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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
33 CHESTNUT STREET

City or town, state or country, and ZIP + 4
SHARON, PA 16146

D Employer identification number
25-1407396

E Telephone number
(724) 981-5882

G Gross receipts $ 16,982,934.

F Name and address of principal officer. LAWRENCE E. HAYNES
SAME AS C ABOVE

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

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.SV-FOUNDATION.ORG

K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1981 M State of legal domicile: PA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE FOUNDATION IS A FLEXIBLE, YET PERMANENT SELECTION OF FUNDS SUPPORTED BY A WIDE RANGE OF	
	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	49
	4	Number of independent voting members of the governing body (Part VI, line 1b)	49
	5	Total number of employees (Part V, line 2a)	6
	6	Total number of volunteers (estimate if necessary)	400
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	0.

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			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	8,267,306.	3,879,662.
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,546,754.	<32,575.>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	236,454.	248,590.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,050,514.	4,095,677.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,901,802.	6,005,045.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	192,897.	191,999.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	10,000.	10,000.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 34,630.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	349,169.	375,041.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,453,868.	6,582,085.
	19	Revenue less expenses. Subtract line 18 from line 12	5,596,646.	<2,486,408.>

			Beginning of Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	40,651,220.	29,263,676.
	21	Total liabilities (Part X, line 26)	5,245,364.	5,609,525.
	22	Net assets or fund balances. Subtract line 21 from line 20	35,405,856.	23,654,151.

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: 1/19/10

▶ LAWRENCE E. HAYNES, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Dan E McCann CPA — Date: 1/19/10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4:
BLACK, BASHOR & PORSCH, LLP
270 EAST CONNELLY BOULEVARD
SHARON, PA 16146

EIN ▶

Phone no. ▶ (724)981-7510

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

SCANNED JAN 28 2010

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

16
73

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
OUR COMMUNITY FOUNDATION IS A PUBLIC, NON-PROFIT CHARITABLE ORGANIZATION DESIGNED TO ATTRACT AND INVEST PERMANENT ENDOWMENT RESOURCES, WITH THE PURPOSE OF ENHANCING THE QUALITY OF LIFE FOR THE RESIDENTS OF WESTERN PENNSYLVANIA AND EASTERN OHIO, IN ACCORDANCE WITH

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 ☒ 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 ☒ No
If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 5,235,990. including grants of $ 5,235,990.) (Revenue $)
GRANTS TO VARIOUS CHARITABLE ORGANIZATIONS--PROVIDES METHODS FOR DONORS TO MAKE GRANTS TO QUALIFIED CHARITIES BY ACTIVELY PARTICIPATING IN GRANT RECOMMENDATIONS OR BY DESIGNATING A QUALIFIED CHARITY.

4b (Code:) (Expenses $ 524,510. including grants of $ 524,510.) (Revenue $)
SCHOLARSHIP PROGRAM--THE FOUNDATION AMDMINISTERS MORE THAN 110 DIFFERENT SCHOLARSHIP FUNDS, WHICH ARE PRIMARILY AWARDED TO GRADUATING HIGH SCHOOL SENIORS. THESE SCHOLARSHIPS ARE FOR STUDENTS ATTENDING INSTITUTIONS OF HIGHER LEARNING, INCLUDING LOAN FORGIVENESS.

4c (Code:) (Expenses $ 244,545. including grants of $ 244,545.) (Revenue $)
GRANTS TO INDIVIDUALS WITH SIGNIFICANT FINANCIAL NEEDS--PROVIDE EMERGENCY ASSISTANCE TO THOSE MOST IN NEED.

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

4e **Total program service expenses ▶ $** 6,005,045. *(Must equal Part IX, Line 25, column (B).)*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5	N/A	
6	Did the organization maintain any donor advised funds or any accounts where 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; 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 hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school as 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 U S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S ? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total 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 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 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, questions 3, 4, or 5? *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 questions 24b-24d and complete Schedule K. If "No", go to question 25*	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) and 501(c)(4) 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	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee.			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a	X	
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b	X	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	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, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
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

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S. Information Returns Enter -0- if not applicable	1a	9		
b	Enter the number of Forms W-2G included in 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	X	
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	6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.				
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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		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 provide goods or services in exchange for any quid pro quo contribution of more than $75?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		X
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	**Section 501(c)(7) organizations.** Enter: N/A				
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: N/A				
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 N/A	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	1a 49		
b	Enter the number of voting members that are independent	1b 49		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	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	
9a	Does the organization have local chapters, branches, or affiliates?	9a	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	X	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does 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	
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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, OH

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

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

LAWRENCE E. HAYNES - (724) 981-5882
39 CHESTNUT STREET, SHARON, PA 16146

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed.

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

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ALBERT R. PUNTURERI DIRECTOR	1.00	X						0.	0.	0.
ANNE K. HOYE DIRECTOR	1.00	X						0.	0.	0.
ARCHIE WALLACE DIRECTOR	1.00	X						0.	0.	0.
CAROL KENNADAY PRESIDENT	1.00	X		X				0.	0.	0.
CHRIS LITTON DIRECTOR	1.00	X						0.	0.	0.
CRIS H. LOUTZENHISER DIRECTOR	1.00	X						0.	0.	0.
DAN VOGLER DIRECTOR	1.00	X						0.	0.	0.
DAVID HENDERSON, ESQ. DIRECTOR	1.00	X						0.	0.	0.
DAVID SHAFFER DIRECTOR	1.00	X						0.	0.	0.
DELORES ROGERS DIRECTOR	1.00	X						0.	0.	0.
DONNA WINNER DIRECTOR	1.00	X						0.	0.	0.
ERNEST D. MAY CHAIRMAN	1.00	X		X				0.	0.	0.
FRED ALBERINI DIRECTOR	1.00	X						0.	0.	0.
GLENN W. HOLMES VICE PRESIDENT	1.00	X		X				0.	0.	0.
JAMES E. FEENEY TREASURER	1.00	X		X				0.	0.	0.
JAMES E. WINNER, JR. DIRECTOR EMERITUS	1.00	X		X				0.	0.	0.
JAMES O'BRIEN, ESQ PRESIDENT	1.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES T. WELLER, SR DIRECTOR	1.00	X						0.	0.	0.
JOANN BEH DIRECTOR	1.00	X						0.	0.	0.
JOANN JOHNTONY DIRECTOR	1.00	X						0.	0.	0.
JOHN HAUSER DIRECTOR	1.00	X						0.	0.	0.
JOHN J. MASTERNICK DIRECTOR	1.00	X						0.	0.	0.
JOY R. GALLAGHER DIRECTOR	1.00	X						0.	0.	0.
KAREN WINNER VICE PRESIDENT	1.00	X		X				0.	0.	0.
KENNETH MCEWEN DIRECTOR	1.00	X						0.	0.	0.
KENNETH TURCIC VICE PRESIDENT	1.00	X		X				0.	0.	0.
LESTER P. HAUSCHILD DIRECTOR	1.00	X						0.	0.	0.
1b Total ▶								110,652.	0.	6,247.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 0

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		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*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*		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 NONE

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

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 0

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a				
	b Membership dues 1b				
	c Fundraising events 1c 171,330.				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f 3708332.				
	g Noncash contributions included in lines 1a-1f: $ 75,940.				
	h Total. Add lines 1a-1f ▶	3,879,662.			
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) ▶	844,836.			844,836.
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties ▶				
	(i) Real / (ii) Personal				
	6a Gross Rents				
	b Less. rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) ▶				
	(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory 11632848				
	b Less cost or other basis and sales expenses 12510259				
	c Gain or (loss) <877411.>				
	d Net gain or (loss) ▶	<877,411.>			<877,411.>
	8a Gross income from fundraising events (not including $ 171,330. of contributions reported on line 1c). See Part IV, line 18 a 625,588.				
	b Less direct expenses b 376,998.				
	c Net income or (loss) from fundraising events ▶	248,590.	248,590.		
	9a Gross income from gaming activities. See Part IV, line 19 a				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities ▶				
	10a Gross sales of inventory, less returns and allowances a				
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory ▶				
	Miscellaneous Revenue / Business Code				
	11a				
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d ▶				
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	4,095,677.	248,590.	0.	<32,575.>

