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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at *www.irs.gov/form990*

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 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) Room/suite
7 WEST STATE STREET 301

City or town, state or province, country, and ZIP or foreign postal code
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 $ 33,084,988.

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.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

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)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	19
6	Total number of volunteers (estimate if necessary)	6	600
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	9,066,461.	18,980,692.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,967,829.	2,600,076.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	248,120.	126,893.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,282,410.	21,707,661.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,197,726.	3,628,073.
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)	387,597.	675,332.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	10,000.	6,000.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 153,342.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	816,407.	1,176,332.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,411,730.	5,485,737.
19	Revenue less expenses Subtract line 18 from line 12	6,870,680.	16,221,924.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	51,748,231.	76,335,990.
21	Total liabilities (Part X, line 26)	8,631,102.	11,417,756.
22	Net assets or fund balances Subtract line 21 from line 20	43,117,129.	64,918,234.

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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 11/7/14
	▶ LAWRENCE E. HAYNES, EXECUTIVE DIRECTOR Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name GREGORY J KOCH	Preparer's signature Gregory J Koch, CPA	Date 11/6/14	Check ☐ if self-employed	PTIN P00624263
	Firm's name ▶ BLACK, BASHOR & PORSCH, 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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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 [X] No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

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

4a (Code) (Expenses $ 2,351,376. including grants of $ 2,351,376.) (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 $ 1,010,780. including grants of $ 1,010,780.) (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 $ 265,917. including grants of $ 265,917.) (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 $ 302,802. including grants of $) (Revenue $ 5,560.)

4e Total program service expenses ▶ 3,930,875.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16	X	
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		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? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b	X	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	26		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	19		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country. ▶				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds 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?		8		X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter.				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.	1a	12		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12		
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?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe 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*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ PA, 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 [X] Upon request [ ] Other *(explain in Schedule O)*

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) GLENN W. HOLMES DIRECTOR	1.00	X						0.	0.	0.
(2) JAMES O'BRIEN, ESQ PRESIDENT	1.00	X		X				0.	0.	0.
(3) KAREN WINNER SED VICE PRESIDENT	1.00	X		X				0.	0.	0.
(4) KENNETH TURCIC DIRECTOR	1.00	X						0.	0.	0.
(5) MARVIN LEBBY DIRECTOR	1.00	X						0.	0.	0.
(6) MICHAEL BSHERO DIRECTOR	1.00	X						0.	0.	0.
(7) ROBERT SHERBONDY DIRECTOR	1.00	X						0.	0.	0.
(8) SUSAN WELLER SIMPSON DIRECTOR	1.00	X						0.	0.	0.
(9) JEFF MATHEWS DIRECTOR	1.00	X						0.	0.	0.
(10) ROBERT MILLER DIRECTOR	1.00	X						0.	0.	0.
(11) ERNIE MAY DIRECTOR	1.00	X						0.	0.	0.
(12) LEANN SMITH DIRECTOR	1.00	X						0.	0.	0.
(13) LAWRENCE E. HAYNES EXECUTIVE DIRECTOR	40.00			X				89,827.	0.	6,350.
(14) SHELLY R. MASON CHIEF FINANCIAL OFFICER	30.00			X				48,240.	0.	2,506.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
1b Sub-total ▶								138,067.	0.	8,856.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								138,067.	0.	8,856.

