



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



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

2011Open to Public
Inspection**A For the 2011 calendar year, or tax year beginning****and ending****B Check if applicable**

- ☒ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

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)

7 WEST STATE STREET

Room/suite

301

City or town, state or country, and ZIP + 4

SHARON, PA 16146**F Name and address of principal officer: LAWRENCE E. HAYNES****SAME AS C ABOVE****D Employer identification number****25-1407396****E Telephone number****(724) 981-5882****G Gross receipts \$****19,788,498.****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) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**J Website:** **WWW.COMM-FOUNDATION.ORG****K Form 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 net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	51	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	51	
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	13	
	6	Total number of volunteers (estimate if necessary)	500	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
7b	Net unrelated business taxable income from Form 990-T, line 34	0.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	3,997,438.	5,535,239.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	904,948.	1,383,316.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	210,347.	186,817.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,112,733.	7,105,372.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,047,626.	3,442,216.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	270,514.	345,814.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	10,000.	10,000.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	34,636.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	640,059.	703,650.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,968,199.	4,501,680.
	19	Revenue less expenses Subtract line 18 from line 12	1,144,534.	2,603,692.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	40,582,213.	41,502,579.
	21	Total liabilities (Part X, line 26)	7,293,822.	7,317,168.
	22	Net assets or fund balances Subtract line 21 from line 20	33,288,391.	34,185,411.

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			
	LAWRENCE E. HAYNES, EXECUTIVE DIRECTOR	11/1/12			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ☐	PTIN
	BARRY E MCCANN	[Signature]	10/24/12	☐	P00109691
	Firm's name ▶ BLACK, BASHOR & RORSCH, LLP	Firm's EIN ▶ 25-1304135			
	Firm's address ▶ 270 EAST CONNELLY BOULEVARD SHARON, PA 16146	Phone no. (724) 981-7510			

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

SCANNED DEC 04 2012

COMMUNITY FOUNDATION OF WESTERN
PENNSYLVANIA AND EASTERN OHIO

Form 990 (2011)

25-1407396 Page 2

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ X

1 Briefly describe the organization's mission:

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 2,692,467. including grants of \$ 2,692,467.) (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 \$ 559,452. including grants of \$ 559,452.) (Revenue \$)
SCHOLARSHIP PROGRAM--THE FOUNDATION ADMINISTERS MORE THAN 100 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 \$ 190,297. including grants of \$ 190,297.) (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 \$ 250,692. including grants of \$) (Revenue \$)

4e Total program service expenses **▶** 3,692,908.

**COMMUNITY FOUNDATION OF WESTERN
PENNSYLVANIA AND EASTERN OHIO**

Form 990 (2011)

25-1407396 Page 3

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

Form 990 (2011)

**COMMUNITY FOUNDATION OF WESTERN
PENNSYLVANIA AND EASTERN OHIO**

Form 990 (2011)

25-1407396 Page 4

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2011)

**COMMUNITY FOUNDATION OF WESTERN
PENNSYLVANIA AND EASTERN OHIO**

Form 990 (2011)

25-1407396 Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	25		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		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.	13		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.			
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)?			X
b If "Yes," enter the name of the foreign country: _____ See instructions for 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?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
d If "Yes," indicate the number of Forms 8282 filed during the year.			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?			X
b Did the organization make a distribution to a donor, donor advisor, or related person?			X
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12.			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders.			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			
c Enter the amount of reserves on hand.			
14a Did the organization receive any payments for indoor tanning services during the tax year?			X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			

Form 990 (2011)

**COMMUNITY FOUNDATION OF WESTERN
PENNSYLVANIA AND EASTERN OHIO**

Form 990 (2011)

25-1407396 Page 6

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

Check if Schedule O contains a response to any question in this Part VI

☒ X

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	51			
b Enter the number of voting members included in line 1a, above, who are independent		51		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

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

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

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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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
7 WEST STATE ST, SUITE 301, SHARON, PA 16146

132006
01-23-12

Form 990 (2011)

COMMUNITY FOUNDATION OF WESTERN

Form 990 (2011)

PENNSYLVANIA AND EASTERN OHIO

25-1407396

Page **7**

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

Check if Schedule O contains a response to any question in this Part VII ☐

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(1) ALBERT R. PUNTURERI DIRECTOR	1.00	X						0.	0.	0.
(2) ARCHIE WALLACE, ESQ. DIRECTOR	1.00	X						0.	0.	0.
(3) CAROL KENNADAY DIRECTOR	1.00	X						0.	0.	0.
(4) CRIS H. LOUTZENHISER DIRECTOR	1.00	X						0.	0.	0.
(5) DAN VOGLER DIRECTOR	1.00	X						0.	0.	0.
(6) DAVID C. GETTINGS TREASURER-LCF	1.00	X		X				0.	0.	0.
(7) DAVID HENDERSON, ESQ. DIRECTOR	1.00	X						0.	0.	0.
(8) DAVID SHAFFER DIRECTOR	1.00	X						0.	0.	0.
(9) DERYCK TOLES DIRECTOR	1.00	X						0.	0.	0.
(10) DONNA C. WINNER DIRECTOR	1.00	X						0.	0.	0.
(11) FRED ALBERINI DIRECTOR	1.00	X						0.	0.	0.
(12) GLENN W. HOLMES TREASURER-TRUMBULL	1.00	X		X				0.	0.	0.
(13) JAMES E. FEENEY TREASURER	1.00	X		X				0.	0.	0.
(14) JAMES O'BRIEN, ESQ PRESIDENT	1.00	X		X				0.	0.	0.
(15) JAMES T. WELLER, SR DIRECTOR	1.00	X						0.	0.	0.
(16) JIM FOGARTY DIRECTOR	1.00	X						0.	0.	0.
(17) JOANN JOHNTONY DIRECTOR	1.00	X						0.	0.	0.