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	5,235,990.	5,235,990.		
2 Grants and other assistance to individuals in the U.S See Part IV, line 22	769,055.	769,055.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	168,438.		168,438.	
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				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,457.		8,457.	
9 Other employee benefits	1,465.		1,465.	
10 Payroll taxes	13,639.		13,639.	
11 Fees for services (non-employees):				
a Management	1,480.		1,480.	
b Legal	6,875.		6,875.	
c Accounting	12,425.		12,425.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	10,000.			10,000.
f Investment management fees	39,381.		39,381.	
g Other	177,621.		177,621.	
12 Advertising and promotion				
13 Office expenses	17,697.		17,697.	
14 Information technology				
15 Royalties				
16 Occupancy	20,601.		20,601.	
17 Travel	6,016.		6,016.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	623.		623.	
20 Interest	35,977.		35,977.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,778.		4,778.	
23 Insurance	7,252.		7,252.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a MISCELLANEOUS FUND RAIS	24,630.			24,630.
b MISCELLANEOUS EXPENSES	15,237.		15,237.	
c DUES AND LICENSE	3,820.		3,820.	
d MAINTENANCE-EQUIPMENT	628.		628.	
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	6,582,085.	6,005,045.	542,410.	34,630.
26 Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	9,577,952.	2	5,716,920.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	2,021,837.	7	1,176,817.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost basis 10a 66,506.			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D 10b 21,396.	17,314.	10c	45,110.
	11	Investments - publicly traded securities	29,034,117.	11	22,224,829.
	12	Investments - other securities See Part IV, line 11		12	100,000.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	40,651,220.	16	29,263,676.
Liabilities	17	Accounts payable and accrued expenses	1,131.	17	997.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	900,250.	23	124,616.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	4,343,983.	25	5,483,912.
	26	**Total liabilities.** Add lines 17 through 25	5,245,364.	26	5,609,525.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	33,854,603.	27	22,023,010.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets	1,551,253.	29	1,631,141.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	35,405,856.	33	23,654,151.
	34	Total liabilities and net assets/fund balances	40,651,220.	34	29,263,676.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990. [ ] Cash [ ] Accrual [X] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lines 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?	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 Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO	25-1407396

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. (Please check only **one** organization)

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)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

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 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 the Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1707168.	2202987.	3249739.	2025624.	3879662.	13065180.
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 - 3	1707168.	2202987.	3249739.	2025624.	3879662.	13065180.
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)						147,889.
6 **Public Support.** Subtract line 5 from line 4						12917291.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	1707168.	2202987.	3249739.	2025624.	3879662.	13065180.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	478,883.	634,110.	745,425.	909,318.	844,836.	3612572.
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 IV.)						
11 **Total support.** Add lines 7 through 10						16677752.

12 Gross receipts from related activities, etc. (see instructions)	12	2,107,544.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	77.45 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	85.99 %

16a **33 1/3% support test - 2008.** 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 - 2007.** 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 - 2008.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2007.** 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 IV 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 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** 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 - 2007.** 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 **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information (see instructions)

SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:

CASH

DATE: 09/07/05 AMOUNT: 403589.

CASH

DATE: 09/20/05 AMOUNT: 105093.

CASH

DATE: 12/27/06 AMOUNT: 300010.

CASH

DATE: 11/27/06 AMOUNT: 421356.

VARIOUS STOCKS AND MUTUAL FUNDS

DATE: 10/16/07 AMOUNT: 237046.

CASH

DATE: 12/31/07 AMOUNT: 6004636.

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO

Employer identification number: 25-1407396

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	46	
2	Aggregate contributions to (during year)	240,069.	
3	Aggregate grants from (during year)	3,331,579.	
4	Aggregate value at end of year	6,915,983.	

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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? [X] Yes [ ] No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 (e g , recreation or pleasure)
- [ ] Protection of natural habitat
- [ ] Preservation of open space
- [ ] Preservation of an historically important land area
- [ ] Preservation of certified historic structure

2 Complete lines 2a-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 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 in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? [ ] Yes [ ] No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $ _____

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

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items:

a Revenues included in 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 accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to 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	2,014,918.				
b	Contributions	6,200.				
c	Investment earnings or losses	<372,189.>				
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses	17,788.				
g	End of year balance	1,631,141.				

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ 100.00 %
b Permanent endowment ▶ .00 %
c Term endowment ▶ .00 %

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

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

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		66,506.	21,396.	45,110.
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				45,110.

Part VII Investments - Other Securities. 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
Federal income taxes	
AGENCY ENDOWMENT FUNDS OBLIGATION	3,369,720.
CHARITABLE REMAINDER ANNUITY OBLIGATION	1,622,644.
CHARITABLE LEAD ANNUITY TRUST	
OBLIGATION	3,484.
CHARITABLE REMAINDER UNITRUST	
OBLIGATION	488,064.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	5,483,912.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,095,677.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,582,085.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<2,486,408.>
4	Net unrealized gains (losses) on investments	4	<6,980,381.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	<2,284,916.>
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	<9,265,297.>
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	<11,751,705.>

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

1	Total revenue, gains, and other support per audited financial statements			1	<2,685,327.>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	<6,980,381.>		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	376,998.		
e	Add lines 2a through 2d			2e	<6,603,383.>
3	Subtract line 2e from line 1			3	3,918,056.
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 XIV)	4b	177,621.		
c	Add lines 4a and 4b			4c	177,621.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			5	4,095,677.

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

1	Total expenses and losses per audited financial statements			1	6,781,462.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	376,998.		
e	Add lines 2a through 2d			2e	376,998.
3	Subtract line 2e from line 1			3	6,404,464.
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 XIV)	4b	177,621.		
c	Add lines 4a and 4b			4c	177,621.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)			5	6,582,085.

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART V, LINE 4: THE ADMINISTRATIVE ENDOWMENT FUND OF THE SHENANGO VALLEY FOUNDATION WAS ESTABLISHED TO GENERATE INCOME FOR PHILANTHROPIC PURPOSES. THE PRINCIPAL IS KEPT INTACT, AND ONLY A PORTION OF THE EARNINGS IS AVAILABLE FOR OTHER PURPOSES THAT INCLUDE MAKING GRANTS. CAREFUL MANAGEMENT OF THE ASSETS IS DESIGNED TO ENSURE A TOTAL RETURN NECESSARY TO PRESERVE AND ENHANCE THE PRINCIPAL OF THE FUNDS AND AT THE SAME TIME, PROVIDE A DEPENDABLE SOURCE OF INCOME TO THE FOUNDATION.

Part XIV Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE NETTED WITH SPECIAL EVENTS INCOME FOR TAX RETURN: 376998.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

TRUST FEES NETTED AGAINST INVESTMENT INCOME: 177621.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES NETTED WITH SPECIAL EVENTS REVENUES FOR TAX RETURN: 376998.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

TRUST FEES NETTED AGAINST INVESTMENT INCOME: 177621.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization: COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO

Employer identification number: 25-1407396

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000

		(a) Event #1 STRIMBU BARBEQUE (event type)	(b) Event #2 O'BRIEN CLAMBAKE (event type)	(c) Other Events 22 (total number)	(d) Total Events (Add col. (a) through col. (c))
Revenue	1 Gross receipts	305,648.	86,100.	373,281.	765,029.
	2 Less: Charitable contributions	98,930.	42,400.	30,000.	171,330.
	3 Gross revenue (line 1 minus line 2)	206,718.	43,700.	343,281.	593,699.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	1,472.	305.		1,777.
	6 Rent/facility costs	9,378.	2,000.		11,378.
	7 Other direct expenses	165,011.	40,298.	147,209.	352,518.
	8 Direct expense summary. Add lines 4 through 7 in column (d) ▶				(365,673.)
	9 Net income summary. Combine lines 3 and 8 in column (d) ▶				228,026.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities: _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain.			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain:			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	13a	%		
b An outside facility	13b	%		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:				
Name ▶				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a			
b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ .				
c If "Yes," enter name and address:				
Name ▶				
Address ▶				
16 Gaming manager information:				
Name ▶				
Gaming manager compensation ▶ $ _____				
Description of services provided ▶				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions.				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a			
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO

Employer identification number 25-1407396

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(LAWRENCE COUNTY SOCIAL SERVICES INC) LAWRENCE COUNTY COMMUNITY ACTION PART - PO BOX 189 - NEW CASTLE, PA 16103	25-1445713	501(C)(3)	30,000.	0.			HANDICAP ACCESSIBLE RAMP PROGRAM
ADOPTION CONNECTION, PA 1410 3RD AVENUE NEW BRIGHTON, PA 15066	26-2114941	501(C)(3)	5,000.	0.			ADOPTION
AMERICAN HEART ASSOCIATION 59 NORTH CRESCENT AVENUE HERMITAGE, PA 16148	13-1788491	501(C)(3)	3,500.	0.			AHA MERCER CO. GALA SPONSORSHIP
AMERICAN HEART ASSOCIATION 777 PENN CENTER BOULEVARD, SUITE 20 PITTSBURGH, PA 15235	13-1788491	501(C)(3)	7,500.	0.			HEART BALL SPONSORSHIP
AMERICAN IRELAND FUND 1133 PROSPECT ROAD PITTSBURGH, PA 15227	25-1306992	501(C)(3)	7,600.	0.			GENERAL SUPPORT
AMERICANS FOR THE COMPETITIVE ENTERPRISE SYSTEM - 1001 STATE STREET, SUITE 310 - ERIE, PA 16501	25-6065247	501(C)(3)	5,000.	0.			PENNYSLVANIA BUSINESS WEEK - YOUTH PROGRAM

2 Enter total number of section 501(c)(3) and government organizations ▶ 91.

3 Enter total number of other organizations ▶ 7.

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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 non-cash assistance
SCHOLARSHIPS - INTEREST FREE LOANS ARE MADE TO COLLEGE STUDENTS. THE STUDENTS' GPA'S ARE CALCULATED USING THE AVERAGE OF THE FALL AND SPRING SEMESTERS FOR THE CURRENT YEAR. LOAN	583	769,055.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: GRANTS ARE AWARDED TO NONPROFIT ORGANIZATIONS THAT ARE DEFINED AS TAX-EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND ARE LOCATED WITHIN MERCER AND LAWRENCE COUNTIES, PENNSYLVANIA, AND TRUMBULL COUNTY, OHIO. THE MAJORITY OF THE CHARITABLE FUNDS WITHIN THE COMMUNITY FOUNDATION ARE DONOR ADVISED FUNDS, AND THE INDIVIDUALS, FAMILIES AND CORPORATIONS THAT ESTABLISH THESE FUNDS MAKE THEIR DECISIONS BASED ON THE OVERALL PURPOSE OF THEIR CHARITABLE INTEREST AND NEEDS. GRANTS FROM DONOR-ADVISED FUNDS ARE MADE IN RESPONSE TO RECOMMENDATIONS FROM DONOR-ADVISORS. EACH RECOMMENDATION IS REVIEWED BY

SEE PART IV FOR COLUMN (A) DESCRIPTIONS

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO

Employer identification number 25-1407396

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANDERSON UNIVERSITY 1100 E. 5TH STREET ANDERSON, IN 46012	35-0867954	501(C)(3)	1,000,000.	0.			SCHOLARSHIPS
ARCADIA PERFORMING ARTS 1418 GRAHAM AVE. WINDBER, PA 15963	25-1833713	501(C)(3)	10,000.	0.			GRANT TO ENDOWMENT FUND
ASSOCIATION OF FUNDRAISING PROFESSIONALS MAHONING/SHENANGO CHAPTER AFP - P.O. BOX 672 - YOUNGSTOWN, OH 44501	34-1697894	501(C)(3)	6,000.	0.			OPERATING SUPPORT
BEATITUDE HOUSE (HUMILITY OF MARY) 238 TOD LANE YOUNGSTOWN, OH 44504-1714	34-1662460	501(C)(3)	10,000.	0.			BEATITUDE HOUSE BUILDING PROJECT
BUHL COMMUNITY RECREATION CENTER 28 PINE ST. SHARON, PA 16146	25-0981137	501(C)(3)	38,000.	0.			OPERATING SUPPORT
BUHL PARK CORPORATION 730 FORKER BLVD. HERMITAGE, PA 16148	20-3453034	501(C)(3)	207,513.	0.			CAPITAL CAMPAIGN PURCHASE, REPLACE TREES/ GENERAL OPERATING SUPPORT
CATHEDRAL FOUNDATION 110 E LINCOLN AVE NEW CASTLE, PA 16101	25-0908667	501(C)(3)	25,000.	0.			GRANT FOR BUILDING A/C
CF81, INC. C/O COMMUNITY FOUNDATION 33 CHESTNU SHARON, PA 16146	26-1075418	501(C)(3)	47,000.	0.			PMI BUILDING

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO

Employer identification number 25-1407396

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY RESCUE MISSION 319 S. CROTON AVE. NEW CASTLE, PA 16103	25-1007944	501(C)(3)	6,500.	0.			HELP FOR NEEDY FAMILIES
CIVIC LIGHT OPERA ASSOCIATION (PITTSBURGH CLO) - 719 LIBERTY AVENUE - PITTSBURGH, PA 15222	25-6000890	501(C)(3)	5,000.	0.			COMMUNITY ADVERTISEMENT
COMMUNITY ACTION PARTNERSHIP OF MERCER COUNTY - 75 S. DOCK ST. - SHARON, PA 16146	25-1157381	501(C)(3)	12,500.	0.			CIRCLES PROGRAM INITIATIVE
COMMUNITY COUNSELING CENTER 2201 E. STATE ST. HERMITAGE, PA 16148	25-1340027	501(C)(3)	5,000.	0.			TELEPSYCHIATRY PROGRAM
COMMUNITY FOOD WAREHOUSE 821 MARTIN LUTHER KING JR. BLVD. FARRELL, PA 16121	25-1446242	501(C)(3)	11,933.	0.			GENERAL SUPPORT
COMMUNITY LIBRARY OF SHENANGO VALLEY - 11 N. SHARPSVILLE AVE. - SHARON, PA 16146	20-8392137	501(C)(3)	18,000.	0.			PROGRAM SUPPORT
FOUNDATION FOR ANGELMAN SYNDROME THERAPEUTICS - P.O. BOX 608 - DOWNERS GROVE, IL 60515-0608	26-3160079	501(C)(3)	8,000.	0.			SUPPORT FOR ANGELMAN SYNDROME RESEARCH
F.H. BUHL CLUB 28 PINE ST. SHARON, PA 16146	25-0981137	501(C)(3)	105,000.	0.			GENERAL OPERATING SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO

Employer identification number 25-1407396

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST PRESBYTERIAN CHURCH OF GREENVILLE, PA - 323 MAIN STREET - GREENVILLE, PA 16125	25-0969464	CHURCH	5,500.	0.			CHILDREN'S OUTREACH MINISTRY
GANNON UNIVERSITY 109 UNIVERSITY SQUARE ERIE, PA 16541	25-0496976	501(C)(3)	1,004,500.	0.			SCHOLARSHIPS
GIRL SCOUTS OF BEAVER AND LAWRENCE COUNTIES (PENN LAKES GIRL SCOUTS) - 30 ISABELLA STREET - PITTSBURGH, PA 15212	25-1124651	501(C)(3)	5,000.	0.			CHILDREN'S PROGRAMMING
GRACE PRESBYTERIAN CHURCH, HOUSTON, TEXAS - 10221 ELLA LEE LN - HOUSTON, TX 77042	74-1216230	CHURCH	5,000.	0.			CHILDREN'S MINISTRY
GRACELAND CEMETERY MAUSOLEUM & PERPETUAL CARE - 2204 GRACELAND ROAD - NEW CASTLE, PA 16105	25-0511305	501(C)(3)	11,653.	0.			GROUNDS MAINTENANCE/UPKEEP
GUSSIE WALKER COMMUNITY CENTER 1207 MORAVIA ST. NEW CASTLE, PA 16101	51-0527381	501(C)(3)	11,500.	0.			GENERAL SUPPORT
HABAKKUK PREGNANCY RESOURCE CENTER PO BOX 7734 NEW CASTLE, PA 16107	25-1873165	501(C)(3)	12,000.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY OF LAWRENCE COUNTY - 1701 ALBERT ST - NEW CASTLE, PA 16105	25-1777059	501(C)(3)	16,500.	0.			PROGRAM SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO

Employer identification number 25-1407396

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARRISBURG SYMPHONY ASSOCIATION 800 CORPORATE CIRCLE, SUITE 100 HARRISBURG, PA 17110-9346	23-1355180	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HERMITAGE SCHOOL DISTRICT 419 NORTH HERMITAGE ROAD HERMITAGE, PA 16148	25-6001704	CITY GOVERNMENT	11,797.	0.			PRINCIPAL'S DISCRETIONARY FUNDS/STUDENTS FOR CHARITY PROGRAM
HUMILITY OF MARY HEALTH PARTNERS DEVELOPMENT FOUNDATION - 1044 BELMONT AVE - YOUNGSTOWN, OH 44504	34-1826978	501(C)(3)	10,000.	0.			PRESCRIPTION DRUG PROGRAM HELP FOR LOW INCOME
I CARE HOUSE 602 COURT STREET NEW CASTLE, PA 16101	23-7093388	501(C)(3)	35,950.	0.			CHILDREN'S PROGRAMMING
INSPIRING MINDS FOUNDATION P.O. BOX 2354 WARREN, OH 44484	25-1407396	501(C)(3)	11,160.	0.			PROGRAM SUPPORT OF UNDERPRIVILEGED KIDS
JOHNSTOWN OLDTIMERS BASEBALL ASSOCIATION - 952 SUNNEHANNA DR - JOHNSTOWN, PA 15905	25-6040906	501(C)(3)	5,000.	0.			GENERAL SUPPORT
JUVENILE DIABETES RESEARCH FOUNDATION INTERNATIONAL - 120 WALL STREET, 19TH FLOOR - NEW YORK, NY 10005	23-1907729	501(C)(3)	9,000.	0.			SUPPORT FOR JUVENILE DIABETES RESEARCH
KENNEDY CATHOLIC HIGH SCHOOL 2120 FREEWAY HERMITAGE, PA 16148	25-1127854	501(C)(3)	5,000.	0.			STUDENTS FOR CHARITY PROGRAM

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO

Employer identification number 25-1407396

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KEYSTONE BLIND ASSOCIATION 1230 STAMBAUGH AVE SHARON, PA 16146	25-0969420	501(C)(3)	19,225.	0.			TO HELP WITH PURCHASING MACHINERY
LAWRENCE COMMUNITY FOUNDATION C/O COMMUNITY FOUNDATION 33 CHESTNU SHARON, PA 16146	25-1407396	501(C)(3)	21,500.	0.			GRANTS TO COMMUNITY
LAWRENCE COUNTY CYS 1001 EAST WASHINGTON STREET NEW CASTLE, PA 16101	25-6001037	501(C)(3)	6,000.	0.			CHRISTMAS GIFTS FOR KIDS & TUTOR PROGRAM
LIFE'S WORK OF WESTERN PA 1323 FORBES AVE PITTSBURGH, PA 15219	25-0969438	501(C)(3)	10,000.	0.			COMMUNITY ADVERTISEMENT
MERCER COUNTY HOUSING AUTHORITY 80 JEFFERSON AVENUE SHARON, PA 16146	25-6002126	501(C)(3)	118,353.	0.			HOPE 6 COMMUNTIY OUTREACH PROGRAM
MERCYHURST COLLEGE 501 EAST 38TH ST. ERIE, PA 16546	25-0965430	501(C)(3)	15,000.	0.			GENERAL SUPPORT
MILDRED LANDIS ELEMENTARY SCHOOL 10255 SPICE LANE HOUSTON, TX 77032	74-6000019	CITY GOVERNMENT	5,000.	0.			PURCHASE BOOKS FOR ELEMENTARY STUDENTS
NEW CASTLE COMMUNITY Y 20 W WASHINGTON ST. NEW CASTLE, PA 16101	25-0969496	501(C)(3)	33,400.	0.			PROGRAM SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO

Employer identification number 25-1407396

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW CASTLE PUBLIC LIBRARY 207 EAST NORTH STREET NEW CASTLE, PA 16101	25-6002274	501(C)(3)	25,000.	0.			
NEW WILMINGTON PRESBYTERIAN CHURCH 229 SOUTH MARKET STREET NEW WILMINGTON, PA 16142	25-1026843	CHURCH	6,600.	0.			
PANCREATIC CANCER ACTION NETWORK INC - 2141 ROSECRANS AVENUE - EL SEGUNDO, CA 90245	33-0841281	501(C)(3)	9,420.	0.			RESEARCH
ANTIOCH INTERNATIONAL MINISTRIES PO BOX 403 BROOKFIELD, OH 44403	20-3965822	501(C)(3)	5,000.	0.			BENEVOLENCE FUND
PENN NORTHWEST DEVELOPMENT CORPORATION - 749 GREENVILLE RD SUITE 100 - MERCER, PA 16137	25-1515795	501(C)(3)	7,500.	0.			GENERAL SUPPORT
PENN STATE UNIVERSITY - SHENANGO CAMPUS - 147 SHENANGO AVENUE - SHARON, PA 16146	24-6000376	501(C)(3)	14,000.	0.			SCHOLARSHIPS/SEED PROGRAM
PITTSBURGH SYMPHONY ORCHESTRA 600 PENN AVENUE PITTSBURGH, PA 15222-3259	25-0986052	501(C)(3)	20,000.	0.			GENERAL SUPPORT
PMI 764 BESSEMER ST STE 105 MEADVILLE, PA 16335	25-1578241	501(C)(3)	90,000.	0.			GENERAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations ▶
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SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
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Name of the organization COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO

Employer identification number 25-1407396

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRINCE OF PEACE 502 DARR AVENUE SHARON, PA 16121	25-1586148	501(C)(3)	36,019.	0.			GENERAL SUPPORT OF PROGRAMS TO HELP NEEDY
PYROTECHNICO 299 WILSON RD NEW CASTLE, PA 16103	25-1700772	501(C)(3)	5,000.	0.			SUPPORT OF COMMUNITY PROJECT
SALVATION ARMY OF MERCER COUNTY 660 FISHER HILL SHARON, PA 16146	13-5562351	501(C)(3)	9,500.	0.			GENERAL SUPPORT
SENECA HILLS BIBLE CAMP PO BOX 288 FRANKLIN, PA 16323	25-1058062	501(C)(3)	7,500.	0.			SUMMER YOUTH PROGRAM
SHENANGO VALLEY FOUNDATION C/O COMMUNITY FOUNDATION 33 CHESTNU SHARON, PA 16146	25-1407396	501(C)(3)	5,000.	0.			PMI BUILDING
SHENANGO VALLEY FOUNDATION UNRESTRICTED FUND - C/O COMMUNITY FOUNDATION 33 CHESTNUT - SHARON, PA 16146	25-1407396	501(C)(3)	14,726.	0.			GRANTS TO COMMUNITY
SHENANGO VALLEY URBAN LEAGUE 601 INDIANA AVE. FARRELL, PA 16121	25-1193018	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
SHENANGO VALLEY YMCA 925 N. HERMITAGE ROAD HERMITAGE, PA 16148	25-1113698	501(C)(3)	2,000.	0.			PROGRAM SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations ▶
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SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO

Employer identification number 25-1407396

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHOE OUR CHILDREN C/O COMMUNITY FOUNDATION 33 CHESTNU SHARON, PA 16146	25-1407396	501(C)(3)	8,500.	0.			PROGRAM SUPPORT
SHRINER'S HOSPITAL FOR CHILDREN PO BOX 31356 TAMPLA, FL 33631	36-2193608	501(C)(3)	9,780.	0.			GENERAL SUPPORT
SLIPPERY ROCK UNIVERSITY FOUNDATION - PO BOX 233 - SLIPPERY ROCK, PA 16057	23-7093388	501(C)(3)	1,052,500.	0.			SCHOLARSHIPS
SOLDIERS AND SAILORS MEMORIAL HALL & MUSEUM - 4141 FIFTH AVENUE - PITTSBURGH, PA 15213	25-1821862	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SOUTHWINDS, INC. 2101 GREENTREE ROAD A-201 PITTSBURGH, PA 15220	25-1460522	501(C)(3)	5,500.	0.			COMMUNITY ADVERTISEMENT
ST. CLEMENT EPISCOPAL CHURCH 103 CLINTON STREET GREENVILLE, PA 16125	23-2890565	CHURCH	7,250.	0.			GENERAL SUPPORT
ST. MARK ANTIOCHIAN ORTHODOX CHURCH - 3560 LOGAN WAY - YOUNGSTOWN, OH 44503	34-0220650	CHURCH	10,000.	0.			GENERAL SUPPORT
ST. MICHAEL SCHOOL 80 NORTH HIGH STREET GREENVILLE, PA 16125	25-1154521	501(C)(3)	6,306.	0.			SCHOLARSHIPS

2 Enter total number of Section 501(c)(3) and government organizations ▶
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SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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Name of the organization COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO

Employer identification number 25-1407396

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. PAUL HOMES 339 EAST JAMESTOWN ROAD GREENVILLE, PA 16125	25-0773080	501(C)(3)	19,600.	0.			GENERAL SUPPORT/VISION FOR THE FUTURE CAMPAIGN
STONEBORO UNITED METHODIST CHURCH P.O. BOX 126 STONEBORO, PA 16153	25-1377310	CHURCH	5,000.	0.			OPERATING SUPPORT
STRAY HAVEN ANIMAL SHELTER 94 DONATION ROAD GREENVILLE, PA 16125	25-1103494	501(C)(3)	5,100.	0.			GENERAL SUPPORT
STRIMBU MEMORIAL FUND C/O COMMUNITY FOUNDATION 33 CHESTNU SHARON, PA 16146	25-1407396	501(C)(3)	5,000.	0.			SUPPORT OF ANNUAL BAR-B-QUE FUNDRAISER
TEAM PA FOUNDATION 100 PINE STREET HARRISBURG, PA 17101	23-2876177	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
THE LEUKEMIA & LYMPHOMA SOCIETY, INC. - 1311 MAMARONECK AVENUE - WHITE PLAINS, NY 10605	13-5644916	501(C)(3)	10,000.	0.			COMMUNITY ADVERTISEMENT
YOUNGSTOWN STATE UNIVERSITY 1054 FEDOR HALL DEPARTMENT OF TEACHER EDUCATION - YOUNGSTOWN, OH 44555	34-6576610	501(C)(3)	5,000.	0.			RICH CENTER FOR AUTISM
TRUMBULL MEMORIAL HOSPITAL FOUNDATION - 1350 EAST MARKET ST. - WARREN, OH 44483	34-1195190	501(C)(3)	10,000.	0.			PRESCRIPTION DRUG PROGRAM HELP FOR LOW INCOME

2 Enter total number of Section 501(c)(3) and government organizations ▶
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SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO

Employer identification number 25-1407396

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF ALLEGHENY COUNTY 1 SMITHFIELD STREET PITTSBURGH, PA 15222-2221	25-1043578	501(C)(3)	5,000.	0.			ANNUAL SUPPORT
UNITED WAY OF ERIE COUNTY 110 W. 10TH STREET ERIE, PA 16501	25-1053091	501(C)(3)	6,000.	0.			ANNUAL SUPPORT
UNITED WAY OF LAUREL HIGHLANDS 422 MAIN STREET JOHNSTOWN, PA 15901-1687	25-0096583	501(C)(3)	13,500.	0.			ANNUAL SUPPORT
UNITED WAY OF LAWRENCE COUNTY 223 N. MERCER ST. NEW CASTLE, PA 16101	25-0987221	501(C)(3)	6,500.	0.			GENERAL SUPPORT
UNITED WAY OF MERCER COUNTY 300 WEST STATE STREET SHARON, PA 16146	25-1039297	501(C)(3)	79,500.	0.			SUCCESS BY SIX PROGRAM/CAPITAL CAMPAIGN/ANNUAL SUPPORT
UNITED WAY OF VENANGO COUNTY P.O. BOX 303 RENO, PA 16343	25-1219187	501(C)(3)	5,500.	0.			ANNUAL SUPPORT
UNITED WAY OF WESTMORELAND COUNTY 1011 OLD SALEM ROAD GREENSBURG, PA 15601	25-6069120	501(C)(3)	5,000.	0.			GENERAL SUPPORT
UNITED WAY OF YOUNGSTOWN AND THE MAHONING VALLEY - 255 WATT STREET - YOUNGSTOWN, OH 44505	34-1083629	501(C)(3)	9,000.	0.			ANNUAL SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations ▶
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SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No 1545-0047
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Name of the organization COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO

Employer identification number 25-1407396

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPMC HORIZON COMMUNITY HEALTH FOUNDATION - 110 NORTH MAIN STREET - GREENVILLE, PA 16125	25-1508230	501(C)(3)	5,000.	0.			MEDICAL EQUIPMENT RECYCLING PROGRAM
VOCAL GROUP HALL OF FAME 82 W. STATE ST. SHARON, PA 16146	23-2878452	501(C)(3)	26,000.	0.			GENERAL SUPPORT
WAYNESBURG UNIVERSITY 51 W. COLLEGE ST. WAYNESBURG, PA 15370	25-0965603	501(C)(3)	20,000.	0.			CENTER FOR RESEARCH AND ECONOMIC DEVELOPMENT PLEDGE
WEST HILL MINISTRIES/FIRST BAPTIST CHURCH - 301 WEST STATE STREET - SHARON, PA 16146	25-1124423	CHURCH	16,000.	0.			CHILDREN'S PROGRAMMING
NATIONAL ASSOCIATION OF THE CHURCH OF GOD - P.O. BOX 357 - WEST MIDDLESEX, PA 16159	25-1286110	501(C)(3)	5,000.	0.			YOUTH SUMMER PROGRAM
WESTMORELAND CULTURAL TRUST 102 N. MAIN ST. GREENSBURG, PA 15601	25-1213228	501(C)(3)	5,000.	0.			GENERAL SUPPORT
WILMINGTON AREA SCHOOL DISTRICT 300 WOOD STREET NEW WILMINGTON, PA 16142	25-6008305	CITY GOVERNMENT	14,538.	0.			EITC EDUCATION IMPROVEMENT PROGRAMS
WOMEN'S SHELTER OF LAWRENCE COUNTY (CRISIS CENTER) - 1219 W. STATE ST. - NEW CASTLE, PA 16101	25-1389438	501(C)(3)	6,500.	0.			GENERAL SUPPORT/HELP NEEDY AT CHRISTMAS

2 Enter total number of Section 501(c)(3) and government organizations ▶
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SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▲ **Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).**

OMB No 1545-0047
2008
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Name of the organization COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO

Employer identification number 25-1407396

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNGSTOWN EDISON INCUBATOR CORP. 241 FEDERAL PLAZA WEST YOUNGSTOWN O YOUNGSTOWN, OH 44503	34-1751707	501(C)(3)	5,000.	0.			GENERAL SUPPORT
YOUNGSTOWN SYMPHONY SOCIETY INC. 260 W. FEDERAL STREET YOUNGSTOWN, OH 44503	34-0639988	501(C)(3)	7,212.	0.			GENERAL SUPPORT
REGIONAL CHAMBER FOUNDATION 11 FEDERAL PLAZA CENTRAL YOUNGSTOWN, OH 44503	34-1582341	501(C)(3)	9,500.	0.			PROJECT 360
YWCA WARREN 375 NORTH PARK AVENUE WARREN, OH 44482	34-0726064	501(C)(3)	7,500.	0.			GRANT TO SUPPORT WORK ON DEVELOPMENT/IMPLEMENTATIO OF THE REC CENTER CONCEPT

2 Enter total number of Section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

Part IV Supplemental Information

FOUNDATION STAFF BEFORE THE GRANT IS PROCESSED. FOR GRANTS FROM DESIGNATED FUNDS FOR GENERAL SUPPORT, THE FOUNDATION REVIEWS NON-PROFIT STATUS AND THE FORM 990 FILINGS BEFORE MAKING AN ANNUAL GRANT. GRANTS FROM DISCRETIONARY FUNDS ARE MADE IN RESPONSE TO PROPOSALS. PROPOSALS ARE REVIEWED BY FOUNDATION STAFF.

