3	7,827.	0.			PROGRAM
BEVERLY'S PGH 31 ROBBINS STATION ROAD NORTH HUNTINGDON, PA 15642	45-4248006	501(C)3	10,000.	0.			PROGRAM
BEYOND SURVIVAL MINISTRIES 460 VALLEY BROOK RD. CANONSBURG, PA 15317	26-1611692	501(C)3	5,183.	0.			PROGRAM
BISHOP CANEVIN HIGH SCHOOL 2700 MORANGE ROAD PITTSBURGH, PA 15205	20-0479485	501(C)3	19,675.	0.			PROGRAM
BLUEPRINTS 150 W. BEAU STREET WASHINGTON, PA 15301	25-1153028	501(C)3	14,722.	0.			PROGRAM
BRADFORD HOUSE HISTORICAL ASSOCIATION - 175 S. MAIN ST. - WASHINGTON, PA 15301	25-6070816	501(C)3	39,717.	0.			PROGRAM

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BURGETTSTOWN COMMUNITY LIBRARY 2 KERR ST. BURGETTSTOWN, PA 15021	25-1035659	501(C)3	5,806.	0.			PROGRAM
CALIFORNIA ACADEMY OF LEARNING CHARTER SCHOOL - 40B TROJAN WAY - COAL CENTER, PA 15423	88-1188213	501(C)3	10,000.	0.			PROGRAM
CALIFORNIA AREA HISTORICAL SOCIETY 429 WOOD ST. CALIFORNIA, PA 15419	25-1710596	501(C)3	5,578.	0.			PROGRAM
CALIFORNIA AREA PUBLIC LIBRARY 100 WOOD ST. CALIFORNIA, PA 15419	25-1408644	501(C)3	8,652.	0.			PROGRAM
CALVARY CHAPEL CHRISTIAN SCHOOL 112 THORNTON ROAD BROWNSVILLE, PA 15417	25-1660572	EDUCATIONAL INST	11,000.	0.			PROGRAM
CANON-MCMILLAN SCHOOL DISTRICT 200 BIG MAC BOULEVARD CANONSBURG, PA 15317	25-6007826	EDUCATIONAL INST	39,860.	0.			PROGRAM
CANONSBURG EDUCATIONAL & CULTURAL INSTITUTE - 25 EAST COLLEGE ST - CANONSBURG, PA 15317	87-2105892	501(C)3	20,000.	0.			PROGRAM
CASA FOR KIDS 382 W. CHESTNUT ST., SUITE 108B WASHINGTON, PA 15301	47-0849282	501(C)3	110,621.	0.			PROGRAM
CATHOLIC CHARITIES OF THE DIOCESE OF PITTSBURGH - 212 NINTH ST. - PITTSBURGH, PA 15222	25-1326213	501(C)3	8,487.	0.			PROGRAM

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER IN THE WOODS 130 WOODLAND COURT BROWNSVILLE, PA 15417	25-1614616	501(C)3	11,931.	0.			PROGRAM
CENTRAL CHRISTIAN ACADEMY 145 MCGOVERN ROAD HOUSTON, PA 15342	25-1371153	EDUCATIONAL INST	9,000.	0.			PROGRAM
CHARTIERS-HOUSTON COMMUNITY LIBRARY - 730 W. GRANT ST. - HOUSTON, PA 15342	25-1158764	501(C)3	6,947.	0.			PROGRAM
CHILD EVANGELISM OUTREACH 1654 PARK AVE. WASHINGTON, PA 15301	25-1074866	501(C)3	30,173.	0.			PROGRAM
CITIZENS LIBRARY ASSOC. OF WASHINGTON PA - 55 S. COLLEGE ST. - WASHINGTON, PA 15301	25-0965299	501(C)3	25,499.	0.			PROGRAM
CITY OF WASHINGTON 55 W. MAIDEN ST. WASHINGTON, PA 15301	25-6000886	GOVERNMENT AGENC	11,700.	0.			PROGRAM
COALITION FOR CHRISTIAN OUTREACH 5912 PENN AVE. PITTSBURGH, PA 15206	25-1216330	501(C)3	24,273.	0.			PROGRAM
CONCORDIA HOSPICE OF WASHINGTON 613 NORTH PIKE ROAD CABOT, PA 16023	81-2448411	501(C)3	5,341.	0.			PROGRAM
CONNECT 302 CHAMBER PLAZA CHARLEROI, PA 15022	25-1762305	501(C)3	5,053.	0.			PROGRAM