**COMMUNITY FOUNDATION OF WESTERN
PENNSYLVANIA AND EASTERN OHIO**

Form 990 (2011)

25-1407396 Page **8**

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(18) JOHN FLANNERY, ESQ. DIRECTOR	1.00	X						0.	0.	0.
(19) JOHN J. MASTERNICK, JR. DIRECTOR	1.00	X						0.	0.	0.
(20) JOHN R. HAUSER DIRECTOR	1.00	X						0.	0.	0.
(21) KAREN WINNER SED VICE PRESIDENT	1.00	X		X				0.	0.	0.
(22) KENNETH MCEWEN DIRECTOR	1.00	X						0.	0.	0.
(23) KENNETH TURCIC VICE PRESIDENT-NMCC	1.00	X		X				0.	0.	0.
(24) LESTER P. HAUSCHILD DIRECTOR	1.00	X						0.	0.	0.
(25) LYNDA HOLM PRESIDENT-NMCC	1.00	X		X				0.	0.	0.
(26) MARIO N. MARINI DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								127,126.	0.	6,834.
d Total (add lines 1b and 1c)								127,126.	0.	6,834.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 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 or individual 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. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2011)

**COMMUNITY FOUNDATION OF WESTERN
PENNSYLVANIA AND EASTERN OHIO**

Form 990 (2011)

25-1407396 Page **9**

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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	116,050.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,419,189.				
	g Noncash contributions included in lines 1a-1f \$		1,272,522.				
	h Total. Add lines 1a-1f			5,535,239.			
Program Service Revenue			Business Code				
	2 a						
	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)			952,929.			952,929.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			430,387.			430,387.
	8 a Gross income from fundraising events (not including \$ 116,050. of contributions reported on line 1c) See Part IV, line 18	a		484,748.			
	b Less: direct expenses	b		297,931.			
	c Net income or (loss) from fundraising events			186,817.			186,817.
	9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a 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					
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue See instructions.			7,105,372.	0.	0.	1570133.	

132009
01-23-12

Form **990** (2011)

COMMUNITY FOUNDATION OF WESTERN

PENNSYLVANIA AND EASTERN OHIO

Form 990 (2011)

25-1407396 Page 10

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).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,692,467.	2,692,467.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	749,749.	749,749.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	133,960.		133,960.	
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	172,211.		172,211.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	7,964.		7,964.	
9 Other employee benefits	5,548.		5,548.	
10 Payroll taxes	26,131.		26,131.	
11 Fees for services (non-employees)				
a Management				
b Legal	7,971.		7,971.	
c Accounting	23,625.		23,625.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	10,000.			10,000.
f Investment management fees	256,718.		256,718.	
g Other				
12 Advertising and promotion				
13 Office expenses	21,716.		21,716.	
14 Information technology				
15 Royalties				
16 Occupancy	25,680.		25,680.	
17 Travel	9,116.		9,116.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,083.		14,083.	
20 Interest	251,114.	245,823.	5,291.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,392.		12,392.	
23 Insurance	25,450.		25,450.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a INDIRECT FUND RAISING E	24,636.			24,636.
b MAINTENANCE-EQUIPMENT	15,162.		15,162.	
c MISCELLANEOUS EXPENSES	7,757.		7,757.	
d REAL ESTATE TAXES	4,869.	4,869.		
e All other expenses	3,361.		3,361.	
25 Total functional expenses. Add lines 1 through 24e	4,501,680.	3,692,908.	774,136.	34,636.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**COMMUNITY FOUNDATION OF WESTERN
PENNSYLVANIA AND EASTERN OHIO**

Form 990 (2011)

25-1407396 Page 11

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	5,811,817.	2	4,974,769.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net	1,336,423.	7	1,889,514.	
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	10a 562,027.			
	b Less. accumulated depreciation	10b 55,828.	501,092.	10c	506,199.
	11 Investments - publicly traded securities	32,770,239.	11	33,969,455.	
	12 Investments - other securities See Part IV, line 11	100,000.	12	100,000.	
	13 Investments - program-related See Part IV, line 11	62,642.	13	62,642.	
	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)	40,582,213.	16	41,502,579.		
Liabilities	17 Accounts payable and accrued expenses	1,459.	17	1,553.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21		
	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	385,872.	23	1,007,494.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	6,906,491.	25	6,308,121.	
	26 Total liabilities. Add lines 17 through 25	7,293,822.	26	7,317,168.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	31,443,204.	27	32,399,627.	
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets	1,845,187.	29	1,785,784.	
	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	33,288,391.	33	34,185,411.	
34 Total liabilities and net assets/fund balances	40,582,213.	34	41,502,579.		

Form 990 (2011)

**COMMUNITY FOUNDATION OF WESTERN
PENNSYLVANIA AND EASTERN OHIO**

Form 990 (2011)

25-1407396 Page **12**

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,105,372.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,501,680.
3	Revenue less expenses Subtract line 2 from line 1	3	2,603,692.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	33,288,391.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<1,706,672.>
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	34,185,411.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☒

- 1** Accounting method used to prepare the Form 990. ☐ Cash ☐ Accrual ☒ Other MODFD CASH
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2011)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

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

Employer identification number	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 (For lines 1 through 11, check only one box)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☒ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

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?

(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?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h ☐ Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2011

COMMUNITY FOUNDATION OF WESTERN

Schedule A (Form 990 or 990-EZ) 2011 **PENNSYLVANIA AND EASTERN OHIO**

25-1407396 Page 2

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2025624.	3879662.	1861053.	2604788.	4035239.	14406366.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2025624.	3879662.	1861053.	2604788.	4035239.	14406366.
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)						241,300.
6 Public support. Subtract line 5 from line 4						14165066.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	2025624.	3879662.	1861053.	2604788.	4035239.	14406366.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	909,318.	844,836.	705,076.	821,493.	952,929.	4233652.
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						18640018.
12 Gross receipts from related activities, etc. (see instructions)					12	2,684,870.
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 2011 (line 6, column (f) divided by line 11, column (f))	14	75.99	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	77.12	%
16a 33 1/3% support test - 2011. 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 - 2010. 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 - 2011. 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 - 2010. 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 ☐			

Schedule A (Form 990 or 990-EZ) 2011

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010.** 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 ► ☐

COMMUNITY FOUNDATION OF WESTERN

Schedule A (Form 990 or 990-EZ) 2011 **PENNSYLVANIA AND EASTERN OHIO**

25-1407396 Page 4

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:

VARIOUS STOCKS AND MUTUAL FUNDS

DATE: 10/16/07 **AMOUNT:** 237046.