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*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	132,186.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	18,848,506.				
	g Noncash contributions included in lines 1a-1f $ 1,882,388.						
	h Total. Add lines 1a-1f		▶	18,980,692.			
Program Service Revenue		Business Code					
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		▶	1,794,473.			1,794,473.
	4 Income from investment of tax-exempt bond proceeds		▶				
	5 Royalties		▶				
		(i) Real	(ii) Personal				
	6a Gross rents	10,400.					
	b Less rental expenses	4,840.					
	c Rental income or (loss)	5,560.					
	d Net rental income or (loss)		▶	5,560.	5,560.		
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	11,478,530.					
	b Less cost or other basis and sales expenses	10,672,927.					
	c Gain or (loss)	805,603.					
	d Net gain or (loss)		▶	805,603.			805,603.
	8a Gross income from fundraising events (not including $ 132,186. of contributions reported on line 1c) See Part IV, line 18	a	820,893.				
	b Less direct expenses	b	699,560.				
	c Net income or (loss) from fundraising events		▶	121,333.			121,333.
	9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities		▶				
	10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory		▶				
	Miscellaneous Revenue	Business Code					
	11a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		▶				
	12 Total revenue See instructions.		▶	21,707,661.	5,560.	0.	2,721,409.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,321,376.	2,321,376.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	1,276,697.	1,276,697.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	30,000.	30,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	146,923.		146,923.	
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	445,612.		445,612.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,231.		9,231.	
9 Other employee benefits	23,857.		23,857.	
10 Payroll taxes	49,709.		49,709.	
11 Fees for services (non-employees)				
a Management				
b Legal	13,262.		13,262.	
c Accounting	35,953.		35,953.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	6,000.			6,000.
f Investment management fees	380,020.		380,020.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	34,259.		34,259.	
14 Information technology				
15 Royalties				
16 Occupancy	74,531.		74,531.	
17 Travel	39,218.		39,218.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,519.		13,519.	
20 Interest	336,664.	294,055.	42,609.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,204.		18,204.	
23 Insurance	28,628.		28,628.	
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	120,792.			120,792.
b DUES AND LICENSE	33,061.		6,511.	26,550.
c MISCELLANEOUS EXPENSES	22,477.		22,477.	
d MAINTENANCE-EQUIPMENT	16,997.		16,997.	
e All other expenses	8,747.	8,747.		
25 **Total functional expenses.** Add lines 1 through 24e	5,485,737.	3,930,875.	1,401,520.	153,342.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		6,670,389.	2	8,852,418.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other 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 instr) Complete Part II of Sch L			6	
	7	Notes and loans receivable, net		1,807,177.	7	2,234,320.
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 1,025,042.			
	b	Less accumulated depreciation	10b 89,386.	683,674.	10c	935,656.
	11	Investments - publicly traded securities		42,486,991.	11	63,976,596.
	12	Investments - other securities See Part IV, line 11		100,000.	12	100,000.
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		0.	15	237,000.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		51,748,231.	16	76,335,990.
Liabilities	17	Accounts payable and accrued expenses		1,830.	17	7,843.
	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	Loans and other 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		1,125,091.	23	1,776,289.
	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		7,504,181.	25	9,633,624.
	26	**Total liabilities.** Add lines 17 through 25		8,631,102.	26	11,417,756.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		41,089,222.	27	62,648,347.
	28	Temporarily restricted net assets		248,549.	28	490,529.
	29	Permanently restricted net assets		1,779,358.	29	1,779,358.
		Organizations that do not follow SFAS 117 (ASC 958), 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		43,117,129.	33	64,918,234.
	34	Total liabilities and net assets/fund balances		51,748,231.	34	76,335,990.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,707,661.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,485,737.
3	Revenue less expenses Subtract line 2 from line 1	3	16,221,924.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	43,117,129.
5	Net unrealized gains (losses) on investments	5	5,579,181.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	64,918,234.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☒ Other 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (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 - Non-functionally integrated

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

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1861053.	2604788.	4035239.	5957883.	5869771.	20328734.
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	1861053.	2604788.	4035239.	5957883.	5869771.	20328734.
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)						914,142.
6 **Public support.** Subtract line 5 from line 4						19414592.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	1861053.	2604788.	4035239.	5957883.	5869771.	20328734.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	705,076.	821,493.	952,929.	1282437.	1804873.	5566808.
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						25895542.

12 Gross receipts from related activities, etc (see instructions)	12	3,071,740.

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 2013 (line 6, column (f) divided by line 11, column (f))	14	74.97 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	76.53 %

16a **33 1/3% support test - 2013.** 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 - 2012.** 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 - 2013.** 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 - 2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

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

(Complete only if you checked the box on line 9 of Part I 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2013.** 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 - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **Supplemental Information.** 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:

DESCRIPTION: UNDEVELOPED LAND

DATE: 12/30/09 AMOUNT: 180000.

DESCRIPTION: VARIOUS STOCKS

DATE: 08/26/10 AMOUNT: 992150.

DESCRIPTION: CASH

DATE: 09/27/10 AMOUNT: 400500.