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOMESTIC VIOLENCE SERVICES OF SOUTHWESTERN PENNSYLVANIA - 371 LOW HILL RD. - BROWNSVILLE, PA 15417	25-1521327	501(C)3	46,749.	0.			PROGRAM
DONORA PUBLIC LIBRARY 510 MELDON AVE. DONORA, PA 15033	25-0998170	501(C)3	42,356.	0.			PROGRAM
DRESS FOR SUCCESS PITTSBURGH 5001 BAUM BLVD., SUITE 550 PITTSBURGH, PA 15213	20-2388089	501(C)3	26,426.	0.			PROGRAM
FAITH CHRISTIAN SCHOOL & INSTITUTE 524 EAST BEAU ST. WASHINGTON, PA 15301	25-1398564	EDUCATIONAL INST	21,000.	0.			PROGRAM
FOOD HELPERS 909 NATIONAL PIKE WEST BROWNSVILLE, PA 15417	23-2939247	501(C)3	73,080.	0.			PROGRAM
FORT CHERRY SCHOOL DISTRICT 110 FORT CHERRY RD. MCDONALD, PA 15057	25-6007829	EDUCATIONAL INST	6,575.	0.			PROGRAM
FRANK SARRIS PUBLIC LIBRARY ASSOCIATION - 35 N. JEFFERSON AVE. - CANONSBURG, PA 15317	25-6011296	501(C)3	45,866.	0.			PROGRAM
FRAZER TOWNSHIP 592 PITTSBURGH MILLS CIRCLE TARENTUM, PA 15084	25-6001506	GOVERNMENT AGENC	9,000.	0.			PROGRAM
FREDERICKTOWN AREA PUBLIC LIBRARY 38 WATER STREET FREDERICKTOWN, PA 15333	25-1492797	501(C)3	9,625.	0.			PROGRAM

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GENESIS OF PITTSBURGH 550 CALIFORNIA AVENUE PITTSBURGH, PA 15202	25-1306977	501(C)3	6,317.	0.			PROGRAM
GRANTMAKERS OF WESTERN PA 401 LIBERTY AVE., SUITE #2325 PITTSBURGH, PA 15222	25-1496312	501(C)3	7,000.	0.			PROGRAM
GREATER PITTSBURGH COMMUNITY FOOD BANK - 1 N LINDEN ST - DUQUESNE, PA 15110	25-1420599	501(C)3	11,555.	0.			PROGRAM
HEALING BRIDGES 378 W CHESTNUT ST, STE 205 WASHINGTON, PA 15301	25-1351929	501(C)3	18,568.	0.			PROGRAM
HERITAGE PUBLIC LIBRARY 52 FOURTH ST. MCDONALD, PA 15057	25-1048764	501(C)3	107,325.	0.			PROGRAM
HIGHLAND RIDGE COMMUNITY DEVELOPMENT - PO BOX 4275 - WASHINGTON, PA 15301	25-1874378	501(C)3	6,817.	0.			PROGRAM
HISTORICAL SOCIETY OF WESTERN PA 1212 SMALLMAN ST. PITTSBURGH, PA 15222	25-0965391	501(C)3	12,161.	0.			PROGRAM
JEFFERSON COLLEGE HISTORICAL SOCIETY - P.O. BOX 638 - CANONSBURG, PA 15317	23-7347840	501(C)3	7,480.	0.			PROGRAM
JEFFERSON TOWNSHIP VOLUNTEER FIRE DEPARTMENT OF ELDERSVILLE, PA - 12 FIRE RD. - BURGETTSTOWN, PA 15021	23-7221814	TAX-EXEMPT	7,000.	0.			PROGRAM

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FAMILY & CHILDREN'S SERVICES - 5743 BARTLETT ST - PITTSBURGH, PA 15217	25-0965407	501(C)3	20,000.	0.			PROGRAM
JOHN F. KENNEDY CATHOLIC SCHOOL 111 W. SPRUCE ST. WASHINGTON, PA 15301	25-1038794	EDUCATIONAL INST	57,381.	0.			PROGRAM
KUTZTOWN UNIVERSITY PO BOX 730 KUTZTOWN, PA 19530	23-2710197	EDUCATIONAL INST	10,000.	0.			PROGRAM
LEGACIES ALIVE - WESTERN PA CHAPTER - PO BOX 382 - BEAVER FALLS, PA 15010	47-1367341	501(C)3	23,500.	0.			PROGRAM
LEMOYNE COMMUNITY CENTER 200 NORTH FORREST AVE. WASHINGTON, PA 15301	25-1215468	501(C)3	66,954.	0.			PROGRAM
LIFE CHANGING SERVICE DOGS FOR VETERANS - 4017 WASHINGTON RD. - CANONSBURG, PA 15317	37-2010072	501(C)3	17,763.	0.			PROGRAM
LITERACY COUNCIL OF SOUTHWESTERN PA - 351 MONTGOMERY AVENUE - WASHINGTON, PA 15301	25-1620790	501(C)3	23,326.	0.			PROGRAM
LITTLE A TOWN ARENA 744 AVELLA RD AVELLA, PA 15312	99-3598116	501(C)3	10,000.	0.			PROGRAM
LITTLE LAKE THEATRE COMPANY 500 LAKESIDE DR. SOUTH CANONSBURG, PA 15317	25-1475251	501(C)3	15,937.	0.			PROGRAM

