

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



#### 990-PF

**Return of Private Foundation** 

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury

Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Internal Revenue Service For calendar year 2014 or tax year beginning and ending A Employer identification number Name of foundation CNB FOUNDATION INC 27-2417365 Number and street (or P O box number if mail is not delivered to street address) Room/suite Telephone number (see instructions) P.O. 814-765-9621 1 SOUTH SECOND STREET, BOX 42 City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here CLEARFIELD 16830 Initial return of a former public chanty 1. Foreign organizations, check here G Check all that apply Initial return Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change Check type of organization |X| Section 501(c)(3) exempt private foundation If private foundation status was terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation I Fair market value of all assets at J Accounting method X Cash Accrual If the foundation is in a 60-month termination under section 507(b)(1)(B), check here Other (specify) end of year (from Part II, col (c), 854 607 (Part I, column (d) must be on cash basis ) line 16) ▶ \$ (d) Disbursements Part 1 Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for chantable expenses per amounts in columns (b), (c), and (d) may not necessarily equal purposes books the amounts in column (a) (see instructions)) (cash basis only) 314,920 Contributions, gifts, grants, etc., received (attach schedule) 1 2 if the foundation is not required to attach Sch B Interest on savings and temporary cash investments 3 18,743 18,743 18,743 Dividends and interest from securities 4 Gross rents 5a b Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 6a Gross sales price for all assets on line 6a 0 Capital gain net income (from Part IV, line 2) 0 Net short-term capital gain Income modifications 9 10a Gross sales less returns and allowances b Less Cost of goods sold Gross profit or (loss) (attach schedule) С Other income (attach schedule) 11 333,663 18,743 18,743 12 Total. Add lines 1 through 11 0 13 Compensation of officers, directors, trustees, etc Operating and Administrative Expenses Other employee salanes and wages 14 15 Pension plans, employee benefits 16a Legal fees (attach schedule) STMT 1 666 666 Accounting fees (attach schedule) Other professional fees (attach schedule) С 17 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (att. sch ) Total operating and administrative expenses. 24 0 666 0 666 Add lines 13 through 23 204,767 204,767 25 Contributions, gifts, grants paid 205,433 0 205,433 26 Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12. 27 128,230 Excess of revenue over expenses and disbursements 18,743 Net investment income (if negative, enter -0-) 18,743 Adjusted net income (if negative, enter -0-)

For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2014)

ı	Part II	Balance Sheets Attached schedules and amounts in the description column		Beginning of year	End o	f year
_		should be for end-of-year amounts only (See instructions )		(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing		1,761	5,455	5,454
	2	Savings and temporary cash investments		14,127	18,743	18,743
	3	Accounts receivable ▶				
		Less allowance for doubtful accounts ▶				
	4	Pledges receivable ▶			1	
		Less allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
-		disqualified persons (attach schedule) (see				
		instructions)				
	7	Other notes and loans receivable (att. schedule)	_			
		Less allowance for doubtful accounts ▶	0			
ţ	8	Inventones for sale or use				<del></del>
Assets	9	Prepaid expenses and deferred charges				<del></del>
۲	10a	Investments – U S. and state government obligations (attach schedule)	_			<u></u>
	b	Investments – corporate stock (attach schedule) SEE STMT	2	384,747	504,667	<u>583,657</u>
	С	Investments – corporate bonds (attach schedule)				<del></del>
	11	Investments – land, buildings, and equipment basis			<b>1</b>	
		Less accumulated depreciation (attach sch.)				
-	12	Investments – mortgage loans				<del></del>
	13	Investments – other (attach schedule)				
ı	14	Land, buildings, and equipment basis				
ı		Less accumulated depreciation (attach sch.)		<del></del>		
	15	Other assets (describe	)			<del></del>
	16	Total assets (to be completed by all filers – see the		400 635	E20 0CE	607.054
$\dashv$	17	instructions Also, see page 1, item I)		400,635	528,865	607,854
-	17	Accounts payable and accrued expenses				
Ş	19	Grants payable Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
펿	21	Mortgages and other notes payable (attach schedule)			·	
≝	22	Other liabilities (describe	,			
	23	Total liabilities (add lines 17 through 22)	)	0	0	
$\dashv$		Foundations that follow SFAS 117, check here	<b>▶</b> X	<u> </u>		
<sub>s</sub>		and complete lines 24 through 26 and lines 30 and 31.	- 23			
ë	24	Unrestricted		400,635	528,865	
<u>a</u>	25	Temporarily restricted		2007,000		
圖	26	Permanently restricted				
2		Foundations that do not follow SFAS 117, check here	<b>▶</b> □			
리		and complete lines 27 through 31.				
ō	27	Capital stock, trust principal, or current funds				
ets	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
SS	29	Retained earnings, accumulated income, endowment, or other funds				
Net Assets or Fund Balances	30	Total net assets or fund balances (see instructions)		400,635	528,865	
ž	31	Total liabilities and net assets/fund balances (see				
		instructions)		400,635	528,865	
	Part I	I Analysis of Changes in Net Assets or Fund Balanc	es			
1		net assets or fund balances at beginning of year - Part II, column (a), line 3	0 (must	agree with		
	end-c	of-year figure reported on pnor year's return)			1	400,635
		amount from Part I, line 27a			2	128,230
		r increases not included in line 2 (itemize)			3	
		ines 1, 2, and 3			4	528,865
		eases not included in line 2 (itemize)			_5	<del></del>
_6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, coli	<u>umn (b),</u>	line 30		528,865