CASH

DATE: 12/31/07 **AMOUNT:** 6004636.

UNDEVELOPED LAND

DATE: 12/30/09 **AMOUNT:** 180000.

VARIOUS STOCKS

DATE: 08/26/10 **AMOUNT:** 992150.

CASH

DATE: 09/27/10 **AMOUNT:** 400500.

CASH

DATE: 03/14/11 **AMOUNT:** 1500000.

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011Open to Public
InspectionName 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	75	
2 Aggregate contributions to (during year)	747,118.	
3 Aggregate grants from (during year)	1,018,240.	
4 Aggregate value at end of year	10,047,541.	
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?		☒ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☒ 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 education)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

**COMMUNITY FOUNDATION OF WESTERN
PENNSYLVANIA AND EASTERN OHIO**

Schedule D (Form 990) 2011

25-1407396 Page **2**

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

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

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

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 Escrow and Custodial Arrangements. Complete if the 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:

- c** Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance

	Amount
1c	
1d	
1e	
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 the 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	1,959,654.	1,798,609.	1,631,141.	2,014,918.	
b Contributions				6,200.	
c Net investment earnings, gains, and losses	28,203.	210,192.	182,930.	<372,189.>	
d Grants or scholarships					
e Other expenditures for facilities and programs	67,067.	31,622.			
f Administrative expenses	18,068.	17,525.	15,462.	17,788.	
g End of year balance	1,902,722.	1,959,654.	1,798,609.	1,631,141.	

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

- a** Board designated or quasi-endowment ☐ %
b Permanent endowment ☐ %
c Temporarily restricted endowment ☐ %

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

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

- (i) unrelated organizations
(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	180,000.			180,000.
b Buildings	290,000.			290,000.
c Leasehold improvements				
d Equipment		11,739.	457.	11,282.
e Other		80,288.	55,371.	24,917.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				506,199.

Schedule D (Form 990) 2011

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

Total. (Col (b) must 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total. (Col (b) must 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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY ENDOWMENT FUNDS OBLIGATION	4,934,937.
(3) CHARITABLE REMAINDER ANNUITY	
(4) OBLIGATION	869,164.
(5) CHARITABLE REMAINDER UNITRUST	
(6) OBLIGATION	344,226.
(7) CHARITABLE REMAINDER UNITRUST	
(8) OBLIGATION-AGENCY	63,097.
(9) LIFE ESTATE OBLIGATION	96,697.
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ 6,308,121.

2. FIN 48 (ASC 740) Footnote. 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 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,105,372.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,501,680.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,603,692.
4	Net unrealized gains (losses) on investments	4	<1,706,672.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	<1,706,672.>
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	897,020.

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	5,444,913.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	297,931.
e	Add lines 2a through 2d	2e	297,931.
3	Subtract line 2e from line 1	3	5,146,982.
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	1,958,390.
c	Add lines 4a and 4b	4c	1,958,390.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,105,372.

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

1	Total expenses and losses per audited financial statements	1	4,547,893.
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	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	297,931.
e	Add lines 2a through 2d	2e	297,931.
3	Subtract line 2e from line 1	3	4,249,962.
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	251,718.
c	Add lines 4a and 4b	4c	251,718.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,501,680.

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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 X, LINE 2: THE FOUNDATION ASSESSES UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH FASB ASC 740 AND HAS DETERMINED THAT ALL INCOME TAX FILING POSITIONS WOULD BE SUSTAINED UPON EXAMINATION AND, ACCORDINGLY, HAS NOT RECORDED ANY RESERVES OR RELATED ACCRUALS FOR INTEREST AND PENALTIES AT DECEMBER 31, 2011 FOR UNCERTAIN TAX POSITIONS.

THE FOUNDATION FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. WITH FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO U.S. FEDERAL OR NON-U.S. TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2008.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE NETTED WITH SPECIAL EVENTS REVENUES

FOR TAX RETURN 297,931.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

TRUST FEES NETTED AGAINST INVESTMENT INCOME 251,718.

UNREALIZED NET LOSS ON INVESTMENTS 1,706,672.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 1,958,390.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES NETTED WITH SPECIAL EVENTS REVENUES

FOR TAX RETURN 297,931.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

TRUST FEES NETTED AGAINST INVESTMENT INCOME 251,718.

Department of the Treasury
Internal Revenue Service

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2011

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. Form 990-EZ filers are not required to complete this part

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

- a ☐ Mail solicitations
b ☐ Internet and 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
Total						

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

COMMUNITY FOUNDATION OF WESTERN

Schedule G (Form 990 or 990-EZ) 2011 **PENNSYLVANIA AND EASTERN OHIO**

25-1407396 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))	
		STRIMBU BARBEQUE	O'BRIEN CLAMBAKE	52		
		(event type)	(event type)	(total number)		
1	Gross receipts	229,797.	79,972.	291,029.	600,798.	
2	Less: Charitable contributions	77,050.	39,000.		116,050.	
3	Gross income (line 1 minus line 2)	152,747.	40,972.	291,029.	484,748.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes		100.	100.	
	6	Rent/facility costs	12,129.	9,853.		21,982.
	7	Food and beverages	55,584.	25,022.		80,606.
	8	Entertainment	2,100.	1,400.		3,500.
	9	Other direct expenses	27,553.	1,522.	162,668.	191,743.
	10	Direct expense summary Add lines 4 through 9 in column (d)			▶	(297,931)
	11	Net income summary Combine line 3, column (d), and line 10			▶	186,817.