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOW COST SPAY NEUTER WASHINGTON COUNTY - 222 HALL AVENUE - WASHINGTON, PA 15301	46-5119469	501(C)3	25,421.	0.			PROGRAM
LOWER TEN MILE PRESBYTERIAN CHURCH 882 AMITY RIDGE ROAD AMITY, PA 15311	61-1703329	CHURCH	155,000.	0.			PROGRAM
LUNGS AT WORK 5000 WATERDAM PLAZA DR., SUITE 180 CANONSBURG, PA 15317	01-0728178	501(C)3	10,000.	0.			PROGRAM
MADONNA CATHOLIC REGIONAL SCHOOL 731 CHESS STREET MONONGAHELA, PA 15063	25-1815976	EDUCATIONAL INST	31,594.	0.			PROGRAM
MARIANNA COMMUNITY PUBLIC LIBRARY 247 JEFFERSON AVE. MARIANNA, PA 15345	25-1200892	501(C)3	9,798.	0.			PROGRAM
MCDONALD PRESBYTERIAN CHURCH 119 STATION ST. MCDONALD, PA 15057	25-1051734	501(C)3	20,116.	0.			PROGRAM
MCDONALD VOLUNTEER FIRE DEPARTMENT 150 N. MCDONALD STREET MCDONALD, PA 15057	23-7108880	501(C)3	21,495.	0.			PROGRAM
MCGUFFEY SCHOOL DISTRICT 90 MCGUFFEY DR. CLAYSVILLE, PA 15323	25-1157995	EDUCATIONAL INST	11,231.	0.			PROGRAM
MEALS ON WHEELS @ THE CROSSROADS 3909 WASHINGTON ROAD MCMURRAY, PA 15317	26-1575091	501(C)3	53,277.	0.			PROGRAM

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MENTAL HEALTH ASSOCIATION OF WASHINGTON COUNTY - 575 N. MAIN ST. - WASHINGTON, PA 15301	25-1213784	501(C)3	15,136.	0.			PROGRAM
MON VALLEY YMCA 101 TAYLOR RUN RD. MONONGAHELA, PA 15063	25-1118619	501(C)3	42,852.	0.			PROGRAM
MON VALLEY YOUTH AND TEEN ASSOCIATION - 160 THOMPSON AVENUE - DONORA, PA 15033	25-1740974	501(C)3	7,227.	0.			PROGRAM
MONONGAHELA AREA LIBRARY 813 W. MAIN ST. MONONGAHELA, PA 15063	25-1181467	501(C)3	61,522.	0.			PROGRAM
MONONGAHELA MAIN STREET PROGRAM 400 MEADE ST. MONONGAHELA, PA 15063	81-1368144	501(C)3	6,228.	0.			PROGRAM
MONTOUR TRAIL COUNCIL 304 HICKMAN STREET, SUITE #3 BRIDGEVILLE, PA 15017	25-1634718	501(C)3	5,649.	0.			PROGRAM
MT. PLEASANT TOWNSHIP POLICE DEPARTMENT - 31 MCCARRELL ROAD - HICKORY, PA 15340	25-6002227	GOVERNMENT AGENC	8,500.	0.			PROGRAM
NATIONAL DUNCAN GLASS SOCIETY 100 RIDGE AVE. WASHINGTON, PA 15301	25-1287148	501(C)3	100,159.	0.			PROGRAM
NEIGHBOR 2 NEIGHBOR OF SOUTHWESTERN PA - 965 WEIRICH AVE - WASHINGTON, PA 15301	87-1572169	501(C)3	35,652.	0.			PROGRAM