Part IV Capital Gains and	Losses for Tax on Investme	nt Income			
(a) List and describ	e the kund(s) of property sold (e.g., real estate, house, or common stock, 200 shs MLC Co.)		(b) How acquired P Purchase D Donation	(c) Date acquii (mo , day, yr	
1a N/A					
b					
С					
d					
_e	(f) Depreciation allowed	(a) Cost or	other basis		(h) Gain or (loss)
(e) Gross sales price	(r) Depreciation allowed (or allowable)		other basis nse of sale		) plus (f) minus (g)
a					······································
b				<del></del>	·
<u>c</u>				<del> </del>	
d	<u> </u>			<del> </del>	<del> </del>
Complete only for assets showing of	ain in column (h) and owned by the four	ndation on 12/31/69		# O	(0.1.6)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	s of col (i) (j), if any	col (k),	ns (Col (h) gain minus but not less than -0-) or sses (from col (h))
a	-				
b					· · · · · · · · · · · · · · · · · · ·
С		<u> </u>			
d					· · · · · · · · · · · · · · · · · · ·
e		<u></u>			
2 Capital gain net income or (net capi	tal loss)  If gain, also enter in If (loss), enter -0- in			2	
3 Net short-term capital gain or (loss)	<del></del>	Part I, line /			<del></del>
	olumn (c) (see instructions) If (loss), en	ter -0- in			
Part I, line 8	Marini (b) (500 mondono) ii (1000), 011			3	
Transfer in the state of the st	ler Section 4940(e) for Reduc	ed Tax on Net I	nvestment Inco	me	
(For optional use by domestic private fo	undations subject to the section 4940(a	) tax on net investme	nt income)		
If section 4940(d)(2) applies, leave this	part blank				N/A
Was the foundation liable for the section		of any conserve the base	d?		
If "Yes," the foundation does not qualify			е репос		Yes No
	ch column for each year, see the instruc	<u></u>	any entries		<del>.</del>
(a)	(b)	Dions before making	(c)	<u> </u>	(d)
Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net valu	e of nonchantable-use asse	ets (	Distribution ratio col (b) divided by col (c))
2013					
2012			•		
2011					·
2010					
2009					<del> </del>
2 Total of line 1, column (d)		a 2 hu E an her the		2	
3 Average distribution ratio for the 5-y	been in existence if less than 5 years	e 2 by 5, or by the		3	
number of years the foundation has	been in existence it less than 5 years			-	
4 Enter the net value of noncharitable	-use assets for 2014 from Part X, line 5	5		4	
5 Multiply line 4 by line 3				5	
6 Enter 1% of net investment income	(1% of Part I, line 27b)			6	
7 Add lines 5 and 6				7	
8 Enter qualifying distributions from P	art XII. line 4			8	
	ne 7, check the box in Part VI, line 1b, a	and complete that par	rt using a 1% tax rate	<del></del>	<del></del>
Part VI instructions					

DAA

Form	990-PF (2014) CNB FOUNDATION INC 27-2417365			. Pa	age 4
Pa	Ft VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)				
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1				
	Date of ruling or determination letter $04/10/10$ (attach copy of letter if necessary—see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check N/A				
	here ▶ ☐ and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of				
	Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0
3	Add lines 1 and 2				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-				0
6	Credits/Payments				
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 6a				
þ	Exempt foreign organizations – tax withheld at source				
С	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d 6d				
7	Total credits and payments Add lines 6a through 6d				
8	Enter any penalty for underpayment of estimated tax. Check hereif Form 2220 is attached8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ Refunded ▶ 11				
Pa	rt VII-A Statements Regarding Activities		1		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?	ŀ	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see				37
	Instructions for the definition)?	ŀ	1b		Χ
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			1	
	published or distributed by the foundation in connection with the activities			1	v
C	Did the foundation file Form 1120-POL for this year?	}	1c		X
ď	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.			1	
_	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			1	
е	on foundation managers > \$			-	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	İ	2	Ī	X
_	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			1	
•	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	İ	3	f	Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	ľ	4a		X
b		1/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	,	5		Χ
	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			1	
	conflict with the state law remain in the governing instrument?		6		Χ
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	[	7	Χ	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
<b>h</b>	PA  If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
þ			8b	Х	
9	(or designate) of each state as required by General Instruction G? If "No," attach explanation		90		
J	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"			1	
	complete Part XIV		9	Х	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	ŀ	-	47	
10	names and addresses  STMT 3		10	Х	
	DITTI J	 	om 99		/2014

the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes?

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?

foundation had excess business holdings in 2014)

Form 990-PF (2014)

Χ

N/A

3b

4a

Form	990-PF (2014) CNB FOUNDATION INC	27-2	417365			Page <b>6</b>
Pa	int VII-B Statements Regarding Activities for Which Form 4	720 May Be Re	equired (conti	nued)		
5a	During the year did the foundation pay or incur any amount to:					
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 494	5(e)) <sup>2</sup>		Yes 🗓 No		ı
	(2) Influence the outcome of any specific public election (see section 4955), or to d		_			1
	directly or indirectly, any voter registration drive?		$\Box$ ,	Yes X No		1
	(3) Provide a grant to an individual for travel, study, or other similar purposes?		$\Box$	Yes 🗓 No		
	(4) Provide a grant to an organization other than a charitable, etc., organization de	scribed in				1
	section 4945(d)(4)(A)? (see instructions)			Yes X No		1
	(5) Provide for any purpose other than religious, chantable, scientific, literary, or ed	ducational		_		
	purposes, or for the prevention of cruelty to children or animals?		$\Box$	Yes X No		I
þ	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under t	he exceptions desc	ribed in	<u> </u>		
	Regulations section 53 4945 or in a current notice regarding disaster assistance (s			N/A	5b	
	Organizations relying on a current notice regarding disaster assistance check here			▶ 🗀		
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	the tax				
	because it maintained expenditure responsibility for the grant?		N/A 🗍 ·	Yes No		I
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)					Ī
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay p	remiums				Ī
	on a personal benefit contract?		□ ,	Yes X No		Į,
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a perso	nal benefit contract	?	_	6b	X
	If "Yes" to 6b, file Form 8870					
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter	er transaction?	$\Box$	Yes X No		1
	If "Yes," did the foundation receive any proceeds or have any net income attributab		1?	_N/A	7b	
Pa	art VIII Information About Officers, Directors, Trustees, Fou	ındation Mana	gers, Highly I	Paid Employe	es,	
	and Contractors					
1 1	ist all officers, directors, trustees, foundation managers and their compensa-	tion (see instructi	ons).			
		(b) Title, and average	(c) Compensation	(d) Contributions to		
	(a) Name and address	hours per week	(If not paid,	employee benefit plans and deferred		ense account, allowances
		devoted to position	enter -0-)	compensation		
SE	E STATEMENT 4					
					ļ	
			•			
					ļ	
		ļ				
			<u> </u>	ļ	<u> </u>	
2	Compensation of five highest-paid employees (other than those included on	line 1 – see instr	uctions). If none,	enter		
	"NONE."		<del></del>	<del></del>		
		(b) Title, and average		(d) Contributions to employee benefit	(a) Evo	ense account,
	(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred		allowances
		devotes to position	·	compensation	<u> </u>	
NO	NE		_			
			,		<u> </u>	
					<del> </del>	
		·	<b> </b>	ļ	<del>                                     </del>	<u>_</u>
			ļ		1	
			ļ		<del>                                     </del>	
		}				
		L	L	<u> </u>	ـــِــــــــــــــــــــــــــــــــــ	<del></del>
Tota	I number of other employees paid over \$50,000				<u> </u>	<u> </u>