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			
	2	Cash prizes			
Direct Expenses	3	Noncash 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 line 1, column d, and line 7			

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? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

Schedule G (Form 990 or 990-EZ) 2011 **PENNSYLVANIA AND EASTERN OHIO**

11' Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility

13a	%
-----	---

b An outside facility

13b	%
-----	---

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address of the third party

Name

Address

16 Gaming manager information

Name

Gaming manager compensation ► \$ _____

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2011

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?

☒ 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" to 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. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT - 425 SIXTH AVENUE, SUITE 1100 - PITTSBURGH, PA 15219	25-0965213	501(C)(3)	14,000.	0.			COMMUNITY DEVELOPMENT
ALLIANCE OF GUARDIAN ANGELS 982 EAST 89TH STREET, BROOKLYN, NY 11236	11-2592739	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
ALZHEIMERS ASSOCIATION-GREATER PA CHAPTER - 1100 LIBERTY AVENUE - PITTSBURGH, PA 15222	25-1510692	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
AMERICAN IRELAND FUND 211 CONGRESS ST., BOSTON, MA 02110	25-1306992	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
AMERICANS FOR COMPETITIVE ENTERPRISE SYSTEM - 1001 STATE STREET - ERIE, PA 16501	26-2763757	501(C)(3)	5,000.	0.			PA BUSINESS WEEK
BUHL COMMUNITY RECREATION CENTER 28 PINE ST., SHARON, PA 16146	25-0981137	501(C)(3)	52,996.	0.			OPERATING SUPPORT

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

97.

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

2.

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

Schedule I (Form 990) (2011)

**COMMUNITY FOUNDATION OF WESTERN
PENNSYLVANIA AND EASTERN OHIO**

25-1407396

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUHL PARK CORPORATION 715 HAZEN RD. HERMITAGE, PA 16148	20-3453034	501(C)(3)	73,000.	0.			OPERATING SUPPORT
CHILDREN'S AID SOCIETY OF MERCER COUNTY - 350 WEST MARKET ST. - MERCER, PA 16137	25-0995759	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
CITY RESCUE MISSION 319 S. CROTON AVE. NEW CASTLE, PA 16103	25-1007944	501(C)(3)	12,000.	0.			PROGRAM SUPPORT
COMMUNITY FOOD WAREHOUSE 109 S. SHARPSVILLE AVE. SHARON, PA 16146	25-1446242	501(C)(3)	25,000.	0.			GENERAL SUPPORT
COMMUNITY LIBRARY OF THE SHENANGO VALLEY - 11 N. SHARPSVILLE AVE. - SHARON, PA 16146	20-8392137	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
ERIE COUNTY UNITED WAY 420 WEST SIXTH AVE. ERIE, PA 16507	25-1053091	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
FARRELL AREA SCHOOL DISTRICT 1600 ROEMER BLVD. FARRELL, PA 16121	25-6010685	CITY GOVERNMENT	21,850.	0.			EITC PROGRAM SUPPORT
FOUNDATION FOR ANGLEMAN SYNDROME THERAPEUTIC - 1918 SWEETBRIAR LANE - DARIEN, IL 60561	26-3160079	501(C)(3)	23,000.	0.			ANGELMAN SYNDROME RESEARCH SUPPORT
GEORGE JUNIOR REPUBLIC 233 GEORGE JUNIOR ROAD GROVE CITY, PA 16127	25-1536204	501(C)(3)	15,000.	0.			SCHOLARSHIPS

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GUSSIE WALKER COMMUNITY CENTER 1207 MORAVIA ST. NEW CASTLE, PA 16101	51-0527381	501(C)(3)	17,000.	0.			PROJECT SUPPORT
HABAKKUK PREGNANCY RESOURCE CENTER 321 NORTH JEFFERSON ST. NEW CASTLE, PA 16101	25-1873165	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
HERMITAGE SCHOOL DISTRICT 434 NORTH HERMITAGE ROAD HERMITAGE, PA 16148	25-6001704	CITY GOVERNMENT	141,190.	0.			STADIUM, ATHLETICS, ETC
HUMAN SERVICES CENTER 130 W. NORTH STREET NEW CASTLE, PA 16101	25-1123896	501(C)(3)	5,000.	0.			OPERATING SUPPORT
HUMILITY OF MARY HEALTH PARTNERS 250 DEBARTOLO PLACE, SUITE 2560 YOUNGSTOWN, OH 44512	34-0505560	501(C)(3)	100,000.	0.			PROJECT SUPPORT
JOSHUA'S HAVEN P.O. BOX 128 SHARON, PA 16146	20-3536274	501(C)(3)	35,000.	0.			GENERAL SUPPORT
KENNEDY CATHOLIC HIGH SCHOOL 2120 FREEWAY HERMITAGE, PA 16148	25-1127854	501(C)(3)	8,550.	0.			SOFTWARE UPGRADES
LAWRENCE COMMUNITY FOUNDATION 33 CHESTNUT ST SHARON, PA 16146	25-1407396	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
MERCER COUNTY HOUSING AUTHORITY 80 JEFFERSON AVENUE SHARON, PA 16146	25-6002126	501(C)(3)	18,415.	0.			HOPE & COMMUNITY OUTREACH PROGRAM