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH FAYETTE TOWNSHIP VOLUNTEER FIRE DEPARTMENT - 7678 STEUBENVILLE PIKE - OAKDALE, PA 15071	23-7378029	TAX-EXEMPT	7,500.	0.			PROGRAM
OLD LYCOMING TOWNSHIP VOLUNTEER FIRE COMPANY - 1600 DEWEY AVE. - WILLIAMSPORT, PA 17701	23-6422912	501(C)3	7,500.	0.			PROGRAM
OLD SCHOOLHOUSE PLAYERS 20 WABASH AVE. HICKORY, PA 15340	25-1741810	501(C)3	10,983.	0.			PROGRAM
OLIVIA SCOTT FOUNDATION 225 KELLY RD. WASHINGTON, PA 15301	90-0500444	501(C)3	21,709.	0.			PROGRAM
PA VETPETS 1445 WASHINGTON RD. WASHINGTON, PA 15301	85-4223366	501(C)3	5,236.	0.			PROGRAM
PENN STATE UNIVERSITY 232 AGRICULTURAL ADMINISTRATION BLD UNIVERSITY PARK, PA 16802	24-6000376	EDUCATIONAL INST	80,600.	0.			PROGRAM
PENNSYLVANIA ELKS MAJOR PROJECTS 703 GEOGIAN PLACE SOMERSET, PA 15501	25-6084084	501(C)3	44,680.	0.			PROGRAM
PENNSYLVANIA STATE ANIMAL RESPONSE TEAM - 1310 ELMERTON AVE. - HARRISBURG, PA 17110	20-2042482	501(C)3	7,581.	0.			PROGRAM
PENNSYLVANIA TROLLEY MUSEUM 1 MUSEUM RD. WASHINGTON, PA 15301	25-6060314	501(C)3	58,700.	0.			PROGRAM

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PET SEARCH PO BOX 1653 WASHINGTON, PA 15301	25-1799497	501(C)3	19,108.	0.			PROGRAM
PITTSBURGH BALLET THEATRE 2900 LIBERTY AVE. PITTSBURGH, PA 15201	23-7101094	501(C)3	18,000.	0.			PROGRAM
PRESBYTERIAN SENIORCARE FOUNDATION 1215 HULTON RD. OAKMONT, PA 15139	25-1413291	501(C)3	21,784.	0.			PROGRAM
PRIMROSE SCHOOL & MUSEUM 364 E. LINCOLN AVE. MC DONALD, PA 15057	56-2651995	501(C)3	6,784.	0.			PROGRAM
RESURRECTION POWER OF WASHINGTON PENNSYLVANIA - P.O. BOX 1533 - WASHINGTON, PA 15301	51-0410530	501(C)3	18,456.	0.			PROGRAM
SETON-LASALLE HIGH SCHOOL 1000 MCNEILY ROAD PITTSBURGH, PA 15226	20-0479302	EDUCATIONAL INST	152,810.	0.			PROGRAM
SHEKINAH RANCH OF THE MON VALLEY 77 CHESTNUT ROAD CHARLEROI, PA 15022	31-1478513	501(C)3	22,444.	0.			PROGRAM
SISTERS OF ST. FRANCIS OF THE PROVIDENCE OF GOD - 5802 CURRY ROAD - PITTSBURGH, PA 15236	25-1051993	501(C)3	16,485.	0.			PROGRAM
SLIPPERY ROCK UNIVERSITY 108 MALTBY AVE., SUITE 107 SLIPPERY ROCK, PA 16057	25-1513539	EDUCATIONAL INST	8,000.	0.			PROGRAM

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SLOVAN VOLUNTEER FIRE DEPARTMENT 1934 SMITH TOWNSHIP STATE RD. BURGETTSTOWN, PA 15021	25-6050232	501(C)3	7,500.	0.			PROGRAM
SMITH TOWNSHIP POLICE DEPARTMENT 1848 SMITH TOWNSHIP STATE ROAD SLOVAN, PA 15078	25-6003022	GOVERNMENT AGENC	7,500.	0.			PROGRAM
SONYA'S HOPE FOR FELINES 88 LINDEN RD. CANONSBURG, PA 15317	93-1370822	501(C)3	5,342.	0.			PROGRAM
SOUTH HILLS PET RESCUE & REHABILITATION - 15 OLD 88 - SOUTH PARK TOWNSHIP, PA 15129	46-5444195	501(C)3	7,978.	0.			PROGRAM
SOUTHWESTERN PA HUMAN SERVICES 300 CHAMBER PLAZA CHARLEROI, PA 15022	25-1492288	501(C)3	100,000.	0.			PROGRAM
SPHS- SWPA AREA AGENCY ON AGING - CHARLEROI - 305 CHAMBER PLAZA - CHARLEROI, PA 15022	25-1492291	501(C)3	20,111.	0.			PROGRAM
ST. JAMES PARISH 119 W. CHESTNUT ST WASHINGTON, PA 15301	25-1885369	501(C)3	18,091.	0.			PROGRAM
ST. JOHN XXIII INTERFAITH FOOD PANTRY - 3609 WASHINGTON AVE - FINLEYVILLE, PA 15332	20-1534871	501(C)3	6,524.	0.			PROGRAM
ST. PAUL SEMINARY 2900 NOBLESTOWN ROAD PITTSBURGH, PA 15205	25-6071498	501(C)3	16,485.	0.			PROGRAM