Form 990-PF (2014) CNB FOUNDATION INC	27-2417365	Page <b>7</b>
Part VIII Information About Officers, Directors, Trustee	s, Foundation Managers, Highly Paid Em	
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services	(see instructions). If none, enter "NONE."	· <del></del> · <del></del>
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		<b>&gt;</b>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical organizations and other beneficiaries served, conferences convened, research papers produced, etc.	information such as the number of	Expenses
1 TO ASSIST VARIOUS NON-PROFIT ORGANIZ	ZATIONS WITHIN CENTRAL	
& NORTHCENTRAL PENNSYLVANIA IN CARRY	ING OUT THEIR MISSIONS	
		204,767
2		
3		
•		
4		
Part IX-B Summary of Program-Related Investments (s		· · · · · · · · · · · · · · · · · · ·
Describe the two largest program-related investments made by the foundation during the tax year on lines	s 1 and 2	Amount
1 N/A		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		<del></del>
rotati Aud intes i tillough s		<del></del>

Pa	irt X Minimum Investment Return (All domestic foundations must complete this part Foreign	four	idations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	10,902
b	Average of monthly cash balances	1b	20,043
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	30,945
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0		_
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	30,945
4	Cash deemed held for chantable activities Enter 11/4% of line 3 (for greater amount, see		
	instructions)	4	464
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	30,481
6	Minimum investment return. Enter 5% of line 5	6	1,524
Pa	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for	ound	ations
	and certain foreign organizations check here $\triangleright [X]$ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1_	
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014 (This does not include the tax from Part VI )		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4_	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	ļ. <u></u> ,
Pa	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	Ι	
a a	Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1a	205,433
b	Program-related investments – total from Part IX-B	1b	2007.200
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
-	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (pnor IRS approval required)	3a	1
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	205,433
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
-	Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	205,433
-	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation		
	qualifies for the section 4940(e) reduction of tax in those years		

Pa	rt XIII Undistributed Income (see instructions)				
		(a)	(b)	(c)	(d)
1	Distributable amount for 2014 from Part XI,	Corpus	Years prior to 2013	2013	2014
	line 7				
2	Undistributed income, if any, as of the end of 2014.				
	Enter amount for 2013 only				
	Total for prior years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2014				
а	From 2009				
b	From 2010			1	
С	From 2011				
d	From 2012				
е	From 2013				
f	Total of lines 3a through e				
4	Qualifying distributions for 2014 from Part XII,				
	line 4 ▶ \$ 205, 433				
а	Applied to 2013, but not more than line 2a		-		
	Applied to undistributed income of prior years				
	(Election required – see instructions)				
С	Treated as distributions out of corpus (Election				
	required – see instructions)				
d	Applied to 2014 distributable amount				
е	Remaining amount distributed out of corpus	205,433			
5	Excess distributions carryover applied to 2014				
	(If an amount appears in column (d), the same				
	amount must be shown in column (a) )				
6	Enter the net total of each column as				
	indicated below:				
	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	205,433			
þ	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	-tax has been previously assessed				
đ	Subtract line 6c from line 6b Taxable				
_	amount – see instructions				
е	Undistributed income for 2013 Subtract line				
	4a from line 2a Taxable amount – see				
f	Instructions Undistributed income for 2014 Subtract lines				·
•	4d and 5 from line 1. This amount must be				
	distributed in 2015		-		
7	Amounts treated as distributions out of corpus				
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)				
8	Excess distributions carryover from 2009 not		:-		
	applied on line 5 or line 7 (see instructions)		-		
9	Excess distributions carryover to 2015.		-		
	Subtract lines 7 and 8 from line 6a		:		
10	Analysis of line 9				
а	Excess from 2010		<b>1</b>		
b	Excess from 2011		:		
C	Excess from 2012			,	
d	Excess from 2013				
е	Excess from 2014				