DESCRIPTION: CASH

DATE: 03/14/11 AMOUNT: 1500000.

DESCRIPTION: CASH

DATE: 12/31/12 AMOUNT: 1843652.

DESCRIPTION: VARIOUS STOCKS

DATE: 11/08/12 AMOUNT: 1264926.

DESCRIPTION: CASH

DATE: 03/05/13 AMOUNT: 12110921.

DESCRIPTION: CASH

DATE: 12/27/13 AMOUNT: 1000000.

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.
▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number 25-1407396

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	130	
2	Aggregate contributions to (during year)	2,876,780.	
3	Aggregate grants from (during year)	821,070.	
4	Aggregate value at end of year	18,502,262.	

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" 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 XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

Complete if the organization answered "Yes" 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 XIII, the text of the footnote to its financial statements that describes these items

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

(i) 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 ▶ $ _____

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,027,905.	1,902,722.	1,959,654.	1,798,609.	1,631,141.
b Contributions					
c Net investment earnings, gains, and losses	337,856.	219,290.	28,203.	210,192.	182,930.
d Grants or scholarships	75,000.	75,000.			
e Other expenditures for facilities and programs			67,067.	31,622.	
f Administrative expenses	20,876.	19,107.	18,068.	17,525.	15,462.
g End of year balance	2,269,885.	2,027,905.	1,902,722.	1,959,654.	1,798,609.

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

a Board designated or quasi-endowment ▶ 96.50 %
b Permanent endowment ▶ 2.74 %
c Temporarily restricted endowment ▶ .76 %

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.

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	180,000.			180,000.
b Buildings	710,237.		1,285.	708,952.
c Leasehold improvements		11,739.	2,022.	9,717.
d Equipment		123,066.	86,079.	36,987.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				935,656.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	AGENCY ENDOWMENT FUNDS OBLIGATION	7,608,142.
(3)	CHARITABLE REMAINDER ANNUITY	
(4)	OBLIGATION	714,533.
(5)	CHARITABLE REMAINDER UNITRUST	
(6)	OBLIGATION	1,010,453.
(7)	CHARITABLE REMAINDER UNITRUST	
(8)	OBLIGATION-AGENCY	66,199.
(9)	LIFE ESTATE OBLIGATION	96,579.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶		9,633,624.

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII [X]

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

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

1	Total revenue, gains, and other support per audited financial statements			1	27,611,222.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	5,579,181.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	704,400.		
e	Add lines 2a through 2d			2e	6,283,581.
3	Subtract line 2e from line 1			3	21,327,641.
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	380,020.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	380,020.
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5	21,707,661.

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

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

1	Total expenses and losses per audited financial statements			1	5,810,117.
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 XIII)	2d	704,400.		
e	Add lines 2a through 2d			2e	704,400.
3	Subtract line 2e from line 1			3	5,105,717.
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	380,020.		
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b			4c	380,020.
5	Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	5,485,737.

Part XIII Supplemental Information.

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

PART V, LINE 4:

EXPLANATION: 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 X, LINE 2:

EXPLANATION: THE FOUNDATION ASSESSES UNCERTAIN TAX POSITIONS AND HAS DETERMINED THAT ALL INCOME TAX FILING POSITIONS WOULD BE SUSTAINED UPON

Part XIII Supplemental Information *(continued)*

EXAMINATION AND, ACCORDINGLY, HAS NOT RECORDED ANY RESERVES OR RELATED ACCRUALS FOR INTEREST AND PENALTIES AT DECEMBER 31, 2013 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 2010.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE NETTED WITH SPECIAL EVENTS REVENUES FOR TAX RETURN	699,560.
RENTAL DEPR $1,285/ TAXES $1,994/ INTEREST $1,561	4,840.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	704,400.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES NETTED WITH SPECIAL EVENTS REVENUES FOR TAX RETURN	699,560.
RENTAL DEPR $1,285/ TAXES $1,994/ INTEREST $1,561	4,840.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	704,400.