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF WESTERN
PENNSYLVANIA AND EASTERN OHIO**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NOTRE DAME SCHOOL 2335 HIGHLAND RD. HERMITAGE, PA 16148	25-1153390	501(C)(3)	10,000.	0.			TECHNOLOGY ADVANCEMENT
OLD GUARD ASSOCIATION P.O. BOX 1785 FT. MYER, VA 22211	54-1925842	501(C)(3)	14,000.	0.			BUILDING OF MONUMENT FUND
PENN NORTHWEST DEVELOPMENT CORPORATION - 749 GREENVILLE RD SUITE 100 - MERCER, PA 16137	25-1515795	501(C)(3)	7,500.	0.			ECONOMIC DEVELOPMENT SUPPORT
PENN STATE UNIVERSITY - SHENANGO CAMPUS - 147 SHENANGO AVENUE - SHARON, PA 16146	24-6000376	501(C)(3)	5,000.	0.			SCHOLARSHIPS
PINE VALLEY BIBLE CAMP 504 CHAPEL DRIVE ELLWOOD CITY, PA 16117	25-1270330	501(C)(3)	5,000.	0.			GRANT FOR SUMMER CAMP
PITTSBURGH SYMPHONY ORCHESTRA 600 PENN AVENUE PITTSBURGH, PA 15222-3259	25-0986052	501(C)(3)	5,000.	0.			SUPPORT
PRINCE OF PEACE 502 DARR AVENUE FARRELL, PA 16121	25-1586148	501(C)(3)	49,500.	0.			GENERAL SUPPORT OF PROGRAMS TO HELP NEEDY
SALVATION ARMY OF MERCER COUNTY 660 FISHER HILL SHARON, PA 16146	13-5562351	501(C)(3)	15,000.	0.			GENERAL SUPPORT
SHARON CITY SCHOOL DISTRICT 215 FORKER BLVD. SHARON, PA 16146	25-6002975	CITY GOVERNMENT	37,850.	0.			SCHOLARSHIPS

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF WESTERN
PENNSYLVANIA AND EASTERN OHIO**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHENANGO VALLEY FOUNDATION C/O COMMUNITY FOUNDATION 33 CHESTNUT SHARON, PA 16146	25-1407396	501(C)(3)	26,168.	0.			OPERATING SUPPORT
SHOE OUR CHILDREN C/O COMMUNITY FOUNDATION 33 CHESTNUT SHARON, PA 16146	25-1407396	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
SHRINER'S HOSPITAL FOR CHILDREN 2900 ROCKY POINT DRIVE TAMPA, FL 33607	36-2193608	501(C)(3)	6,537.	0.			CHILDREN'S HEALTH CARE
SLIPPERY ROCK UNIVERSITY FOUNDATION - PO BOX 233 - SLIPPERY ROCK, PA 16057	23-7093388	501(C)(3)	78,000.	0.			PROGRAM SUPPORT
SOUTH SIDE LOCAL DEVELOPMENT COMPANY - 2000 EAST CARSON STREET - PITTSBURGH, PA 15203	25-1419017	501(C)(3)	6,000.	0.			NEIGHBORHOOD PARTNERSHIP PROGRAM
ST. CLEMENT EPISCOPAL CHURCH	25-0965583	CHURCH	6,300.	0.			PROGRAM SUPPORT
ST. JOSEPH CHURCH 79 CASE AVE. SHARON, PA 16146	25-1272299	501(C)(3)	26,501.	0.			SCHOLARSHIPS
TEAM PA FOUNDATION 100 PINE STREET HARRISBURG, PA 17101	23-2876177	501(C)(3)	37,500.	0.			PROGRAM SUPPORT
THIEL COLLEGE 75 COLLEGE AVE. GREENVILLE, PA 16125	25-0965576	501(C)(3)	35,000.	0.			ATHLETIC CAMPAIGN/PROJECT

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF WESTERN
PENNSYLVANIA AND EASTERN OHIO**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY ALLEGHENY COUNTY 1250 PENN AVENUE PITTSBURGH, PA 15230	25-1043578	501(C)(3)	23,700.	0.			PROGRAM SUPPORT
UNITED WAY OF LAUREL HIGHLANDS 422 MAIN STREET, SUITE 203 JOHNSTOWN, PA 15901	25-0965383	501(C)(3)	12,500.	0.			PROGRAM SUPPORT
UNITED WAY OF MERCER COUNTY 300 WEST STATE STREET SHARON, PA 16146	25-1039297	501(C)(3)	40,000.	0.			CAMPAIGN
UNITED WAY OF THE CAPITAL REGION 2235 MILLENNIUM WAY ENOLA, PA 17025	23-1352095	501(C)(3)	5,400.	0.			PROGRAM SUPPORT
UNITED WAY OF WESTMORELAND COUNTY 1011 OLD SALEM ROAD, SUITE 101 GREENSBURG, PA 15601	25-6069120	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
WEST HILL MINISTRIES 301 WEST STATE STREET SHARON, PA 16146	25-1124423	CHURCH	58,000.	0.			CHILDREN'S PROGRAMMING
AKRON CHILDREN'S HOSPITAL MAHONING VALLEY - 6505 MARKET STREET - YOUNGSTOWN, OH 44512	34-0714357	501(C)(3)	85,962.	0.			PROGRAM SUPPORT
AMERICAN CANCER SOCIETY 320 BILMAR DRIVE PITTSBURGH, PA 15205	25-1798733	501(C)(3)	17,500.	0.			PROGRAM SUPPORT
BEDS FOR LITTLE HEADS 1967 MERCER WEST MIDDLESEX RD. MERCER, PA 16137			5,800.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF WESTERN
PENNSYLVANIA AND EASTERN OHIO**