Pa	ert XIV Private Operating Fou	indations (see ins	tructions and Part	VII-A, question 9)	<u> </u>	1 age 10
	If the foundation has received a ruling or d					
	foundation, and the ruling is effective for 2			<b>▶</b>	0.4	1/10/10
b	Check box to indicate whether the foundat		-	In section X 49	42(J)(3) or 4942	
2a	Enter the lesser of the adjusted net	Tax year		Pnor 3 years		
	income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
	investment return from Part X for					
	each year listed	1,524	1,740	2,042	1,258	6,564
b	85% of line 2a	1,295	1,479	1,736	1,069	6,564 5,579
c	Qualifying distributions from Part XII,				-/	
Ū	line 4 for each year listed	205,433	221,190	199,867	140,590	767,080
d	Amounts included in line 2c not used directly	2007.100		232,007	110,000	
_	for active conduct of exempt activities					
е	Qualifying distributions made directly					<del></del>
	for active conduct of exempt activities	1				
	Subtract line 2d from line 2c	205,433	221,190	199,867	140,590	767,080
3	Complete 3a, b, or c for the	203, 133	221/130	133,007	140,330	1011000
3	alternative test relied upon					
а	"Assets" alternative test – enter					1
a	(1) Value of all assets	607,854	482,585	322,270	189,932	1,602,641
	(2) Value of assets qualifying under	007,034	402/303	3227210	103/332	1,002,041
	section 4942(j)(3)(B)(i)	607,854	482,585	322,270	189,932	1,602,641
ь	"Endowment" alternative test – enter 2/3	007,034	402/303	3227270	103/332	1,002,041
U	of minimum investment return shown in				-	
	Part X, line 6 for each year listed					
С	"Support" alternative test – enter					
·	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties) $N/A$					·
	(2) Support from general public				ł	
	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(III) $N/A$					
	(3) Largest amount of support from		.=			
	an exempt organization N/A					
	(4) Gross investment income N/A				<del></del>	<del></del>
Pa	art XV Supplementary Inform	nation (Complete	this part only if t	he foundation had	\$5,000 or more i	n assets at
• •	any time during the ye	•	•		. , , , , , , , , , , , , , , , , , , ,	455565
1	Information Regarding Foundation Ma					
а	List any managers of the foundation who l	-	han 2% of the total cor	tributions received by t	he foundation	
	before the close of any tax year (but only			•		
	N/A					
b	List any managers of the foundation who	own 10% or more of the	stock of a corporation	(or an equally large po-	tion of the	
	ownership of a partnership or other entity)	of which the foundation	has a 10% or greater	interest.		
	N/A					
2	Information Regarding Contribution, G	irant, Gift, Loan, Scho	larship, etc., Progran	ns:	··· <del></del>	
	Check here $\triangleright$ $X$ if the foundation only	makes contributions to	preselected chantable	organizations and does	s not accept	
	unsolicited requests for funds If the found	lation makes gifts, grani	ts, etc. (see instruction	s) to individuals or orga	nizations under	
	other conditions, complete items 2a, b, c,	-	·	<u> </u>		
а	The name, address, and telephone numb	er or e-mail address of t	the person to whom ap	plications should be ad	dressed	
	N/A					
b	The form in which applications should be $N/A$	submitted and informati	on and materials they	should include		
	Any submission deadlines:					
	N/A Any restrictions or limitations on awards,	such as by geographics	Largas charitable field	s kinds of institutions	or other	
u	factors	Jami as by geographica	i arcas, criaritable lielu	o, anido or modulions, (		
	N/A					

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SEE STATEMENT 5 204,767 204,767 **▶** 3a Total b Approved for future payment N/A **▶** 3b Total