Part XIII **Supplemental Information** *(continued)*

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

(a) Description of liability	(b) Amount
CHARITABLE LEAD ANNUITY OBLIGATIONS	137,718.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*

OMB No 1545-0047

2013

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 Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EAST ASIA AND THE PACIFIC	0	0	GRANT TO ONE RECIPIENT LOCATED IN REGION FOR MISSIONARY WORK	MISSIONARY WORK IN VIETNAM	30,000.
3 a Sub-total	0	0			30,000.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	0	0			30,000.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

3 Enter total number of other organizations or entities ▶

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
GRANT FOR MISSIONARY WORK	EAST ASIA AND THE PACIFIC	1	30,000.	WIRE TRANSFER	0.		CASH

Part IV Foreign Forms

1	Was the organization a U S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☒ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☒ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)*	☐ Yes	☒ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☒ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☒ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)*	☐ Yes	☒ No

Schedule F (Form 990) 2013

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs. expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable Also complete this part to provide any additional information

SCHEDULE F-PART 1; QUESTION 2

EXPLANATION: THE FOUNDATION'S PROCEDURES FOR MONITORING USE OF ITS GRANTS OUTSIDE OF THE UNITED STATES INCLUDE: CONCLUDING A PRE-GRANT INQUIRY WITH REASONABLE DETERMINATION THAT THE INTENDED GRANTEE IS CAPABLE OF FULFILLING THE CHARITABLE PURPOSES OF THE GRANT; EXECUTING A GRANT AGREEMENT THAT INCLUDES SPENDING AND REPORTING RESPONSIBILITIES AND COMMITS THE GRANTEE TO SPEND THE MONEY ONLY FOR THE SPECIFIED CHARITABLE PURPOSES; REQUIRING THE GRANTEE TO MAINTAIN GRANT FUNDS IN A SEPARATE ACCOUNT FOR CHARITABLE PURPOSES; REQUIRING REPORTING FROM THE GRANTEE DETAILING HOW THE FUNDS HAVE BEEN SPENT; AND REPORTING THE GRANT ON THE FOUNDATION'S FORM 990.

SCHEDULE F-PART 1; QUESTION 3, COLUMN F & PART III

EXPLANATION: TOTAL EXPENDITURES FOR THE REGION TOTALLED $30,000. THE EXPENDITURES WERE COMPLETED WITH A WIRE TRANSFER IN 2013. THE FOUNDATION USES THE MODIFIED CASH BASIS OF ACCOUNTING FOR EXPENDITURES.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.**

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form 990.*

OMB No 1545-0047

2013

Open To Public Inspection

Name of the organization	Employer identification number
COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO	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? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

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

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

		(a) Event #1 STRIMBU BARBEQUE (event type)	(b) Event #2 O'BRIEN CLAMBAKE (event type)	(c) Other events 59 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	322,971.	79,788.	550,320.	953,079.
	2 Less Contributions	86,520.	39,160.	6,506.	132,186.
	3 Gross income (line 1 minus line 2)	236,451.	40,628.	543,814.	820,893.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	13,127.	5,821.		18,948.
	7 Food and beverages	66,576.	27,292.		93,868.
	8 Entertainment	4,840.	1,200.		6,040.
	9 Other direct expenses	49,506.	624.	530,574.	580,704.
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	699,560.
	11 Net income summary Subtract line 10 from line 3, column (d)			▶	121,333.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 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 Subtract line 7 from line 1, column (d)			▶	

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. _____

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.** 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.

▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number 25-1407396

Part I General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACES/PENNSYLVANIA BUSINESS WEEK 1001 STATE STREET, SUITE 310 ERIE, PA 16501	26-2763757	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT - 425 SIXTH AVENUE, SUITE 1100 - PITTSBURGH, PA 15219	25-0965213	501(C)(3)	15,400.	0.			COMMUNITY DEVELOPMENT
ALZHEIMERS ASSOCIATION-GREATER PA CHAPTER - 1100 LIBERTY AVENUE - PITTSBURGH, PA 15222	25-1510692	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
ANIMAL WELFARE LEAGUE BUILDING FUND - 7 WEST STATE ST., SUITE 301 - SHARON, PA 16146	25-1407396	501(C)(3)	25,000.	0.			BUILDING CAMPAIGN
BEAVER AREA HERITAGE FOUNDATION 1200 RIVER ROAD BEAVER, PA 15009	23-7357864	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
BEAVER COUNTY CHRISTIAN SCHOOL 510 37TH STREET BEAVER FALLS, PA 15010	22-1863461	501(C)(3)	61,250.	0.			EITC PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 68.