EACH OF OUR AFFILIATE FUNDS HAVE A LIMITED AMOUNT OF UNRESTRICTED ASSETS THAT ARE DIRECTED BY THE BOARD OF DIRECTORS OF EACH AFFILIATE. FOUNDATIONS LIKE THE ALMIRA FOUNDATION HAVE ITS OWN BOARD OF DIRECTORS AND HAVE REQUESTED THAT YOU FOLLOW THE PROCEDURE THAT THE COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO HAS LISTED. AN APPLICANT WHO IS INTERESTED IN APPLYING FOR A GRANT FROM ANY OF THE COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO'S FUNDS, SHOULD FOLLOW THE GRANT APPLICATION PROCESS AVAILABLE ON THE FOUNDATION'S WEBSITE OR BY CALLING 724-981-5882. UNDER CERTAIN CIRCUMSTANCES THE FOUNDATION MAY MAKE A GRANT TO A NEEDY INDIVIDUAL WHO MEETS CERTAIN CRITERIA. INDIVIDUALS WITH SIGNIFICANT FINANCIAL NEED AND/OR CATASTROPHIC ILLNESS WILL OCCASIONALLY SEEK ASSISTANCE WITH BASIC NEEDS (UTILITY, MEDICAL EQUIPMENT NOT COVERED BY AN INSURANCE, HOME REPAIR/EQUIPMENT THAT CANNOT BE AFFORDED, ETC.) THROUGH A SOCIAL SERVICE AGENCY SUCH AS THE PRINCE OF PEACE CENTER, MERCER COUNTY COMMUNITY ACTION PARTNERSHIP, A HOSPICE AND PALLIATIVE CARE UNIT, ETC. WORKING WITH THE CASEWORKER, THE FOUNDATION IS ABLE TO DETERMINE IF A LEGITIMATE NEED EXISTS. CHECKS ARE ISSUED TO THE VENDOR/PROVIDER DIRECTLY, AND NOT DIRECTLY TO THE INDIVIDUAL.

SCHOLARSHIPS AND AN APPLICATION PROCESS ARE ESTABLISHED FOR EACH SCHOLARSHIP FUND FOR A SPECIFIC HIGH SCHOOL OR COLLEGE OR GROUP OF HIGH SCHOOLS OR COLLEGES AND REQUIRE THE STUDENTS TO MEET CERTAIN CRITERIA.

Part IV Supplemental Information

CURRENT SCHOLARSHIPS ARE AWARDED BASED ON A VARIETY OF REASONS: FINANCIAL NEED, GRADE POINT AVERAGE/CLASS RANK, PARTICIPATION IN A CERTAIN SCHOOL ACTIVITY SUCH AS ATHLETICS OR MUSIC PROGRAMS, OR THE INTENT TO PURSUE A SPECIFIC FIELD OF STUDY IN COLLEGE, ETC.

CANDIDATES ARE SELECTED BY A COMMITTEE ESTABLISHED TO REVIEW EACH CANDIDATE FOR CERTAIN CRITERIA. IN MOST CASES, THE CANDIDATES ARE NOTIFIED OF THEIR SUCCESSFUL APPLICATION AT THE HIGH SCHOOL AWARDS ASSEMBLY. PRIOR TO THE CHECK BEING ISSUED, STUDENTS ARE INSTRUCTED TO SEND IN HIS OR HER COLLEGE TUITION STATEMENT. THE CHECK IS MADE PAYABLE TO AND MAILED DIRECTLY TO THE UNIVERSITY/COLLEGE ON THE STUDENT'S BEHALF. SCHOLARSHIPS CAN BE USED FOR ITEMS SUCH AS TUITION, BOOKS OR COLLEGE-RELATED EXPENSES (E.G. TECHNOLOGY FEES OR NECESSARY EQUIPMENT).

PART III, COLUMN (A):

(A) TYPE OF GRANT OR ASSISTANCE: SCHOLARSHIPS - INTEREST FREE LOANS ARE MADE TO COLLEGE STUDENTS. THE STUDENTS' GPA'S ARE CALCULATED USING THE AVERAGE OF THE FALL AND SPRING SEMESTERS FOR THE CURRENT YEAR. LOAN PRINCIPAL CAN BE FORGIVEN BASED UPON THE FOLLOWING GPA'S.

3.6 GPA - 60%

3.7 GPA - 70%

3.8 GPA - 80%

3.9 GPA - 90%

4.0 GPA - 100%

IF THE COLLEGE STUDENTS DEFAULT ON THE LOAN PAYMENTS, INTEREST IS CHARGED AT AN ANNUAL RATE OF SIX PERCENT.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO

Employer identification number: 25-1407396

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 in 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 (e.g , maid, chauffeur, chef)		
b	If line 1a is 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
	☐ 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 in Form 990, Part VII, Section A, line 1a:			
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 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in 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," to line 5a or 5b, describe in Part III.			
6	For persons listed in 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" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
LAWRENCE E. HAYNES	(i)	82,420.	0.	0.	0.	4,646.	87,066.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SHELLY R. MASON	(i)	28,232.	0.	0.	0.	1,601.	29,833.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
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	(i)							
	(ii)							

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the Organization: COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO

Employer Identification number: 25-1407396

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LYNDA HOLM PRESIDENT	1.00	X		X				0.	0.	0.
MARIO N. MARINI DIRECTOR	1.00	X						0.	0.	0.
MARVIN LEBBY VICE PRESIDENT	1.00	X		X				0.	0.	0.
MATT BLAIR DIRECTOR	1.00	X						0.	0.	0.
MEL GRATA DIRECTOR	1.00	X						0.	0.	0.
MICHAEL BSHERO DIRECTOR	1.00	X						0.	0.	0.
NORMAN CRILL DIRECTOR	1.00	X						0.	0.	0.
PAUL E. O'BRIEN DIRECTOR	1.00	X						0.	0.	0.
R. KAY THOMPSON DIRECTOR	1.00	X						0.	0.	0.
ROBERT C. JAZWINSKI DIRECTOR EMERITUS	1.00	X		X				0.	0.	0.
ROBERT SHERBONDY DIRECTOR	1.00	X						0.	0.	0.
RONALD R. ANDERSON SECRETARY	1.00	X		X				0.	0.	0.
SEAN J. O'BRIEN PRESIDENT	1.00	X		X				0.	0.	0.
SUSAN WELLER SIMPSON SECRETARY	1.00	X		X				0.	0.	0.
THOMAS G. LAMOREE II DIRECTOR	1.00	X						0.	0.	0.
THOMAS S. MANSELL, ESQ. DIRECTOR	1.00	X						0.	0.	0.
THOMAS SHUMAKER, ESQ. DIRECTOR	1.00	X						0.	0.	0.
TIMOTHY BONNER SECRETARY	1.00	X		X				0.	0.	0.
WALLACE L. CUNNINGHAM DIRECTOR	1.00	X						0.	0.	0.
WENDELL WAGNER DIRECTOR	1.00	X						0.	0.	0.