25-1407396

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BILL RUDGE MINISTRIES PO BOX 108 SHARON, PA 16146	25-1325912	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
BROOKFIELD YOUTH PARENTS' CLUB PO BOX 926 BROOKFIELD, OH 44403	34-1921584	501(C)(3)	10,000.	0.			HANDICAP RAMP AT PARK
CATHEDRAL FOUNDATION 110 EAST LINCOLN AVE. NEW CASTLE, PA 16101	25-0908667	501(C)(3)	25,000.	0.			CAPITAL IMPROVEMENTS
CENTRAL COMMUNITY CHURCH 3571 NORTH HERMITAGE RD. TRANSFER, PA 16154	25-1835442	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
CENTRE COUNTY UNITED WAY 2790 WEST COLLEGE AVE., SUITE 7 STATE COLLEGE, PA 16801	25-1215290	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
CHALLENGES: OPTIONS IN AGING 2706 MERCER ROAD, SHENLEY SQUARE NEW CASTLE, PA 16105	25-1326213	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
COMMUNITY COUNSELING CENTER 2201 EAST STATE STREET HERMITAGE, PA 16148	25-1340027	501(C)(3)	5,000.	0.			OPERATING SUPPORT
COMMUNITY DEVELOPMENT OUTREACH FUND - 33 CHESTNUT ST - SHARON, PA 16146	25-1407396	501(C)(3)	10,764.	0.			PROGRAM SUPPORT
CROHN'S & COLITIS FOUNDATION OF AMERICA INC. - 386 PARK AVE. SOUTH - NEW YORK, NY 10016	13-6193105	501(C)(3)	5,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF WESTERN
PENNSYLVANIA AND EASTERN OHIO**

25-1407396

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTBROOK MISSION BARN PO BOX 362 EAU CLAIRE, PA 16030	25-1430008	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
F.M. KIRBY CENTER FOR THE PERFORMING ARTS - 71 PUBLIC SQUARE - WILKES BARRE, PA 18701	22-2697004	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
FRICK ART & HISTORICAL 7227 REYNOLD STREET PITTSBURGH, PA 15208	25-1596285	501(C)(3)	10,000.	0.			PROJECT SUPPORT
GREATER CARBONDALE YMCA 82 NORTH MAIN STREET CARBONDALE, PA 18407	24-0795515	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
GREATER PITTSBURGH COMMUNITY FOOD BANK - 1 NORTH LINDEN STREET - DUQUESNE, PA 15110	25-1420599	501(C)(3)	10,000.	0.			OPERATING SUPPORT
GROVE CITY COLLEGE 100 CAMPUS DRIVE GROVE CITY, PA 16127	25-1065148	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
HOYT INSTITUTE OF FINE ARTS 124 E. LEASURE AVE. NEW CASTLE, PA 16105	25-1159382	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
INSPIRING MINDS FOUNDATION 33 CHESTNUT ST SHARON, PA 16146	25-1407396	501(C)(3)	27,200.	0.			PROGRAM SUPPORT
JAMES E. WINNER JR. ARTS & CULTURE CENTER - 98 EAST STATE STREET - SHARON, PA 16146	25-1407396	501(C)(3)	250,000.	0.			OPERATING SUPPORT

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF WESTERN
PENNSYLVANIA AND EASTERN OHIO**

25-1407396 Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KEYSTONE BLIND ASSOCIATION 1230 STAMBAUGH AVE. SHARON, PA 16146	25-0969420	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
LAWRENCE COUNTY ACCOCIATION FOR THE RETARDED - ROOM 306, 101 S. MERCER ST., - NEW CASTLE, PA 16101	25-1099969	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
LAWRENCE COUNTY HISTORICAL SOCIETY PO BOX 1745 NEW CASTLE, PA 16103	25-1389552	501(C)(3)	7,000.	0.			PROJECT SUPPORT
MEADVILLE MEDICAL CENTER 1034 GROVE ST. MEADVILLE, PA 16335	25-1512436	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
MEDICAL EQUIPMENT RECYCLING PROGRAM - 2200 MEMORIAL DR., - FARRELL, PA 16121	25-1501823	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
MERCER COUNTY 4-H ROUTE 19 N MERCER, PA 16137	25-1389897	501(C)(3)	5,213.	0.			PROGRAM SUPPORT
MERCER COUNTY GRANGE FAIR 1540 S. CENTER ST. EXT. GROVE CITY, PA 16127	25-1879251	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
MINORITY HEALTH CENTER 211 FEDERAL ST. FARRELL, PA 16121	47-0936077	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
NATIONAL PARK FOUNDATION 1201 EYE ST. WASHINGTON, DC 20005	52-1086761	501(C)(3)	25,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF WESTERN
PENNSYLVANIA AND EASTERN OHIO**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW CASTLE PUBLIC LIBRARY 207 EAST NORTH ST. NEW CASTLE, PA 16101	25-1729425	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
PITTSBURGH CLO 719 LIBERTY AVE., 6TH FLOOR PITTSBURGH, PA 15222	25-6000890	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
PITTSBURGH COMMUNITY REINVESTMENT GROUP - 1901 CENTRE AVE. - PITTSBURGH, PA 15219	25-1644683	501(C)(3)	25,000.	0.			PROCECT SUPPORT
PITTSBURGH CULTURAL TRUST 803 LIBERTY AVE. PITTSBURGH, PA 15222	25-1469002	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
PUT ON THE BRAKES, INC 4030 CONCORD PARKWAY SOUTH CONCORD, NC 28027	26-2176362	501(C)(3)	19,100.	0.			PROGRAM SUPPORT
RYAN A. BONNER SCHOLARSHIP FUND 33 CHESTNUT ST SHARON, PA 16146	25-1407396	501(C)(3)	7,500.	0.			SCHOLARSHIPS
SAINT MICHAEL CHURCH 85 NORTH ST. GREENVILLE, PA 16125	25-1154521	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
SAINT MICHAEL SCHOOL BUILDING FUND ATTN: GLEN AUGUSTINE, 233 MAIN GREENVILLE, PA 16125	25-1154521	501(C)(3)	15,000.	0.			SCHOOL BUILDING RENOVATION
SHARON ARTS & MUSIC INITIATIVE FUND 217 WEST STATE ST. SHARON, PA 16146	25-1407396	501(C)(3)	11,200.	0.			PROJECT SUPPORT

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN

25-1407396 Page 1

Schedule I (Form 990)