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

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) (2013)**

332101
10-29-13

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
BILL RUDGE MINISTRIES P.O. BOX 108 SHARON, PA 16146	25-1325912	501(C)(3)	5,200.	0.			PROGRAM SUPPORT
BUHL COMMUNITY RECREATION CENTER 28 PINE ST. SHARON, PA 16146	25-0981137	501(C)(3)	20,756.	0.			CAPITAL IMPROVEMENTS
BUHL PARK CORPORATION 715 HAZEN RD. HERMITAGE, PA 16148	20-3453034	501(C)(3)	208,925.	0.			OPERATING SUPPORT
BUILDING BLOCKS CHILD CENTER, INC 4075 LAMOR ROAD HERMITAGE, PA 16148	26-3794898	501(C)(3)	10,000.	0.			EITC PROGRAM SUPPORT
CAMPING ASSOCIATION OF NORTHWEST PENNSYLVANIA - 221 CENTER STREET - SLIPPERY ROCK, PA 16057	25-1768855	501(C)(3)	25,500.	0.			PROGRAM SUPPORT
CATHEDRAL FOUNDATION 110 EAST LINCOLN AVE. NEW CASTLE, PA 16101	25-0908667	501(C)(3)	25,000.	0.			CAPITAL IMPROVEMENTS TO BUILDING
CENTRAL COMMUNITY CHURCH 3571 NORTH HERMITAGE ROAD TRANSFER, PA 16154	25-1835442	501(C)(3)	10,000.	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
CF81, INC. 7 WEST STATE ST., SUITE 301 SHARON, PA 16146	26-1075418	501(C)(2)	12,500.	0.			PROJECT SUPPORT

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
CHILDREN'S CENTER OF MERCER COUNTY 900 N. HERMITAGE ROAD, SUITE 3 HERMITAGE, PA 16148	25-0983061	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
CHURCH OF THE GOOD SHEPHERD 3613 SHARON ROAD.PO BOX 226 WEST MIDDLESEX, PA 16159	25-1075525	501(C)(3)	54,880.	0.			PROGRAM SUPPORT
CITY OF SHARON 155 WEST CONNELLY BLVD SHARON, PA 16146	25-6000883	CITY GOVERNMENT	13,272.	0.			PROJECT SUPPORT-MEMORIAL FOOTBRIDGE
COMMUNITY FOOD WAREHOUSE 109 S. SHARPSVILLE AVE. SHARON, PA 16146	25-1446242	501(C)(3)	61,588.	0.			BUILDING CAMPAIGN
CRAY YOUTH & FAMILY SERVICES, INC 332 HIGHLAND AVE NEW CASTLE, PA 16101	24-1478137	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
CROSSING PATHS MINISTRY P.O. BOX 1181 HERMITAGE, PA 16148	25-1349358	501(C)(3)	6,700.	0.			PROJECT 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	SCHOOL	16,000.	0.			EITC PROGRAM SUPPORT
FIRST PRESBYTERIAN CHURCH OF GREENVILLE - 323 MAIN STREET - GREENVILLE, PA 16125	25-0969464	501(C)(3)	9,250.	0.			PROGRAM SUPPORT

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
FIRST PRESBYTERIAN CHURCH OF SHARON - 600 E. STATE ST - SHARON, PA 16146	25-1067295	501(C)(3)	7,750.	0.			PROGRAM SUPPORT
FRIENDS OF THE RIVERFRONT INC 33 TERMINAL WAY PITTSBURGH, PA 15219	25-1655056	501(C)(3)	12,500.	0.			PROJECT SUPPORT
FUND FOR OUR ECONOMIC FUTURE 1360 EAST 9TH STREET, SUITE 210 CLEVELAND, OH 44114	27-0606927	501(C)(3)	5,556.	0.			PROGRAM SUPPORT
GEORGE JUNIOR REPUBLIC 233 GEORGE JUNIOR ROAD GROVE CITY, PA 16127	25-1536204	501(C)(3)	16,000.	0.			EITC PROGRAM SUPPORT
GRACE CHAPEL BENEVOLENCE FUND 4075 LAMOR ROAD HERMITAGE, PA 16148	23-2920243	501(C)(3)	30,136.	0.			PROGRAM SUPPORT
GREATER PITTSBURGH COMMUNITY FOOD BANK - 1 NORTH LINDEN STREET - DUQUESNE, PA 15110	25-1400599	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
GROVE CITY COLLEGE 100 CAMPUS DRIVE GROVE CITY, PA 16127	25-1065148	501(C)(3)	42,250.	0.			PROGRAM SUPPORT
GROVE CITY COMMUNITY LIBRARY 125 W MAIN STREET GREENVILLE, PA 16125	25-6011151	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
GUSSIE WALKER COMMUNITY CENTER 1207 MORAVIA ST. NEW CASTLE, PA 16101	51-0527381	501(C)(3)	20,000.	0.			PROJECT SUPPORT