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the Organization: COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO

Employer Identification number: 25-1407396

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM G. ECKLES DIRECTOR	1.00	X						0.	0.	0.
WILLIAM J. STRIMBU DIRECTOR	1.00	X						0.	0.	0.
LAWRENCE E. HAYNES EXECUTIVE DIRECTOR	50.00			X				82,420.	0.	4,646.
SHELLY R. MASON CHIEF FINANCIAL OFFICER	25.00			X				28,232.	0.	1,601.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38a or 40b.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO

Employer identification number 25-1407396

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . ▶ $

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total ▶ $										

Part III Grants or Assistance Benefiting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
ROBERT C. JAZWINSKI	DIRECTOR EMERITUS	0.	SEE SCHEDUL		X
CF81, INC.	AFFILIATED NON-PROF	0.	THE FOUNDAT		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule L (Form 990 or 990-EZ) 2008

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

832131 12-17-08

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO

Employer identification number: 25-1407396

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	9	75,940.	SELLING PRICE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

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

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information

SCHEDULE M, LINE 32B: ALL CONTRIBUTIONS OF PUBLICLY TRADED SECURITIES ARE TRANSFERRED TO AND SOLD BY VARIOUS CUSTODIANS. THE FOUNDATION HAS A NUMBER OF APPROVED INVESTMENT ADVISORS THAT MANAGE THE FOUNDATION'S ASSETS. THE FOUNDATION ALLOWS THE DONORS THE OPTION TO RECOMMEND AN INVESTMENT ADVISOR TO THE FOUNDATION OF THEIR CHOICE. A DONOR MAY CHOOSE ONE OF THE FOUNDATION'S CURRENT INVESTMENT MANAGERS WHEN ESTABLISHING A FUND OR SUGGEST AN INVESTMENT ADVISOR TO BE CONSIDERED BY THE FOUNDATION.

EACH INVESTMENT ADVISOR CHARGES AN INVESTMENT MANAGEMENT FEE TO EACH INDIVIDUAL CHARITABLE FUND WITHIN THE FOUNDATION. THESE FEES VARY AND ARE BASED ON THE OVERALL ASSETS OF THE FOUNDATION WITH EACH INVESTMENT ADVISOR. ON AVERAGE, BETWEEN THE FOUNDATION ADMINISTRATIVE FEE AND THE INVESTMENT MANAGEMENT FEE, THE ANNUAL COST WILL BE APPROXIMATELY 1.5% OF THE PRECEDING YEAR'S ENDING MARKET VALUE.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO	25-1407396

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DONORS. THE FOUNDATION HAS RELATIVE INDEPENDENCE TO DETERMINE THE BEST USE OF THOSE FUNDS TO MEET COMMUNITY NEEDS. THE FOUNDATION HAS A GOVERNING BOARD OF VOLUNTEERS, KNOWLEDGEABLE ABOUT THEIR COMMUNITY AND RECOGNIZED FOR THEIR INVOLVEMENT IN CIVIC AFFAIRS. THE FOUNDATION IS COMMITTED TO PROVIDE LEADERSHIP ON PERVASIVE COMMUNITY CHALLENGES, TO ASSIST DONORS TO IDENTIFY AND ATTAIN THEIR PHILANTHROPIC GOALS AND TO ADHERE TO A SENSE OF "COMMUNITY" THAT OVERRIDES INDIVIDUAL INTERESTS AND CONCERNS. THE FOUNDATION WILL IDENTIFY AND SUPPORT COMMUNITY-BASED CHARITABLE PURPOSES IN THE AREAS OF HEALTH, EDUCATION, ECONOMIC DEVELOPMENT, HUMAN SERVICES, HISTORICAL, CULTURAL, AND ENVIRONMENTAL ACTIVITIES.

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

THE CHARITABLE INTENTIONS OF ITS DONORS WHO WISH TO LEAVE A LEGACY. TO FULFILL THIS MISSION, OUR COMMUNITY FOUNDATION WILL: (1) IDENTIFY AND SUPPORT COMMUNITY-BASED CHARITABLE PURPOSES IN THE AREAS OF HEALTH, EDUCATION, ECONOMIC DEVELOPMENT, HUMAN SERVICES, HISTORICAL, CULTURAL AND ENVIRONMENTAL ACTIVITIES (2) HELP TO SHAPE RESPONSES TO COMMUNITY NEEDS THROUGH PHILANTHROPIC LEADERSHIP, COMMITMENT, AND COMPASSION AND (3) DEMONSTRATE ACCOUNTABILITY AND INTEGRITY IN THE MANAGEMENT OF RESOURCES.

FORM 990, PART VI, SECTION A, LINE 2: FAMILY RELATIONSHIPS:

JAMES O'BRIEN, ESQ, BOARD PRESIDENT OF THE SHENANGO VALLEY FOUNDATION IS THE BROTHER OF PAUL E. O'BRIEN, BOARD DIRECTOR OF THE SHENANGO VALLEY

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO	25-1407396

FOUNDATION.

KAREN WINNER, VICE PRESIDENT OF THE SHENANGO VALLEY FOUNDATION IS THE DAUGHTER OF JAMES E. WINNER, JR., DIRECTOR EMERITUS OF THE SHENANGO VALLEY FOUNDATION.

BUSINESS RELATIONSHIPS:

ROBERT C. JAZWINSKI, DIRECTOR EMERITUS OF THE SHENANGO VALLEY FOUNDATION IS A PARTNER IN JFS WEALTH ADVISORS. INVESTMENT FEES CHARGED BY SUCH COMPANY TOTALED $39,381 IN 2008.

FORM 990, PART VI, SECTION A, LINE 10: THE FOUNDATION'S BOARD OF DIRECTORS IS RESPONSIBLE FOR OVERSIGHT OF THE FOUNDATION'S FORM 990 "RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX". THE BOARD OF DIRECTORS IS PROVIDED WITH A COPY OF FORM 990 FOR REVIEW. AT A SUBSEQUENT BOARD MEETING, THE BOARD OF DIRECTORS IS PRESENTED WITH THE FILING COPY OF THE TAX RETURN AND APPROVES FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12C: IT IS THE POLICY OF THE FOUNDATION TO REQUIRE THAT ALL MEMBERS OF THE BOARD OF DIRECTORS, COMMITTEES AND STAFF DISCLOSE BUSINESS PRACTICES OR CONDUCT THAT COULD CONSTITUTE A CONFLICT BETWEEN THEIR PERSONAL INTERESTS AND THE INTERESTS OF THE FOUNDATION.

THE FOUNDATION'S EXECUTIVE OFFICE REGULARLY MONITORS AND UPDATES THE FOUNDATION'S CONFLICT OF INTEREST POLICY, PROVIDING THE DIRECTORS WITH COPIES AT A BOARD MEETING. OFFICERS, DIRECTORS AND STAFF UPDATE THEIR

DISCLOSURES ANNUALLY. POTENTIAL CONFLICTS OF INTEREST INVOLVING DIRECTORS, OFFICERS, MEMBERS OF COMMITTEES AND STAFF ARE IDENTIFIED AND ADDRESSED IN ORDER TO ASSURE THAT THE FOUNDATION IS TREATED FAIRLY IN ALL ITS BUSINESS DEALINGS.

FORM 990, PART VI, SECTION B, LINE 15: THE FOUNDATION'S EXECUTIVE COMPENSATION POLICY IS CONSIDERED REASONABLE IF IT IS AN AMOUNT THAT WOULD ORDINARILY BE PAID BY SIMILARLY SITUATED ORGANIZATIONS UNDER LIKE CIRCUMSTANCES. THIS POLICY APPLIES TO PERSONS WHO ARE IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF THE FOUNDATION.

COMPENSATION IS REVIEWED AND APPROVED, IN ADVANCE, BY THE FOUNDATION'S ANNUAL BUDGET COMMITTEE. THE COMMITTEE RELIES UPON APPROPRIATE DATA, SUCH AS COMPENSATION OF OTHER SIMILAR FOUNDATIONS, AS TO COMPARABILITY BEFORE MAKING ITS DECISION. THE FULL BOARD APPROVES THE FINAL COMPENSATION AND BENEFITS PACKAGE.

FORM 990, PART VI, SECTION C, LINE 19: FORM 1023 AND FORM 990 ARE AVAILABLE UPON REQUEST FOR PUBLIC INSPECTION DURING REGULAR BUSINESS HOURS AT 33 CHESTNUT STREET, SHARON, PA 16146. THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE ALSO AVAILABLE AT THIS ADDRESS DURING REGULAR BUSINESS HOURS. MISSION STATEMENT AND FINANCIALS ARE IN THE ANNUAL REPORT.