PENNSYLVANIA AND EASTERN OHIO

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHARPSVILLE HIGH SCHOOL 301 BLUE DEVIL WAY SHARPSVILLE, PA 16150	25-1157978	SCHOOL	10,000.	0.			EITC PROGRAM
SHENANGO RIVER WATCHERS, INC PO BOX 986 SHARON, PA 16146	25-1877755	501(C)(3)	10,000.	0.			PROJECT SUPPORT
SHENANGO VALLEY CATHOLIC SCHOOL SYSTEM - 2120 SHENANGO VALLEY FREEWAY - HERMITAGE, PA 16148	25-1127854	SCHOOL	5,400.	0.			OPERATING & ADMN SUPPORT
SHENANGO VALLEY URBAN LEAGUE 601 INDIANA AVE FARRELL, PA 16121	25-1193018	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
ST. JOSEPH SCHOOL 760 EAST STATE ST. SHARON, PA 16146	25-1272299	SCHOOL	26,826.	0.			OPERATING SUPPORT
TRUMBULL MOBILE MEALS 323 EAST MARKET ST. WARREN, OH 44481	23-7137110	501(C)(3)	9,300.	0.			PROGRAM SUPPORT
UNITED WAY OF BLAIR COUNTY 5414 SMITH AVE. ALTOONA, PA 16602	23-1352003	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
WAYNESBURG UNIVERSITY 51 W. COLLEGE ST. WAYNESBURG, PA 15370	25-0965603	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
WILMINGTON AREA FITNESS CENTER FUND - 400 WOOD ST. - NEW WILMINGTON, PA 16142	25-1407396	501(C)(3)	29,810.	0.			BUILDING OF FITNESS CENTER

Schedule I (Form 990)

[illegible]

**COMMUNITY FOUNDATION OF WESTERN
PENNSYLVANIA AND EASTERN OHIO**

25-1407396

Schedule I (Form 990) (2011)

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of 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	459	559,452.	0.		
GRANTS TO INDIVIDUALS WITH SIGNIFICANT FINANCIAL NEEDS ARE BASED ON APPLICATIONS MEETING NEED GUIDELINES AND APPROVED BY A BOARD COMMITTEE.	168	190,297.	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

44
SEE PART IV FOR COLUMN (A) DESCRIPTIONS

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. THESE FOUNDATIONS HAVE THEIR OWN BOARD OF DIRECTORS AND FOLLOWS 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, COMMUNITY ACTION PARTNERSHIP OF MERCER COUNTY, 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.

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

Part IV Supplemental Information

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.

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.

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).

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered**
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2011

**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)

Complete if the organization 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.

Complete if the organization 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?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

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

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

Schedule L (Form 990 or 990-EZ) 2011

COMMUNITY FOUNDATION OF WESTERN

Schedule L (Form 990 or 990-EZ) 2011 **PENNSYLVANIA AND EASTERN OHIO**

25-1407396 Page 2

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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	57,465.	INVESTMENT		X
CF81, INC.	AFFILIATED NON-PROF	0.	THE FOUNDAT		X
DONNA C. WINNER	BOARD MEMBER	0.	IN NOVEMBER		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

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

(A) NAME OF PERSON: ROBERT C. JAZWINSKI

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR EMERITUS

(C) AMOUNT OF TRANSACTION \$ 57,465.

(D) DESCRIPTION OF TRANSACTION: INVESTMENT FEES CHARGED BY JFS WEALTH ADVISORS. MR. JAZWINSKI IS A PARTNER IN THIS COMPANY.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: CF81, INC.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

AFFILIATED NON-PROFIT ORG WITH COMMON BOARD MEMBERS

(C) AMOUNT OF TRANSACTION \$ -0-

(D) DESCRIPTION OF TRANSACTION: THE FOUNDATION HAS USED SOME OF ITS ASSETS AS SECURITY FOR LOANS AND BORROWED LOANS FROM A LOCAL BANK TO ASSIST CF81, INC., A RELATED NONPROFIT CORPORATION, IN REFINANCING AND BUILDING A TRADE SCHOOL.

CF81, INC. IS RELATED TO THE FOUNDATION BECAUSE TWO OF THE DIRECTORS OF THE FOUNDATION, MEL GRATA AND JAMES FEENEY, ARE ALSO DIRECTORS OF CF81, INC.

(E) SHARING OF ORGANIZATION REVENUES? = NO

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

(A) NAME OF PERSON: DONNA C. WINNER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ -0-

IN NOVEMBER, 2011, THE FOUNDATION ENTERED INTO A FIVE YEAR LEASE AGREEMENT
WITH DONNA C. WINNER FOR A NEW OFFICE FACILITY. THE LEASE AGREEMENT
REQUIRES MONTHLY PAYMENTS OF \$ 3850 THROUGH DECEMBER, 2016. THERE WERE NO
PAYMENTS MADE UNDER THE LEASE IN 2011.

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2011

Open to Public
Inspection

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

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	12	1,272,522.	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 Acknowledgement

29

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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) (2011)

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. 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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF WESTERN
PENNSYLVANIA AND EASTERN OHIO

Employer identification number
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 III, LINE 4D, OTHER PROGRAM SERVICES:

INTEREST PORTION OF ANNUITY PAYMENTS. \$ 245823.

REAL ESTATE TAXES ON LIFE ESTATE PROPERTY AND OTHER DONATED REAL

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

Schedule O (Form 990 or 990-EZ) (2011)

132211
01-23-12

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

Employer identification number
25-1407396

ESTATE. \$ 4869

EXPENSES \$ 250,692. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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 FOUNDATION AND THE FATHER OF SEAN O'BRIEN, BOARD DIRECTOR OF THE SHENANGO VALLEY FOUNDATION.

KAREN WINNER SED, VICE PRESIDENT OF THE SHENANGO VALLEY FOUNDATION IS THE STEPDAUGHTER OF DONNA WINNER, BOARD DIRECTOR OF THE SHENANGO VALLEY FOUNDATION.

JAMES T. WELLER, SR., BOARD DIRECTOR OF THE SHENANGO VALLEY FOUNDATION, IS THE FATHER OF SUE WELLER SIMPSON, VICE PRESIDENT OF THE TRUMBULL COUNTY BOARD.