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUMMIT LEGAL AID 10 W. CHERRY AVE. WASHINGTON, PA 15301	25-1192139	501(C)3	17,766.	0.			PROGRAM
THE BROWNSON HOUSE 1415 JEFFERSON AVE. WASHINGTON, PA 15301	25-0965444	501(C)3	62,283.	0.			PROGRAM
THE PETERS TOWNSHIP LIBRARY FOUNDATION - 616 E MCMURRAY RD. - MCMURRAY, PA 15317	90-0185928	501(C)3	23,723.	0.			PROGRAM
THE SALVATION ARMY - MON VALLEY CORPS - 800 THOMPSON AVE. - DONORA, PA 15033	13-5562351	501(C)3	40,000.	0.			PROGRAM
THE SALVATION ARMY - WASHINGTON CORPS - 60 E. MAIDEN ST. - WASHINGTON, PA 15301	13-5562351	501(C)3	14,507.	0.			PROGRAM
THE SALVATION ARMY, WESTERN PA DIVISION - 700 N. BELL AVENUE - CARNEGIE, PA 15106	13-5562351	501(C)3	30,952.	0.			PROGRAM
TIADAGHTON FOREST FIRE FIGHTERS ASSOCIATION - PO BOX 5091 - WILLIAMSPORT, PA 17702	36-4450107	501(C)3	7,500.	0.			PROGRAM
TITANIUM TITANS 217 MCNARY ST. CANONSBURG, PA 15317	47-5534497	501(C)3	6,949.	0.			PROGRAM
TRANSITIONAL EMPLOYMENT CONSULTANTS - 330 CENTRAL AVE. - WASHINGTON, PA 15301	25-1457559	501(C)3	8,010.	0.			PROGRAM

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY AREA SCHOOL DISTRICT 231 PARK AVE. WASHINGTON, PA 15301	25-1158133	EDUCATIONAL INST	6,371.	0.			PROGRAM
TRPIL 42 WEST MAIDEN STREET WASHINGTON, PA 15301	25-1858480	501(C)3	17,452.	0.			PROGRAM
UNITED METHODIST CHURCH UNION 901 ALLEGHENY AVENUE PITTSBURGH, PA 15233	25-0965431	501(C)3	10,000.	0.			PROGRAM
UNITED WAY OF WASHINGTON COUNTY 70 E. BEAU ST., SUITE 400 WASHINGTON, PA 15301	25-6070133	501(C)3	37,173.	0.			PROGRAM
VISION SERVICES OF WASHINGTON-GREENE - 566 E. MAIDEN ST. - WASHINGTON, PA 15301	25-0965456	501(C)3	6,688.	0.			PROGRAM
WASHINGTON & JEFFERSON COLLEGE 60 SOUTH LINCOLN STREET WASHINGTON, PA 15301	25-0965601	EDUCATIONAL INST	82,232.	0.			PROGRAM
WASHINGTON AREA HUMANE SOCIETY 1527 ROUTE 136 EIGHTY FOUR, PA 15330	25-0995781	501(C)3	103,000.	0.			PROGRAM
WASHINGTON AREA SENIOR CITIZEN CENTER - 69 W. MAIDEN ST. - WASHINGTON, PA 15301	25-1206708	501(C)3	5,627.	0.			PROGRAM
WASHINGTON CHRISTIAN OUTREACH 119 HIGHLAND AVE., P.O. BOX 1659 WASHINGTON, PA 15301	25-1550113	501(C)3	20,625.	0.			PROGRAM

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON CITY MISSION 84 W. WHEELING ST. WASHINGTON, PA 15301	25-1051749	501(C)3	331,982.	0.			PROGRAM
WASHINGTON COUNTY GAY STRAIGHT ALLIANCE - 59 E. STRAWBERRY AVENUE. - WASHINGTON, PA 15301	46-0951929	501(C)3	25,527.	0.			PROGRAM
WASHINGTON COUNTY HISTORICAL SOCIETY - 49 EAST MAIDEN STREET - WASHINGTON, PA 15301	25-1371578	501(C)3	40,625.	0.			PROGRAM
WASHINGTON COUNTY WATERSHED ALLIANCE - 50 OLD HICKORY RIDGE ROAD - WASHINGTON, PA 15301	25-1815293	501(C)3	11,518.	0.			PROGRAM
WASHINGTON FESTIVAL CHORALE PO BOX 304 WASHINGTON, PA 15301	11-3715989	501(C)3	6,573.	0.			PROGRAM
WASHINGTON HOSPITAL FOUNDATION 155 WILSON AVENUE WASHINGTON, PA 15301	25-1708215	501(C)3	43,505.	0.			PROGRAM
WASHINGTON REGIONAL SPECIAL WEAPONS AND TACTICS - 3599 MILLERS RUN RD. - CECIL, PA 15321	27-2519965	501(C)3	7,500.	0.			PROGRAM
WASHINGTON SYMPHONY ORCHESTRA PO BOX 178 WASHINGTON, PA 15301	74-3045227	501(C)3	31,778.	0.			PROGRAM
WASHINGTON YOUTH BASEBALL 12 N. JEFFERSON AVE. CANONSBURG, PA 15317	25-1420589	501(C)3	8,327.	0.			PROGRAM