Pa	rt XVI-A	Analysis of Income-Producing Activ	<u> ities                                     </u>	· · · · · · · · · · · · · · · · · · ·			
Enter	gross amor	unts unless otherwise indicated	Unrelate	ed business income	Exclude	d by section 512, 513, or 514	(e)
			(a)	(b)	(c)	(d)	Related or exempt
			Business code	Amount	Exclusion code	Amount	function income (See instructions )
		vice revenue			<del> </del>		, , , , , , , , , , , , , , , , , , , ,
					<del> </del>		
					-		
					1		
					-		<del></del>
•	·			-	-		
'		d contracts from government agencies			<del>                                     </del>		
9 2 M		dues and assessments			<del>                                     </del>		
	-	avings and temporary cash investments					
		nd interest from securities			1		18,743
		come or (loss) from real estate					10,743
a		anced property			<del>                                     </del>		
b		-financed property					
		come or (loss) from personal property					
		ment income					
		) from sales of assets other than inventory	-				
		or (loss) from special events			<del>                                     </del>		
		or (loss) from sales of inventory	} <del>-</del>	<u> </u>			
	•		· · · · · ·		-		
		ue a					
					<del> </del> -		
u							
12 5	Cubtotal Add	d columns (b), (d), and (e)			<del> </del>	0	18,743
	ubiblai Au	a columns (b), (d), and (e)	<u>[</u>	· · · · · · · · · · · · · · · · · · ·	1		10,720
		ne 12 columns (h) (d) and (e)				13	
13 T	otal. Add lii	ne 12, columns (b), (d), and (e)				13	
13 T See	otal. Add lii	n line 13 instructions to venfy calculations)	complishm	ent of Exempt Pu	ırpose		
See	otal. Add lii worksheet i	n line 13 instructions to verify calculations )  Relationship of Activities to the Acc					
See	otal. Add lii worksheet i rt XVI-B	n line 13 instructions to venfy calculations)  Relationship of Activities to the Acc  Explain below how each activity for which income is accomplishment of the foundation's exempt purpose	reported in col	umn (e) of Part XVI-A y providing funds for s	contribute uch purp	Sed importantly to the oses) (See instructions	18,743
See Pa Li	otal. Add lii worksheet i	n line 13 instructions to verify calculations )  Relationship of Activities to the Acc  Explain below how each activity for which income is	reported in col	umn (e) of Part XVI-A y providing funds for s	contribute uch purp	Sed importantly to the oses) (See instructions	18,743
See Pa Li	otal. Add III worksheet I rt XVI-B ne No.	n line 13 instructions to venfy calculations)  Relationship of Activities to the Acc  Explain below how each activity for which income is accomplishment of the foundation's exempt purpose	reported in coles (other than b	umn (e) of Part XVI-A y providing funds for s TABLE CONTI	contribute uch purp RIBUT	ed importantly to the oses) (See instructions	18,743
See Pa Li	otal. Add III worksheet I rt XVI-B ne No.	n line 13 instructions to verify calculations )  Relationship of Activities to the Acci  Explain below how each activity for which income is accomplishment of the foundation's exempt purpose USED BY FOUNDATION TO MAKE	reported in coles (other than b	umn (e) of Part XVI-A y providing funds for s TABLE CONTI	contribute uch purp RIBUT	ed importantly to the oses) (See instructions	18,743
See Pa Li	otal. Add III worksheet I rt XVI-B ne No.	n line 13 instructions to verify calculations )  Relationship of Activities to the Acci  Explain below how each activity for which income is accomplishment of the foundation's exempt purpose USED BY FOUNDATION TO MAKE	reported in coles (other than b	umn (e) of Part XVI-A y providing funds for s TABLE CONTI	contribute uch purp RIBUT	ed importantly to the oses) (See instructions	18,743
See Pa Li	otal. Add III worksheet I rt XVI-B ne No.	n line 13 instructions to verify calculations )  Relationship of Activities to the Acci  Explain below how each activity for which income is accomplishment of the foundation's exempt purpose USED BY FOUNDATION TO MAKE	reported in coles (other than b	umn (e) of Part XVI-A y providing funds for s TABLE CONTI	contribute uch purp RIBUT	ed importantly to the oses) (See instructions	18,743
See Pa Li	otal. Add III worksheet I rt XVI-B ne No.	n line 13 instructions to verify calculations )  Relationship of Activities to the Acci  Explain below how each activity for which income is accomplishment of the foundation's exempt purpose USED BY FOUNDATION TO MAKE	reported in coles (other than b	umn (e) of Part XVI-A y providing funds for s TABLE CONTI	contribute uch purp RIBUT	ed importantly to the oses) (See instructions	18,743
See Pa Li	otal. Add III worksheet I rt XVI-B ne No.	n line 13 instructions to verify calculations )  Relationship of Activities to the Acci  Explain below how each activity for which income is accomplishment of the foundation's exempt purpose USED BY FOUNDATION TO MAKE	reported in coles (other than b	umn (e) of Part XVI-A y providing funds for s TABLE CONTI	contribute uch purp RIBUT	ed importantly to the oses) (See instructions	18,743
See Pa Li	otal. Add III worksheet I rt XVI-B ne No.	n line 13 instructions to verify calculations )  Relationship of Activities to the Acci  Explain below how each activity for which income is accomplishment of the foundation's exempt purpose USED BY FOUNDATION TO MAKE	reported in coles (other than b	umn (e) of Part XVI-A y providing funds for s TABLE CONTI	contribute uch purp RIBUT	ed importantly to the oses) (See instructions	18,743
See Pa Li	otal. Add III worksheet I rt XVI-B ne No.	n line 13 instructions to verify calculations )  Relationship of Activities to the Acci  Explain below how each activity for which income is accomplishment of the foundation's exempt purpose USED BY FOUNDATION TO MAKE	reported in coles (other than b	umn (e) of Part XVI-A y providing funds for s TABLE CONTI	contribute uch purp RIBUT	ed importantly to the oses) (See instructions	18,743
See Pa Li	otal. Add III worksheet I rt XVI-B ne No.	n line 13 instructions to verify calculations )  Relationship of Activities to the Acci  Explain below how each activity for which income is accomplishment of the foundation's exempt purpose USED BY FOUNDATION TO MAKE	reported in coles (other than b	umn (e) of Part XVI-A y providing funds for s TABLE CONTI	contribute uch purp RIBUT	ed importantly to the oses) (See instructions	18,743
See Pa Li	otal. Add III worksheet I rt XVI-B ne No.	n line 13 instructions to verify calculations )  Relationship of Activities to the Acci  Explain below how each activity for which income is accomplishment of the foundation's exempt purpose USED BY FOUNDATION TO MAKE	reported in coles (other than b	umn (e) of Part XVI-A y providing funds for s TABLE CONTI	contribute uch purp RIBUT	ed importantly to the oses) (See instructions	18,743
See Pa Li	otal. Add III worksheet I rt XVI-B ne No.	n line 13 instructions to verify calculations )  Relationship of Activities to the Acci  Explain below how each activity for which income is accomplishment of the foundation's exempt purpose USED BY FOUNDATION TO MAKE	reported in coles (other than b	umn (e) of Part XVI-A y providing funds for s TABLE CONTI	contribute uch purp RIBUT	ed importantly to the oses) (See instructions	18,743
See Pa Li	otal. Add III worksheet I rt XVI-B ne No.	n line 13 instructions to verify calculations )  Relationship of Activities to the Acci  Explain below how each activity for which income is accomplishment of the foundation's exempt purpose USED BY FOUNDATION TO MAKE	reported in coles (other than b	umn (e) of Part XVI-A y providing funds for s TABLE CONTI	contribute uch purp RIBUT	ed importantly to the oses) (See instructions	18,743
See Pa Li	otal. Add III worksheet I rt XVI-B ne No.	n line 13 instructions to verify calculations )  Relationship of Activities to the Acci  Explain below how each activity for which income is accomplishment of the foundation's exempt purpose USED BY FOUNDATION TO MAKE	reported in coles (other than b	umn (e) of Part XVI-A y providing funds for s TABLE CONTI	contribute uch purp RIBUT	ed importantly to the oses) (See instructions	18,743
See Pa Li	otal. Add III worksheet I rt XVI-B ne No.	n line 13 instructions to verify calculations )  Relationship of Activities to the Acci  Explain below how each activity for which income is accomplishment of the foundation's exempt purpose USED BY FOUNDATION TO MAKE	reported in coles (other than b	umn (e) of Part XVI-A y providing funds for s TABLE CONTI	contribute uch purp RIBUT	ed importantly to the oses) (See instructions	18,743
See Pa Li	otal. Add III worksheet I rt XVI-B ne No.	n line 13 instructions to verify calculations )  Relationship of Activities to the Acci  Explain below how each activity for which income is accomplishment of the foundation's exempt purpose USED BY FOUNDATION TO MAKE	reported in coles (other than b	umn (e) of Part XVI-A y providing funds for s TABLE CONTI	contribute uch purp RIBUT	ed importantly to the oses) (See instructions	18,743
See Pa Li	otal. Add III worksheet I rt XVI-B ne No.	n line 13 instructions to verify calculations )  Relationship of Activities to the Acci  Explain below how each activity for which income is accomplishment of the foundation's exempt purpose USED BY FOUNDATION TO MAKE	reported in coles (other than b	umn (e) of Part XVI-A y providing funds for s TABLE CONTI	contribute uch purp RIBUT	ed importantly to the oses) (See instructions	18,743
See Pa Li	otal. Add III worksheet I rt XVI-B ne No.	n line 13 instructions to verify calculations )  Relationship of Activities to the Acci  Explain below how each activity for which income is accomplishment of the foundation's exempt purpose USED BY FOUNDATION TO MAKE	reported in coles (other than b	umn (e) of Part XVI-A y providing funds for s TABLE CONTI	contribute uch purp RIBUT	ed importantly to the oses) (See instructions	18,743
See Pa Li	otal. Add III worksheet I rt XVI-B ne No.	n line 13 instructions to verify calculations )  Relationship of Activities to the Acci  Explain below how each activity for which income is accomplishment of the foundation's exempt purpose USED BY FOUNDATION TO MAKE	reported in coles (other than b	umn (e) of Part XVI-A y providing funds for s TABLE CONTI	contribute uch purp RIBUT	ed importantly to the oses) (See instructions	18,743
See Pa Li	otal. Add III worksheet I rt XVI-B ne No.	n line 13 instructions to verify calculations )  Relationship of Activities to the Acci  Explain below how each activity for which income is accomplishment of the foundation's exempt purpose USED BY FOUNDATION TO MAKE	reported in coles (other than b	umn (e) of Part XVI-A y providing funds for s TABLE CONTI	contribute uch purp RIBUT	ed importantly to the oses) (See instructions	18,743
See Pa Li	otal. Add III worksheet I rt XVI-B ne No.	n line 13 instructions to verify calculations )  Relationship of Activities to the Acci  Explain below how each activity for which income is accomplishment of the foundation's exempt purpose USED BY FOUNDATION TO MAKE	reported in coles (other than b	umn (e) of Part XVI-A y providing funds for s TABLE CONTI	contribute uch purp RIBUT	ed importantly to the oses) (See instructions	18,743
See Pa Li	otal. Add III worksheet I rt XVI-B ne No.	n line 13 instructions to verify calculations )  Relationship of Activities to the Acci  Explain below how each activity for which income is accomplishment of the foundation's exempt purpose USED BY FOUNDATION TO MAKE	reported in coles (other than b	umn (e) of Part XVI-A y providing funds for s TABLE CONTI	contribute uch purp RIBUT	ed importantly to the oses) (See instructions	18,743
See Pa Li	otal. Add III worksheet I rt XVI-B ne No.	n line 13 instructions to verify calculations )  Relationship of Activities to the Acci  Explain below how each activity for which income is accomplishment of the foundation's exempt purpose USED BY FOUNDATION TO MAKE	reported in coles (other than b	umn (e) of Part XVI-A y providing funds for s TABLE CONTI	contribute uch purp RIBUT	ed importantly to the oses) (See instructions	18,743