FORM 990, PART VI, SECTION B, LINE 11: 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.

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

Employer identification number
25-1407396

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 7 WEST STATE STREET, SUITE 301, 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.

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

Employer identification number
25-1407396

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -1,706,672.

FORM 990, PART XII, LINE 2C

OVERSIGHT OF THE AUDIT

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.

FORM 990, PART XII, LINE 1

ACCOUNTING METHOD USED TO PREPARE FORM 990

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

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

**COMMUNITY FOUNDATION OF WESTERN
PENNSYLVANIA AND EASTERN OHIO**

Employer identification number
25-1407396

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CF81, INC. - 26-1075418 33 CHESTNUT STREET SHARON, PA 16146	PROVIDE VOCATIONAL EDUCATIONAL OPPORTUNITIES	PENNSYLVANIA	501(C)(2)	N/A			X

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

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related

[illegible]

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)

[illegible]

**COMMUNITY FOUNDATION OF WESTERN
PENNSYLVANIA AND EASTERN OHIO**

25-1407396 Page 3

Schedule R (Form 990) 2011

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

i Lease of facilities, equipment, or other assets to related organization(s)

j Lease of facilities, equipment, or other assets from related organization(s)

k Performance of services or membership or fundraising solicitations for related organization(s)

l Performance of services or membership or fundraising solicitations by related organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

q Other transfer of cash or property to related organization(s)

r Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) CF81, INC	D	809,994	GUARANTEE AMOUNT
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

**COMMUNITY FOUNDATION OF WESTERN
PENNSYLVANIA AND EASTERN OHIO**

Form 990 (2011)

25-1407396

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			
(27) MARVIN LEBBY PRESIDENT-LCF	1.00	X		X				0.	0.	0.
(28) MATTHEW J. BLAIR DIRECTOR	1.00	X						0.	0.	0.
(29) MEL GRATA DIRECTOR	1.00	X						0.	0.	0.
(30) MICHAEL BSHERO VICE PRESIDENT-LCF	1.00	X		X				0.	0.	0.
(31) PAUL E. O'BRIEN DIRECTOR	1.00	X						0.	0.	0.
(32) R. KAY THOMPSON DIRECTOR	1.00	X						0.	0.	0.
(33) RITA CLEMENTE DIRECTOR	1.00	X						0.	0.	0.
(34) ROBERT C. JAZWINSKI DIRECTOR EMERITUS	1.00	X						0.	0.	0.
(35) ROBERT SHERBONDY DIRECTOR	1.00	X						0.	0.	0.
(36) RONALD R. ANDERSON SECRETARY	1.00	X		X				0.	0.	0.
(37) SEAN J. O'BRIEN DIRECTOR	1.00	X						0.	0.	0.
(38) SUSAN WELLER SIMPSON VICE PRESIDENT-TRUMBULL	1.00	X		X				0.	0.	0.
(39) THOMAS G. LAMOREE II DIRECTOR	1.00	X						0.	0.	0.
(40) THOMAS S. MANSELL, ESQ. DIRECTOR	1.00	X						0.	0.	0.
(41) THOMAS SHUMAKER, ESQ. DIRECTOR	1.00	X						0.	0.	0.
(42) TRACI MILLER DIRECTOR	1.00	X						0.	0.	0.
(43) WALLACE L. CUNNINGHAM DIRECTOR	1.00	X						0.	0.	0.
(44) WENDELL WAGNER DIRECTOR	1.00	X						0.	0.	0.
(45) WILLIAM G. ECKLES DIRECTOR	1.00	X						0.	0.	0.
(46) WILLIAM J. STRIMBU DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**COMMUNITY FOUNDATION OF WESTERN
PENNSYLVANIA AND EASTERN OHIO**

Form 990 (2011)

25-1407396

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			
(47) AMY LAMANCUSA DIRECTOR	1.00	X						0.	0.	0.
(48) JOE GABRIEL DIRECTOR	1.00	X						0.	0.	0.
(49) JONATHAN BRUCE DIRECTOR	1.00	X						0.	0.	0.
(50) AMY K. FEHRS DIRECTOR	1.00	X						0.	0.	0.
(51) JAMES PAIGE DIRECTOR	1.00	X						0.	0.	0.
(52) LAWRENCE E. HAYNES EXECUTIVE DIRECTOR	40.00			X				88,214.	0.	4,726.
(53) SHELLY R. MASON CHIEF FINANCIAL OFFICER	30.00			X				38,912.	0.	2,108.
Total to Part VII, Section A, line 1c								127,126.		6,834.

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

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).

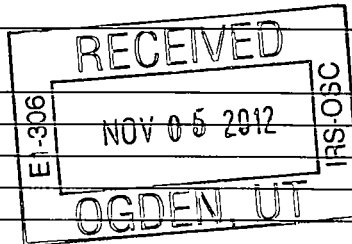
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the due date for filing your return See instructions	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO	Employer identification number (EIN) or ☒ 25-1407396
	Number, street, and room or suite no. If a P O box, see instructions 7 WEST STATE STREET, NO. 301	Social security number (SSN) ☐
	City, town or post office, state, and ZIP code For a foreign address, see instructions. SHARON, PA 16146	

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

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12



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

LAWRENCE E. HAYNES

- The books are in the care of **7 WEST STATE ST, SUITE 301 - SHARON, PA 16146**

Telephone No. **(724) 981-5882**

FAX No **(724) 983-9044**

- 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, 2012**

5 For calendar year **2011**, or other tax year beginning _____, and ending _____

6 If the tax year entered in line 5 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 _____

ADDITIONAL TIME REQUIRED TO FILE AN ACCURATE RETURN

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	\$	0.
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	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	0.

Signature and Verification must be completed for Part II only.

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 **▶**

Title **▶ CPA**

Date **▶**

Form 8868 (Rev. 1-2012)