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
HICKORY HIGH SCHOOL 640 NORTH HERMITAGE ROAD HERMITAGE, PA 16148	25-6001704	SCHOOL	16,000.	0.			EITC PROGRAM SUPPORT
JAMESON HEALTH CARE FOUNDATION 1211 WILMINGTON AVENUE NEW CASTLE, PA 16105	25-1536037	501(C)(3)	50,000.	0.			PROJECT SUPPORT
JAMESTOWN AREA SCHOOL DISTRICT 204 SHENANGO STREET JAMESTOWN, PA 16134	25-6002598	SCHOOL	6,500.	0.			EITC PROGRAM SUPPORT
JOSHUA'S HAVEN P.O.BOX 128 SHARON, PA 16146	20-3536274	501(C)(3)	25,000.	0.			OPERATING SUPPORT
KENNEDY CATHOLIC HIGH SCHOOL 2120 SHENANGO VALLEY FREEWAY HERMITAGE, PA 16148	25-1127854	501(C)(3)	157,452.	0.			EITC PROGRAM SUPPORT
LAWRENCE COMMUNITY FOUNDATION 7 WEST STATE ST. SHARON, PA 16146	25-1407396	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
LAWRENCE COUNTY HISTORICAL SOCIETY PO BOX 1745 NEW CASTLE, PA 16103	25-1389552	501(C)(3)	12,543.	0.			PROJECT SUPPORT
MAHONING VALLEY COLLEGE ACCESS PROGRAM - 147 WEST MARKET STREET - WARREN, OH 44481	34-1965157	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
MERCER COUNTY HOUSING AUTHORITY 80 JEFFERSON AVENUE SHARON, PA 16146	25-6002126	501(C)(3)	40,728.	0.			HOPE & HOUSING OPERATING SUPPORT

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
MOHAWK COFFEE HOUSE ENDOWMENT FUND 7 WEST STATE ST. SHARON, PA 16146	25-1407396	501(C)(3)	10,000.	0.			PROJECT SUPPORT
NATIONAL CENTER FOR ARTS AND TECHNOLOGY FUND - 7 WEST STATE ST. - SHARON, PA 16146	25-1407396	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
NEW LIGHT CHRISTIAN EDUCATION CENTER - 753 CEDAR AVENUE - SHARON, PA 16146	25-1129044	501(C)(3)	6,000.	0.			EITC PROGRAM SUPPORT
NOTRE DAME CHURCH 2325 HIGHLAND ROAD HERMITAGE, PA 16148	25-6035682	501(C)(3)	6,500.	0.			PROGRAM SUPPORT
PENN-OHIO ARTS, INDUSTRY & INNOV INITIATIVE FUND - 7 WEST STATE ST. - SHARON, PA 16146	25-1407396	501(C)(3)	86,000.	0.			PROJECT SUPPORT
PITTSBURGH SYMPHONY ORCHESTRA 600 PENN AVENUE PITTSBURGH, PA 15222-3259	25-0986052	501(C)(3)	24,000.	0.			PROGRAM SUPPORT
PRINCE OF PEACE 502 DARR AVENUE FARRELL, PA 16121	25-1586148	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
RENEWAL INC 601 GRANT STREET PITTSBURGH, PA 15219	25-1312968	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
SAINT MICHAEL SCHOOL 80 N. HIGH STREET GREENVILLE, PA 16125	25-1154521	SCHOOL	54,500.	0.			EITC PROGRAM SUPPORT