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WATCHFUL SHEPHERD USA 1061 WATERDAM PLAZA DR MCMURRAY, PA 15317	25-1760181	501(C)3	31,748.	0.			PROGRAM
WEST PENN HOSPITAL SCHOOL OF NURSING - 4900 FRIENDSHIP AVENUE - PITTSBURGH, PA 15224	25-0969492	EDUCATIONAL INST	50,600.	0.			PROGRAM
WILSON CENTRAL ACADEMY DBA CORNERSTONE CHRISTIAN PREPARATORY ACADEM - 1900 CLAIRTON RD - WEST MIFFLIN, PA 15122	25-1313283	EDUCATIONAL INST	18,000.	0.			PROGRAM
WOMEN OF SOUTHWESTERN PA P.O. BOX 1112 MCMURRAY, PA 15317	55-0838870	501(C)3	5,476.	0.			PROGRAM
NORTH FAYETTE TOWNSHIP POLICE DEPARTMENT - 400 N BRANCH RD - OAKDALE, PA 15071		GOVERNMENT AGENC	7,500.	0.			PROGRAM
PENNWEST UNIVERSITY 250 UNIVERSITY AVE CALIFORNIA, PA 15419	25-1508140	EDUCATIONAL INST	5,600.	0.			PROGRAM
UNIVERSITY OF PITTSBURGH 4227 FIFTH AVE PITTSBURGH, PA 15260	25-0965559	EDUCATIONAL INST	11,000.	0.			PROGRAM

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:
FOR ALL COMPETITIVE GRANTS, THE FOUNDATION SCREENS APPLICATIONS TO DETERMINE THAT REQUESTED GRANTS MEET PRE-IDENTIFIED ELIGIBILITY REQUIREMENTS, AND THAT THE PROPOSED GRANTEE HAS THE CAPACITY TO ADMINISTER THE PROPOSED PROGRAM OR PROJECT. COPIES OF GRANT APPLICATIONS ARE MAINTAINED IN AN ELECTRONIC DATABASE. MINUTES OF GRANT EVALUATION MEETINGS ARE MAINTAINED.

THE FOUNDATION REQUIRES GRANTEES TO PROVIDE A COMPREHENSIVE WRITTEN REPORT FOR ALL RESTRICTED GRANTS OF $5,000 OR MORE. THE GRANT REPORT IS DUE ONE YEAR AFTER THE GRANT WAS ISSUED, OR WHEN THE GRANT WAS FULLY EXPENDED, WHICHEVER OCCURS SOONER. A GRANTEE WHO HAS AN OUTSTANDING GRANT REPORT IS NOT PERMITTED TO APPLY FOR ANOTHER GRANT UNTIL ALL DELINQUENT GRANT REPORTS ARE RECEIVED.

FOR LARGER GRANTS, PARTICULARLY WHEN THE GRANTEE IS A SMALLER ORGANIZATION, THE GRANT MAY BE PAID IN QUARTERLY INSTALLMENTS. IN THESE CIRCUMSTANCES, THE GRANTEE IS REQUIRED TO PROVIDE A COMPREHENSIVE WRITTEN QUARTERLY

Part IV Supplemental Information

PROGRESS REPORT, BEFORE THE NEXT QUARTERLY PAYMENT IS PROCESSED.

THE FOUNDATION CONDUCTS MULTIPLE SITE VISITS WITH GRANTEES, BEFORE, DURING AND AFTER GRANTS HAVE BEEN AWARDED. THESE SITE VISITS ENABLE THE FOUNDATION TO SEE FIRST-HAND THE IMPACT OF ITS GRANTMAKING. IF A GRANTEE IS FALLING BEHIND ON GRANT EXPECTATIONS, FOUNDATION STAFF WILL WORK WITH THE GRANTEE TO ADDRESS THE DEFICIENCIES.