Part X		Information Regardaniza	_	nsfers To and	Transact	ions and Relationships	With Noncharita	ble	
1 Did t				in any of the follow	ung with any	other organization described		TY	es No
	•	•		=	_	ection 527, relating to political			= 1.0
	nization		than scotton	oo i(o)(o) oigaiiiza	11101107 07 111 0	octor ozr, rotating to political			
		om the reporting founda	ation to a non-	charitable exempt o	organization	of			
	Cash	,						1a(1)	X
	Other as	ssets						1a(2)	X
	er transa								
(1)	Sales of	assets to a noncharita	ble exempt o	rganization				1b(1)	X_
		es of assets from a no	•	•		•		1b(2)	X
• •		of facilities, equipment,						1b(3)	X
(4)	Reimbu	rsement arrangements						1b(4)	X
(5)	Loans o	r loan guarantees						1b(5)	X
(6)	Perform	ance of services or me	mbership or t	iundraising solicitat	ions			1b(6)	X
c Shar	ing of fa	acilities, equipment, ma	iling lists, oth	er assets, or paid e	employees			1c	X
d if the	answe	r to any of the above is	"Yes," comp	lete the following so	chedule Colu	ımn (b) should always show the	e faır market		
valu	e of the	goods, other assets, or	r services give	en by the reporting	foundation.	f the foundation received less t	han fair market		
valu	<u>e in any</u>	transaction or sharing	arrangement	, show in column (c	d) the value of	of the goods, other assets, or se	rvices received		
(a) Line	no	(b) Amount involved	(c) Nam	e of noncharitable exemp	ot organization	(d) Description of tra	nsfers, transactions, and sharin	g arrangements	
1/A									
			<del> </del>						
		<u> </u>	<del> </del>			<del></del>			
		<del> </del>		<del></del>					<del></del>
			<u> </u>					<del></del>	
		<u> </u>				<del></del>	<del></del>		
		·							
						-			
				-,, -,	<del></del>	****			
	-		<del>                                     </del>			<del></del>	<del></del>		
			-						
					•				
_									
2a Is th	e found	ation directly or indirect	ly affiliated w	ith, or related to, or	ne or more ta	x-exempt organizations			
desc	onbed in	section 501(c) of the 0	Code (other th	ian section 501(c)(	3)) or in sect	on 527?		Yes	X No
b if "Y	es," con	nplete the following sch	<u>edule</u>	<del>,</del>			· · · · · · · · · · · · · · · · · · ·		
		a) Name of organization		(b) Type of or	rganization	(0	Description of relationship		
N/A	<u> </u>								
						<del></del>			<del></del>
	l Indos par	nather of negury 1 declars the	at I have examin	ed this return including	accompanyana s	chedules and statements, and to the be	est of my knowledge and helie	f it is tope	
						of which preparer has any knowledge			<del></del>
								discuss this return parer shown below	
Sign			1 .				(see instruct	lions)? X Ye	s No
lere	<b>\</b>	1),//			1	5/13/15-	REASURER		
1	Sign	ature of officer or trustee				Date Title	READONER		
	<del></del>	pe preparer's name			Preparer's sig		Da	ate T	ভা
	''"''	po proposos a ridirio			,	/////	"		heck X if
Paid	ЈОНИ	CATALANO, CPA	A		JOHN CA	CPA	05	/12/15	onprojec
reparer	Firm's r	CADA		CASE, CATAL	ANO	LARK-RADZIETA		001524	39
Jse Only			RONT S					5-1515	
	<u> </u>		RFIELD,		30-2455			14-765	