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
SHARON CITY SCHOOL DISTRICT 215 FORKER BLVD. SHARON, PA 16146	25-6002975	SCHOOL	16,000.	0.			EITC PROGRAM SUPPORT
SHARPSVILLE HIGH SCHOOL 301 BLUE DEVIL WAY SHARPSVILLE, PA 16150	25-1157978	SCHOOL	16,000.	0.			EITC PROGRAM SUPPORT
SHEAKLEYVILLE PRESBYTERIAN CHURCH BOX 158 SHEAKLEYVILLE, PA 16151	25-1129044	501(C)(3)	9,250.	0.			PROGRAM SUPPORT
SHRINER'S HOSPITAL FOR CHILDREN 2900 ROCKY POINT DRIVE TAMPA, FL 33607	36-2193608	501(C)(3)	6,189.	0.			CHILDREN'S HEALTH CARE
SLIPPERY ROCK UNIVERSITY FOUNDATION - PO BOX 233 - SLIPPERY ROCK, PA 16057	23-7093388	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
ST. CLEMENT EPISCOPAL CHURCH 103 CLINTON ST. GREENVILLE, PA 16125	25-0965583	501(C)(3)	5,400.	0.			PROGRAM SUPPORT
ST PAUL HOMES 339 EAST JAMESTOWN ROAD GREENVILLE , PA 16125	25-0773080	501(C)(3)	9,250.	0.			PROGRAM SUPPORT
SYNERGY COMMUNITY FOUNDATION 7 WEST STATE ST. SHARON, PA 16146	25-1407396	501(C)(3)	14,400.	0.			PROGRAM SUPPORT
TECH BELT ENERGY INNOVATION CENTER 108 MAIN AVENUE, SUITE 500 WARREN, OH 44481	27-2660738	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

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
THIEL COLLEGE 75 COLLEGE AVE. GREENVILLE, PA 16125	25-0965576	501(C)(3)	24,000.	0.			PROJECT SUPPORT
THOMAS O'BRIEN HUMANE SOCIETY BUILDING - 7 WEST STATE ST. - SHARON, PA 16146	25-1407396	501(C)(3)	10,000.	0.			PROJECT SUPPORT
UNITED WAY ALLEGHENY COUNTY 1250 PENN AVENUE PITTSBURGH, PA 15230	25-1043578	501(C)(3)	23,000.	0.			PROGRAM SUPPORT
UNITED WAY OF LAUREL HIGHLANDS 422 MAIN STREET, SUITE 203 JOHNSTOWN, PA 15901	25-0965383	501(C)(3)	12,000.	0.			PROGRAM SUPPORT
UNITED WAY OF MERCER COUNTY 493 SOUTH HERMITAGE RD. HERMITAGE, PA 16148	25-1039297	501(C)(3)	86,025.	0.			PROGRAM SUPPORT
UNITED WAY OF WESTMORELAND COUNTY 1011 OLD SALEM ROAD, SUITE 101 GREENSBURG, PA 15601	25-6069120	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
WATERFIRE SHARON 7 WEST STATE ST. SHARON, PA 16146	25-1407396	501(C)(3)	204,539.	0.			PROJECT SUPPORT
WEST HILL MINISTRIES 301 WEST STATE STREET SHARON, PA 16146	25-1124423	501(C)(3)	30,000.	0.			CHILDREN'S PROGRAMMING
WILMINGTON AREA SCHOOL DISTRICT 300 WOOD ST. NEW WILMINGTON, PA 16142	25-6008305	SCHOOL	5,106.	0.			EITC PROGRAM SUPPORT

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	752	1,010,780.	0.		
GRANTS TO INDIVIDUALS WITH SIGNIFICANT FINANCIAL NEEDS ARE BASED ON APPLICATIONS MEETING NEED GUIDELINES AND APPROVED BY A BOARD COMMITTEE.	372	265,917.	0.		

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

PART I, LINE 2:

EXPLANATION: 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

SEE PART IV FOR COLUMN (A) DESCRIPTIONS

Part IV Supplemental Information

DONOR-ADVISORS. EACH RECOMMENDATION IS REVIEWED BY 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.

SCHEDULE I, PART I, QUESTION 2

EXPLANATION: 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).