EXPENDITURE RESPONSIBILITY GRANTS

THE FOUNDATION ADHERES TO EXPENDITURE RESPONSIBILITY REQUIREMENTS FOR ALL GRANTS THAT ARE MADE TO ORGANIZATIONS THAT ARE NOT A 501(C)(3) PUBLIC CHARITY OR A GOVERNMENTAL UNIT. SUCH GRANTS SHALL BE LIMITED TO THE CHARITABLE PROGRAM OF THE GRANTEE AND MAY NOT BE ISSUED FOR GENERAL OPERATING SUPPORT. WHEN ISSUING GRANTS THAT REQUIRE EXPENDITURE RESPONSIBILITY, THE FOUNDATION SHALL:
1. ENSURE THAT THE GRANT IS SPENT ONLY FOR THE PURPOSE FOR WHICH IT WAS MADE
2. OBTAIN FULL AND COMPLETE REPORTS FROM THE GRANTEE ORGANIZATION ON HOW THE FUNDS ARE SPENT, AND
3. MAKE FULL AND DETAILED REPORTS ON THE EXPENDITURES TO THE IRS

THE FOUNDATION DID NOT ISSUE ANY GRANTS IN 2025 THAT REQUIRED EXPENDITURE RESPONSIBILITY.

SCHEDULE J (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

WASHINGTON COUNTY COMMUNITY FOUNDATION

Employer identification number

25-1726013

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	**2**		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	X	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	**7**		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BETSIE TREW	(i)	136,252.	0.	0.	0.	0.	136,252.	0.
FORMER PRESIDENT & CEO	(ii)	0.	0.	0.	0.	13,869.	13,869.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:
THE PRESIDENT/CEO'S ANNUAL REVIEW SHALL BE CONDUCTED BY THE CHAIRMAN OF THE BOARD IN THE FOURTH QUARTER OF EACH YEAR IN CONSULTATION WITH THE EXECUTIVE COMMITTEE AND/OR THE PERSONNEL COMMITTEE, USING THE ESTABLISHED CEO PERFORMANCE APPRAISAL FORM. THE ANNUAL APPRAISAL, IN CONJUNCTION WITH THE SALARY TABLES PUBLISHED BY THE COUNCIL OF FOUNDATIONS AND A COMPARISON OF SALARIES FOR SIMILAR POSTIONS AT LOCAL NOT-FOR-PROFITS, SHALL BE THE BASIS FOR CONSIDERATION OF ANY SALARY ADJUSTMENT.

PART I, LINE 4A:
FORMER PRESIDENT AND CEO, BETSIE TREW'S COMPENSATION FOR THE YEAR WAS PART OF SEVERANCE AGREEMENT.

SCHEDULE O (Form 990)
(Rev. December 2024)
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 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
WASHINGTON COUNTY COMMUNITY FOUNDATION

Employer identification number
25-1726013

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE WASHINGTON COUNTY COMMUNITY FOUNDATION (FOUNDATION) TYPICALLY RECEIVES SUPPORT FROM BUSINESSES AND INDIVIDUALS THAT HAVE A PRESENCE OR RESIDE WITHIN WASHINGTON COUNTY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COUNTY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
BUILDING GRANTS RANGING FROM $400 TO $100,000 AND TOTALING $481,650 WERE ISSUED. FINANCIAL PROCESS IMPROVEMENT, COMMUNICATIONS, AND DATA MANAGEMENT ARE FUNDING PRIORITIES, BUT GRANTS ARE ALSO ISSUED FOR FACILITY IMPROVEMENTS, PROGRAM EXPANSION AND TECHNOLOGY.

GRANTS TOTALING $250,500 WERE AWARDED TO LOCAL FIRST RESPONDER ORGANIZATIONS THAT INCLUDED POLICE & FIRE DEPARTMENTS, EMS AND SWAT TEAMS. POST-SECONDARY SCHOLARSHIPS OF $253,852 WERE AWARDED TO LOCAL STUDENTS FURTHERING THEIR EDUCATION. ADDITIONALLY, JUST OVER $276,000 WAS AWARDED TO LOCAL STUDENTS ENROLLED IN PRIVATE K-12 SCHOOLS WHO DEMONSTRATED FINANCIAL NEED.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
MODELED AFTER AN ACCREDITATION TOOL OF THE PENNSYLVANIA ASSOCIATION OF NONPROFIT ORGANIZATIONS, A LEADING AUTHORITY ON NONPROFIT GOVERNANCE AND MANAGEMENT. THE PILLARS PROGRAM CONVENED ITS THIRD ANNUAL CLASS IN THE FALL OF 2025 WITH 14 PARTICIPANTS COMPLETING THE PROGRAM.