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

**Schedule of Contributors** 

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

Name of the organization

▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization		Employer identification number
CNB FOUNDATI	ON INC	27-2417365
Organization type (check	one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	n
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, ,	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> )(7), (8), or (10) organization can check boxes for both the General Rule and a Spe	cial Rule See
X For an organization	in filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to or property) from any one contributor. Complete Parts I and II. See instructions for contributions.	-
Special Rules		
regulations under s 13, 16a, or 16b, an	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> /3 % supsections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990 of that received from any one contributor, during the year, total contributions of the fifthe amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Completed	-EZ), Part II, line greater of (1)
contributor, during	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received the year, total contributions of more than \$1,000 exclusively for religious, charitable anal purposes, or for the prevention of cruelty to children or animals. Complete Part	e, scientific,
contributor, during contributions totale during the year for General Rule app	the year, contributions exclusively for religious, chantable, etc., purposes, but no subtract than \$1,000. If this box is checked, enter here the total contributions that we an exclusively religious, chantable, etc., purpose. Do not complete any of the parts lies to this organization because it received nonexclusively religious, chantable, etc., more during the year.	uch ere received unless the
990-EZ, or 990-PF), but it r	hat is not covered by the General Rule and/or the Special Rules does not file Scheomust answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of it, to certify that it does not meet the filing requirements of Schedule B (Form 990, 99).	ts Form 990-EZ or on its
For Paperwork Reduction Ac	ct Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990, 990-EZ, or 990-PF) (2014

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)	PAGE 1 OF 1 Page 2
Name of organization	Employer identification number
CNB FOUNDATION INC	27-2417365

Part I	Contributors (see instructions) U	se duplicate copies of Pa	art I if additional space is nee	eded
(a) No.	(b) Name, address, and Zl	P+4	(c) Total contributions	(d) Type of contribution
1	CNB BANK 1 SOUTH SECOND ST CLEARFIELD	PA 16830	<b>\$</b> 195,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and Zl	P+4	(c) Total contributions	(d) Type of contribution
2	CNB FINANCIAL CORPORAT 1 SOUTH SECOND ST CLEARFIELD	FION PA 16830	<b>\$</b> 119,920	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZI	P+4	(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and Z	P+4	(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and Z	IP + 4	(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and Z	IP + 4	(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)

 Schedule B (Form 990, 990-EZ, or 990-PF) (2014)
 PAGE 1 OF 1
 Page 3

 Name of organization
 Employer identification number

 CNB FOUNDATION INC
 27-2417365

Part II	Noncash Property (see instructions). Use duplications	ate copies of Part II if additional space	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	6986 SHS CNB FINANCIAL CORP		
		<b>s</b> 119,920	12/01/14
(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
		\$	

## CNB CNB FOUNDATION INC 27-2417365

### **Federal Statements**

27-2417365 FYE: 12/31/2014

Fees
ounting
b - Acc
I, Line 16b - A
Part I, L
1 - Form 990-PF,
- Form
Statement 1

Charitable Purpose	999	Fair Market	Value	\$ 583,657	\$ 583,657
Adjusted Net	0	nvestments Basis of	Valuation	COST	
Net Investment	0	rporate Stock In	Year	504,667	504,667
Inves		0p - Co		<sup>%</sup>	ა.∥
I	999	Part II, Line 1	of Year	384,747	384,747
Total	A W	990-PF,		ر م	w
Description	INDIRECT ACCOUNTING FEES TOTAL	Statement 2 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments  Beginning End of Basis o	Description	31549 SHS CNB FINANCIAL CORPO	TOTAL

# Statement 3 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors

	City, State, Zip		CLEARFIELD PA 16830		CLEARFIELD PA 16830	
Name	Address		1 SOUTH SECOND ST		1 SOUTH SECOND ST	
		CNB FINA		CNB BANK		

Etc.
Trustees,
Directors,
Officers,
1 - List of
III, Line
F, Part V
orm 990-PF, Pa
4 - For
Statement

Expenses	0	0
Benefits	0	0
Compensation	0	0
Average Hours	1.00	1.00
Title	CHAIRMAN/CEO	TREASURER
Name and Address	VINCENT C TURIANO 201 WEST PINE ST, APT #3 CLEARFIELD PA 16830	BRIAN W WINGARD 106 MICHLIN AVE CURWENSVILLE PA 16833

2
₹
~
~
$\infty$
÷
4
٠.٠.
ά
w
S
~,
$\overline{}$
0
$\bar{\wp}$
<i>' ' '</i>
_
$\hat{\omega}$
• /
$\overline{}$
-
. ~
Ś

# CNB CNB FOUNDATION INC 27-2417365 FYE: 12/31/2014

Federal Statements

Statement 4 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc. (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
MARY ANN CONAWAY ; 418 DEER HAVEN ROAD FRENCHVILLE PA 16836	SECRETARY	1.00	0	0	0
KIMBERLY A WOMER 415 MAIN ST WOODLAND PA 16881	ASST SECRETA	1.00	0	0	0
JOSEPH B BOWER, JR 68 COUNTRY CLUB CIRCLE CLEARFIELD PA 16830	DIRECTOR	1.00	0	0	0
RICHARD L GRESLICK, JR 755 PIFER ROAD CLEARFIELD PA 16830	DIRECTOR	1.00	0	0	0
MARK D BREAKEY 1517 WARREN DRIVE CLEARFIELD PA 16830	DIRECTOR	1.00	0	0	0

Statement 5 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Name			Address		
Address	Rela	Relationship	Status	Purpose	Amount
CLEARFIELD AREA UNITED WAY		18 N SECOND ST	ID ST		
CLEARFIELD PA 16830	NONE	P/	PAID	ANNUAL CAMPAIGN CONTRIBUTION	19,500
BOY SCOUTS OF AMERICA		209 FIRST ST	ST		
DUBOIS PA 15801	NONE	PI	PAID	SUPPORT SCOUTING IN AREA	4,500
WILLOW RUN SANCTUARY ANIMALS		381 E BRANCH RD	ICH RD		
COOLSPRING PA 15730	NONE	P?	PAID	ASSIST VETERINARY CARE	200