FORM 990, PART XI, LINE 1

THE FOUNDATION'S POLICY IS TO PREPARE ITS FINANCIAL STATEMENTS ON THE

SCHEDULE O (Form 990)	Supplemental Information to Form 990	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.	2008 Open to Public Inspection

Name of the organization	Employer identification number
COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO	25-1407396

MODIFIED CASH BASIS OF ACCOUNTING, WHICH IS A COMPREHENSIVE BASIS OF ACCOUNTING OTHER THAN ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA. UNDER THE MODIFIED CASH BASIS OF ACCOUNTING, CERTAIN REVENUES AND RELATED ASSETS ARE RECOGNIZED WHEN RECEIVED RATHER THAN WHEN EARNED AND CERTAIN EXPENSES ARE RECOGNIZED WHEN PAID RATHER THAN WHEN THE OBLIGATION IS INCURRED. THE FOUNDATION MODIFICATION TO THE CASH BASIS IS TO RECORD EQUIPMENT AND LOANS RECEIVABLE AT COST, INVESTMENTS AT FAIR VALUE AND LIABILITIES FOR PAYROLL WITHHOLDINGS. THE FOUNDATION ALSO RECORDS DEPRECIATION EXPENSE AND UNREALIZED APPRECIATION (DEPRECIATION) ON INVESTMENTS.

FORM 990, PART XI, LINE 2C

THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE FOUNDATION'S FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT. THE ORGANIZATION HAS NOT CHANGED ITS PROCESS WITH REGARDS TO AUDIT OVERSIGHT FROM PRIOR YEAR.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ROBERT C. JAZWINSKI

(D) DESCRIPTION OF TRANSACTION: SEE SCHEDULE O - PART VI, SECTION A, LINE 2 DESCRIPTION RELATING TO THE BUSINESS TRANSACTIONS BETWEEN ROBERT C. JAZWINSKI AND JFS WEALTH ADVISORS.

(A) NAME OF PERSON: CF81, INC.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO

Employer identification number: 25-1407396

AFFILIATED NON-PROFIT ORGANIZATION WITH COMMON BOARD MEMBERS

(D) DESCRIPTION OF TRANSACTION: THE FOUNDATION HAS AN OTHER RECEIVABLE IN THE AMOUNT OF $122,112 AT DECEMBER 31, 2008. THIS RECEIVABLE IS COMPRISED OF ADVANCES MADE FROM A $1,000,000 LINE OF CREDIT WITH FIRST NATIONAL BANK AND EXPENSES PAID BY THE FOUNDATION ON BEHALF OF CF81, INC. TO ASSIST THEM IN BUILDING A TRADE SCHOOL. THE FOUNDATION PLEDGED THE INVESTMENTS OF THE FNB INVESTMENT MANAGEMENT ACCOUNT AS COLLATERAL TO SECURE THIS LOAN. CF81, INC. PAYS ALL INTEREST THAT ACCRUES ON A MONTHLY BASIS AND MAKES PAYMENTS ON THE PRINCIPAL OF THE LOAN DIRECTLY.

THE FOUNDATION ALSO GUARANTEED A TERM LOAN OF CF81, INC. WITH THE SHENANGO VALLEY ENTERPRISE ZONE. THE WELLER FAMILY CHARITABLE FUND, THE O'BRIEN CHILDREN MEMORIAL FUND AND THE STRIMBU MEMORIAL FUND PLEDGED UNRESTRICTED ASSETS TO THE SHENANGO VALLEY ENTERPRISE ZONE AS PART OF THIS LOAN GUARANTEE. THE AMOUNT OF THE LOAN WAS $925,000 WITH AN INTEREST RATE OF 4.00%. THE NOTE IS SECURED BY A MORTGAGE GIVEN BY CF81, INC. AND THE LOAN MATURES DECEMBER 31, 2010.

SCHEDULE D (FORM 990), PART XI, LINE 7

PRIOR PERIOD ADJUSTMENT

UPON REVIEW OF TWO ENDOWMENT AGREEMENTS, IT WAS DETERMINED THAT THE FUNDS WERE AGENCY FUNDS. IN PRIOR YEARS, THESE FUNDS ASSETS WERE REPORTED AS UNRESTRICTED ASSETS OF THE FOUNDATION. THE AGREEMENTS WITH EACH OF THESE FUNDS SPECIFIED THAT "THE FUND SHALL NOT BE CONSIDERED A COMPONENT PART OF THE COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO." THE EFFECT OF THE RESTATEMENT FOR THE PRIOR YEAR ENDED

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO

Employer identification number: 25-1407396

DECEMBER 31, 2007 WAS A DECREASE IN GIFTS AND BEQUESTS BY $152,001, A DECREASE IN INVESTMENT INCOME BY $45,186, A DECREASE IN NET UNREALIZED GAIN ON INVESTMENTS BY $74,967 AND A DECREASE IN GRANTS EXPENDED BY $129,848. ALSO, UNRESTRICTED NET ASSETS DECREASED BY $2,142,611 AND AGENCY OBLIGATIONS INCREASED BY $2,284,916.

SCHEDULE D (FORM 990), PAGE 2, PART V, LINE 1A

ENDOWMENT FUNDS--BEGINNING OF YEAR BALANCE

A PRIOR PERIOD ADJUSTMENT OF $466,163 WAS MADE TO ADJUST PERMANENTLY RESTRICTED NET ASSETS TO ENDOWMENT VALUE.

BALANCE PER FORM 990, LINE 29-PERM REST NET ASST-BEG OF YR	$1,551,253
PLUS: ENDOWMENT FUND ACTIVITY FROM SCHEDULE D, PART V	
CONTRIBUTIONS	6,200
INVESTMENT LOSSES	(372,189)
INVESTMENT EXPENSES	(17,788)
PLUS: ADJUSTMENT TO RESTATE PERM REST NET ASSET-BEG OF YR	466,163
CHANGE IN PERM REST NET ASSETS AT BEG OF YR NOT RELEASED FROM RESTRICTION AT BEG OF YR	(2,498)
EQUALS: ENDOWMENT FUND, SCHEDULE D, PART V--END OF YEAR	$1,631,141
BALANCE PER FORM 990, LINE 29-PERM REST NET ASST-END OF YR	$1,631,141

THE INFORMATION CONTAINED IN THIS RETURN HAS BEEN AUDITED BY HILL, BARTH & KING LLC.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO	25-1407396

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2008

Attachment Sequence No 67

Name(s) shown on return	Business or activity to which this form relates	Identifying number
COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO	FORM 990 PAGE 10	25-1407396

Part I Election To Expense Certain Property Under Section 179 Note: *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	652.

Part III MACRS Depreciation (Do not include listed property.) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	4,126.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27 5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs	MM	S/L	
		/			MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr.	22	4,778.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* **only** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable*

Section A - Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.*)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No 24b If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						25		
26 Property used more than 50% in a qualified business use.								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.*

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year:					
43 Amortization of costs that began before your 2008 tax year				43	
44 **Total.** Add amounts in column (f). See the instructions for where to report				44	

FORM 8688 EXPLANATION FOR EXTENSION STATEMENT 1

EXPLANATION

ADDITIONAL TIME IS NECESSARY IN ORDER TO FILE A COMPLETE AND ACCURATE TAX RETURN BECAUSE THE AUDITED FINANCIAL STATEMENTS AND RELATED RECORDS REQUIRED TO PREPARE THE TAX RETURN ARE NOT COMPLETE.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . . ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Name of Exempt Organization		Employer identification number
File by the extended due date for filing the return See instructions.	COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO		25-1407396
	Number, street, and room or suite no. If a P.O. box, see instructions. 33 CHESTNUT STREET		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SHARON, PA 16146		

Check type of return to be filed (File a separate application for each return):

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ LAWRENCE E. HAYNES 39 CHESTNUT STREET - SHARON, PA 16146
  Telephone No. ▶ (724) 981-5882 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2009.

5 For calendar year 2008, or other tax year beginning _____, and ending _____.

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
SEE STATEMENT 1

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$	
b	If this application is for Form 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 and any amount paid previously with Form 8868.	8b	$	
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Chad R. Bryzgalski, CPA Title ▶ CPA Date ▶ 7/24/09

LOGGED & MAILED CRB 7/24/09

823832
05-26-09