LAUNCHED IN 2023, WCCF'S COMMUNITY SNAPSHOT IS AN INNOVATIVE NEEDS ASSESSMENT TOOL CONNECTING CHARITIES AND DONORS WITH TIMELY, ACTIONABLE COMMUNITY DATA. INFORMED BY ONGOING RESEARCH, FOCUS GROUPS, AND AN ANNUAL SURVEY, THE PLATFORM IS REFRESHED EACH YEAR ACROSS EIGHT FOCUS AREAS AND WASHINGTON COUNTY'S BROADER NONPROFIT LANDSCAPE, ENSURING EVERY COMMUNITY MEMBER HAS ACCESS TO THE MOST CURRENT INSIGHTS AVAILABLE. IN 2025, SIGNIFICANT ENHANCEMENTS MADE THE PLATFORM MORE DATA-DRIVEN, DELIVERING DEEPER ANALYSIS AND MORE ROBUST REPORTING THAN EVER BEFORE. WHAT TRULY DISTINGUISHES COMMUNITY SNAPSHOT FROM OTHER NEEDS ASSESSMENTS IS ITS ABILITY TO GO BEYOND BROAD TRENDS. NONPROFITS CAN DIRECTLY LIST THEIR SPECIFIC ORGANIZATIONAL NEEDS ON THE SITE, CREATING A ONE-OF-A-KIND RESOURCE THAT BRIDGES THE GAP BETWEEN COMMUNITY-WIDE CHALLENGES AND THE FRONTLINE ORGANIZATIONS ADDRESSING THEM. THE RESULT IS A SINGLE, CENTRALIZED DESTINATION WHERE DONORS, FUNDERS, AND COMMUNITY MEMBERS CAN GRASP BOTH THE BIG PICTURE AND THE GROUND-LEVEL REALITIES SHAPING OUR REGION. THE IMPACT SPEAKS FOR ITSELF. DONORS HAVE EMBRACED THE PLATFORM ENTHUSIASTICALLY, DIRECTING MORE THAN $100,000 IN GRANTS TO NEEDS IDENTIFIED DIRECTLY THROUGH COMMUNITY SNAPSHOT.

ANNUALLY, THE FOUNDATION HOSTS A GIVING EVENT, WCCF GIVES, WHICH IS CONDUCTED OVER SEVERAL MONTHS. COMMUNITY GIVING BEGINS ON AUGUST 1 WITH CHECK CONTRIBUTIONS AND CONCLUDES ON A DESIGNATED DAY IN SEPTEMBER WHEN CREDIT CARD CONTRIBUTIONS ARE ALSO ACCEPTED FROM 8 A.M. TO 8 P.M. VIA A DEDICATED WEBSITE. THE WCCF DOES NOT CHARGE ANY FEES TO CHARITIES OR

Name of the organization: WASHINGTON COUNTY COMMUNITY FOUNDATION
Employer identification number: 25-1726013

DONORS TO PARTICIPATE IN WCCF GIVES AND ANNUALLY SECURES A PRIZE POOL TO ENCOURAGE GIVING. CUMULATIVELY, MORE THAN $15,680,000 IN GRANTS HAS BEEN ISSUED THROUGH WCCF GIVES.

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

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

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

COMPENSATION PROCESS FOR OFFICERS - ALL SALARY CHANGES FOR FOUNDATION STAFF MUST BE APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:
THE FOUNDATION BY-LAWS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE TO THE PUBLIC THROUGH THE FOUNDATION WEBSITE, WWW.WCCF.NET, IN ADDITION THESE ITEMS. ARE AVAILABLE IN PRINT AT THE FOUNDATION HEADQUARTERS. AUDITED FINANCIAL STATEMENTS AND IRS 990 FORMS ARE AVAILABLE UPON REQUEST.

Form **8868**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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

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.

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.
WASHINGTON COUNTY COMMUNITY FOUNDATION

Taxpayer identification number (TIN)
25-1726013

Number, street, and room or suite no. If a P.O. box, see instructions.
1253 ROUTE 519, P.O. BOX 308

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
EIGHTY FOUR, PA 15330

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of MICHAEL ANDERSON
1253 ROUTE 519, P.O. BOX 308 - EIGHTY FOUR, PA 15330

Telephone No. 724-222-6300 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ..... ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ..... ☐. If it is for part of the group, check this box ... ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 20 26, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☒ calendar year 20 25 or

☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

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

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$	0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 1-2025)

LHA 523841 04-01-25

Product: **Exempt Extension**
Name: **Washington County Community Foundation**
FEIN: *******6013**

Category:

IRS Center: **Ogden**
e-Postmark: **04/06/2026 6:49:25 AM**
Notification:

Fiscal Year Begin Date: **1/1/2025**

Fiscal Year End Date: **12/31/2025**

eSigned:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
04/06/2026	25X:2430:V1	Upload Started			Clever,Kathy	
04/06/2026	25X:2430:V1	Released for Transmission - Validation in Progress			Clever,Kathy	
04/06/2026	25X:2430:V1	Ready to transmit - Validation Complete				
04/06/2026	25X:2430:V1	Transmitted to FD	2557092026096032be01			
04/06/2026	25X:2430:V1	Accepted by FD on 4/6/2026				