# CNB CNB FOUNDATION INC 27-2417365 FYE: 12/31/2014

## Federal Statements

Statement 5 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

Name	Ado		•
Address	Relationship Status	Purpose	Amount
EARFIELD AREA SCHOOL DIST	2831 WASHINGTON AVE PAID	SCHOOL GYM SCOREBOARD SPONSOR	12,240
MCA	59 BOYLSTON ST		
BRADFORD PA 16701 NONE		STRONG KIDS CAMPAIGN	1,200
DATION	33 BERVA DR		7.
BRADFORD PA 16701 NONE		GYNECOLOGIC CANCER RESEARCH	
	P.O. BOX 426	NOT A GMAD TATINA	3.000
PHILIPSBURG PA 16866 NONE	P O BOX 250	ANNOAL CARFAIGN	
HYDE PA 16843 NONE		COMPUTER UPGRADES	1,985
	14 LOCUST ST		6
16866 NONE	PAID	SUPPORT EMERGENCY RESPONDERS	3,000
EDICAL CENT	835 HOSPITAL RD	1	0
INDIANA PA 15701 NONE		SUPPORT CAPITAL CAMPAIGN	10,000
	25 PARKWAY DRIVE		
		STRONG KIDS CAMPAIGN	1,000
HISTORICAL	104 E PI		(
CLEARFIELD PA 16830 NONE		PRESERVE COUNTY'S HISTORY	7,500
CARE FOR CHILDREN	P.O. BOX 616		L
BRADFORD PA 16701 NONE		SUPPORT PEDI HEALTH/THERAPY	000'ST
ERFORMING	P.O. BOX 153	!	7
		SUPPORT THE ARTS	1,000
HIGHLAND	422 MAIN ST		6
JOHNSTOWN PA 15901 NONE	PAII	ANNUAL CAMPAIGN	000
ľY	26 S SECOND ST		() ()
CLEARFIELD PA 16830 NONE	,	SUPPORT CANCER PATIENTS & RESEARCH	2,000
<b>-</b>	321 MILL KOAD		0000
CLEARFIELD PA 16830 NONE	PAID	ASSIST WITH RESPONDING SOFIWARE	76017
X	809 TUKNPIKE AVE		003
	ָ כ כ	SUPPORT LUCAL HUSPITAL FUNDRALSER	000017
MIRACLE LEAGUE INDIANA CTY TNDIANA PA 15701	F.O. BOA 143/ PAID	BALLFIELD SPECIAL NEEDS CHILDREN	12,500
OSY	820 3RD AVE		
HASTINGS PA 16646 NONE		SUPPORT YOUTH SOCCER	1,000

## CNB CNB FOUNDATION INC

### Federal Statements

27-2417365 FYE: 12/31/2014 Statement 5 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

Name	Address		
Address	Relationship Status	Purpose	Amount
RIDGWAY YMCA	34 BROAD ST		
		CAPITAL CAMPAIGN	8,000
L FOUNDATION	COLLEGE PLACE		( ( 1
DUBOIS PA 15801 NONE		SUPPORT HIGHER EDUCATION	200
RIDGWAY MAIN ST PROGRAM	300 MAIN		(
RIDGWAY PA 15853 NONE	PAII	MAIN ST SUPPORT PROGRAM	2,000
CLEARFIELD YMCA	21 N SECOND ST		
CLEARFIELD PA 16830 NONE	PAID	SUPPORT LOCAL YMCA PROGRAMS	1,000
BEACON OF LIGHT HEALTH SYSTEMS	800 MAIN ST		
BRADFORD PA 16701 NONE	PAID	EXPANSION PROJECT OF FACILITY	25,000
DUBOIS AREA UNITED WAY	223 S JARD ST		
DUBOIS PA 15801 NONE	PAID	ANNUAL CAMPAIGN	1,800
UNITED WAY BRADFORD AREA	161 MAIN ST		
BRADFORD PA 16701 NONE	PAID	ANNUAL CAMPAIGN	4,000
ELK REGIONAL HEALTH CENTER	763 JOHNSONBURG RD		
ST MARYS PA 15857 NONE		CAPITAL CAMPAIGN FOR HOSPITAL	20,000
DUBOIS AREA YMCA	25 PARKWAY DRIVE		
DUBOIS PA 15801 NONE		SUPPORT ANNUAL CAMPAIGN	10,000
WEST BRANCH AREA SCHOOL DIST	516 ALLPORT CUTOFF		
MORRISDALE PA 16858 NONE		ASSIT WITH NEW SCOREBOARDS	3,500
COMMUNITY EDUCATION COUNCIL	4 ERIE AVE		
ST MARYS PA 15857 NONE	PAID	SUPPORT HIGHER EDUCATION	2,500
CLEARFIELD REVITALIZATION CORP	P.O. BOX 75		
CLEARFIELD PA 16830 NONE	PAID	SUPPORT RESTORATION PROJECTS	8,000
CLEARFIELD REVITALIZATION CORP	P.O. BOX 75		
CLEARFIELD PA 16830 NONE		RESTORATION PROJECTS IN DOWNTOWN	2,600
PENN HIGHLANDS DUBOIS	P.O. BOX 447		
DUBOIS PA 15801 NONE		SUPPORT AREA HOSPITAL	2,500
UNIV PITTSBURGH BRADFORD	300 CAMPUS DR		
BRADFORD PA 16701 NONE	PAID	SUPPORT HIGHER EDUCATION	10,000
AW PUBLIC	AR 1 S FRON		
		SUPPORT FACILITY UPGRADES	1,000
ACTION	P.O. BOX 792		1
CLEARFIELD PA 16830 NONE	PAID	SPONSOR "CHORE" PROGRAM	1,500

<del></del>			
5/12/2015 4:12 PM	<u>e</u> l	Amount	204,767
nts	Statement 5 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)	 Purpose	
Federal Statements	XV, Line 3a - Grants <u>Year (continued)</u>	Address Status	
<b>L</b>	- Form 990-PF, Part	Relationship	
CNB CNB FOUNDATION INC 27-2417365 FYE: 12/31/2014	Statement 5	Name Address	TOTAL

CNB CNB FOUNDATION INC

27-2417365 FYE: 12/31/2014

#### **Federal Statements**

5/12/2015 4:12 PM

**Taxable Dividends from Securities** 

Description	 Amount	Unrelated Business Code	 -	US Obs (\$ or %)
CNB FINANCIAL CORP	\$ 18,743			
TOTAL	\$ 18,743			