Part IV **Supplemental Information**

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.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) No	(h) Approved by board or committee? Yes	(h) No	(i) Written agreement? Yes	(i) 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 of assistance	(d) Type of assistance	(e) Purpose of assistance

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	(e) Sharing of organization's revenues? No
ROBERT C. JAZWINSKI	DIRECTOR EMERITUS	65,773.	INVESTMENT		X
CF81, INC.	AFFILIATED NON-PROF	0.	THE FOUNDAT		X
DONNA C. WINNER	FORMER BOARD MEMBER	46,200.	IN NOVEMBER		X

Part V Supplemental Information

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 $ 65,773.

(D) DESCRIPTION OF TRANSACTION: INVESTMENT FEES CHARGED BY JFS WEALTH ADVISORS. MR. JAZWINSKI IS PRESIDENT OF 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 $ (D) DESCRIPTION O

(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.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DONNA C. WINNER

Part V Supplemental Information

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FORMER BOARD MEMBER & MOTHER OF CURRENT BOARD MEMBER, KAREN WINNER SED

(C) AMOUNT OF TRANSACTION $ 46,200.

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.

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Information about Schedule M (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number: 25-1407396

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions 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	15	1,545,387.	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	X	1	250,000.	COMPARABLE PROPERTY
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 ▶ (GAS/OIL/MIN R)	X	1	87,000.	APPRAISAL
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

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

Part II **Supplemental Information.** 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:

EXPLANATION: 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.

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

OMB No 1545-0047

2013

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:

EXPENSE-INTEREST PORTION OF ANNUITY PAYMENTS. $ 294,055.

EXPENSE-REAL ESTATE TAXES ON LIFE ESTATE PROPERTY AND OTHER DONATED

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

REAL ESTATE. $ 8,747.

REVENUE-NET RENTAL INCOME. $5,560.

EXPENSES $ 302,802. INCLUDING GRANTS OF $ 0. REVENUE $ 5,560.

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

EXPLANATION: 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:

EXPLANATION: IT IS THE POLICY OF THE FOUNDATION TO REQUIRE THAT ALL MEMBERS OF THE BOARD OF DIRECTORS, COMMITTEES AND STAFF DISCLOSE BUSINESS PRACTICES OR CONDUCT THAT COULD CONSTITUTE A CONFLICT BETWEEN THEIR PERSONAL INTERESTS AND THE INTERESTS OF THE FOUNDATION.

THE FOUNDATION'S EXECUTIVE OFFICE REGULARLY MONITORS AND UPDATES THE FOUNDATION'S CONFLICT OF INTEREST POLICY, PROVIDING THE DIRECTORS WITH COPIES AT A BOARD MEETING. OFFICERS, DIRECTORS AND STAFF UPDATE THEIR DISCLOSURES ANNUALLY. POTENTIAL CONFLICTS OF INTEREST INVOLVING DIRECTORS, OFFICERS, MEMBERS OF COMMITTEES AND STAFF ARE IDENTIFIED AND ADDRESSED IN ORDER TO ASSURE THAT THE FOUNDATION IS TREATED FAIRLY IN ALL ITS BUSINESS DEALINGS.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: 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:
EXPLANATION: 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.

FORM 990, PART XII, LINE 1
EXPLANATION: 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.

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

Employer identification number 25-1407396

THE FOUNDATION ALSO RECORDS DEPRECIATION EXPENSE AND UNREALIZED APPRECIATION (DEPRECIATION) ON INVESTMENTS.

FORM 990, PART XII, LINE 2C

EXPLANATION: 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.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

▶Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

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" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) 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" on 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	(g) Section 512(b)(13) controlled entity? No
CF81, INC. - 26-1075418 7 WEST STATE 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) 2013

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Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) Disproportionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
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	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d	X	
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CF81, INC.	D	828,483.	GUARANTEE AMOUNT
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec 501(c)(3) orgs? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

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

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

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

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO	25-1407396
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	7 WEST STATE STREET, NO. 301	
	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) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	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.

- The books are in the care of ▶ LAWRENCE E. HAYNES 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, 2014.

5 For calendar year 2013, 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 Forms 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 Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit 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 ▶ Nancy J Black Title ▶ CPA Date ▶ 7-31-14

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