

EXTENDED TO NOVEMBER 15, 2016

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Form **990**

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

2015Department of the Treasury
Internal Revenue Service

- ▶ 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.

Open to Public
Inspection**A** For the 2015 calendar year, or tax year beginning and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO		D Employer identification number 25-1407396
	Doing business as		E Telephone number (724) 981-5882
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 33,457,088.
	7 WEST STATE STREET	301	H(a) Is this a group return for subordinates? ☐ Yes ☒ No
	City or town, state or province, country, and ZIP or foreign postal code SHARON, PA 16146		H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions)
	F Name and address of principal officer JAMES O'BRIEN SAME AS C ABOVE		H(c) Group exemption number ▶
I Tax exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527			
J Website: ▶ WWW.COMM-FOUNDATION.ORG			
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1981 M State of legal domicile PA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE FOUNDATION IS A FLEXIBLE, YET PERMANENT SELECTION OF FUNDS SUPPORTED BY A WIDE RANGE OF		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	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 2015 (Part V, line 2a)	5 19	
	6 Total number of volunteers (estimate if necessary)	6 700	
	7a Total unrelated business revenue from Part VIII, column (A), line 12	7a 0.	
	7b Net unrelated business taxable income from Form 990-E, line 34	7b 0.	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	8 8,887,136.
		9 Program service revenue (Part VIII, line 2g)	9 0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		10 4,127,706.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11 221,993.	
12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12 13,236,835.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		13 5,147,286.	
14 Benefits paid to or for members (Part IX, column (A), line 4)		14 0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		15 643,574.	
16a Professional fundraising fees (Part IX, column (A), line 11e)		16a 0.	
16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 119,874.		16b 0.	
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17 1,596,355.	
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	18 7,387,215.	
	19 Revenue less expenses Subtract line 18 from line 12	19 5,849,620.	
	20 Total assets (Part X, line 16)	20 82,142,611.	
	21 Total liabilities (Part X, line 26)	21 12,006,957.	
	22 Net assets or fund balances Subtract line 21 from line 20	22 70,135,654.	
	Beginning of Current Year		
	End of Year		
	82,142,611.		
	77,724,424.		

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 <i>Dennis J Lieb</i>	Date 11/14/2012
	DENNIS J LIEB, DIRECTOR OF FINANCE Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name GREGORY J KOCH	Preparer's signature <i>Gregory J Koch, CPA</i>
	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

532001 12-16-15

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

9-65 20

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 ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 5,238,394. including grants of \$ 5,238,394.) (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 \$ 919,326. including grants of \$ 919,326.) (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 \$ 210,821. including grants of \$ 210,821.) (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 \$ 440,616. including grants of \$) (Revenue \$ 5,842.)

4e Total program service expenses 6,809,157.

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

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, 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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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		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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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		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 "Yes," complete Schedule L, Part II		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		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	X	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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		
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		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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 49		
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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b Did the sponsoring 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? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c Enter the amount of reserves on hand.	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

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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.	12	
b Enter the number of voting members included in line 1a, above, who are independent	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	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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 ☒ 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, address, and telephone number of the person who possesses the organization's books and records ►
THE ORGANIZATION - (724) 981-5882
7 WEST STATE ST, SUITE 301, SHARON, PA 16146

COMMUNITY FOUNDATION OF WESTERN

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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) MICHAEL BSHERO DIRECTOR	1.00	X						0.	0.	0.
(6) ROBERT SHERBONDY DIRECTOR	1.00	X						0.	0.	0.
(7) SUSAN WELLER SIMPSON DIRECTOR	1.00	X						0.	0.	0.
(8) JEFF MATHEWS DIRECTOR	1.00	X						0.	0.	0.
(9) ROBERT MILLER DIRECTOR	1.00	X						0.	0.	0.
(10) ERNIE MAY DIRECTOR	1.00	X						0.	0.	0.
(11) LEANN SMITH DIRECTOR	1.00	X						0.	0.	0.
(12) DAVID GETTINGS DIRECTOR	1.00	X						0.	0.	0.
(13) LAWRENCE E. HAYNES EXECUTIVE DIRECTOR (PARTIAL YEAR)	40.00			X				62,163.	0.	5,452.
(14) SHELLY R. MASON CHIEF FINANCIAL OFFICER	30.00			X				51,294.	0.	2,052.
(15) AMY ATKINSON INTERIM EXEC. DIRECTOR (PARTIAL YEAR)	40.00			X				52,149.	0.	2,086.
(16) KYLE ENGLISH EXECUTIVE DIRECTOR (PARTIAL YEAR)	40.00			X				12,634.	0.	277.

**COMMUNITY FOUNDATION OF WESTERN
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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								178,240.	0.	9,867.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								178,240.	0.	9,867.

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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such person</i>		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

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Part VIII Statement of RevenueCheck 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	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	145,810.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,719,671.			
	g	Noncash contributions included in lines 1a-1f \$		406,964.			
	h	Total. Add lines 1a-1f		4,865,481.			
	Program Service Revenue	Business Code					
2 a							
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,552,069.		1,552,069.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	(i) Real		(ii) Personal			
		25,950.					
		b Less rental expenses		9,171.			
		c Rental income or (loss)		16,779.			
	d	Net rental income or (loss)		16,779.	5,842.	10,937.	
	7 a	(i) Securities		(ii) Other			
		26,249,604.					
		b Less cost or other basis and sales expenses		23,815,848.			
		c Gain or (loss)		2,433,756.			
	d	Net gain or (loss)		2,433,756.		2,433,756.	
	8 a	Gross income from fundraising events (not including \$ 145,810. of contributions reported on line 1c) See Part IV, line 18		a	763,984.		
		b Less direct expenses		b	590,737.		
		c Net income or (loss) from fundraising events			173,247.		173,247.
	9 a	Gross income from gaming activities See Part IV, line 19		a			
		b Less direct expenses		b			
		c Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances		a			
		b Less cost of goods sold		b			
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12	Total revenue. See instructions.		9,041,332.	5,842.	0.	4,170,009.	

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,223,394.	5,223,394.		
2 Grants and other assistance to domestic individuals See Part IV, line 22	1,130,147.	1,130,147.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	15,000.	15,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	188,106.		188,106.	
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	483,808.		483,808.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	29,643.		29,643.	
9 Other employee benefits	16,793.		16,793.	
10 Payroll taxes	51,598.		51,598.	
11 Fees for services (non-employees)				
a Management				
b Legal	14,972.		14,972.	
c Accounting	54,160.		54,160.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	497,747.		497,747.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O)	33,817.		33,817.	
12 Advertising and promotion				
13 Office expenses	45,128.		45,128.	
14 Information technology				
15 Royalties				
16 Occupancy	128,176.		128,176.	
17 Travel	39,594.		39,594.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,391.		3,391.	
20 Interest	438,877.	385,928.	52,949.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,900.		11,900.	
23 Insurance	52,231.		52,231.	
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	119,874.			119,874.
b MISCELLANEOUS EXPENSES	63,952.		63,952.	
c SUPPORT-SPECIAL EVENTS	54,688.	54,688.		
d DUES AND LICENSE	29,575.		29,575.	
e All other expenses	36,086.		36,086.	
25 Total functional expenses Add lines 1 through 24e	8,762,657.	6,809,157.	1,833,626.	119,874.
26 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**COMMUNITY FOUNDATION OF WESTERN
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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	8,874,010.	2	9,836,679.
	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	2,178,281.	7	1,479,614.
	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	783,903.		
	b Less accumulated depreciation	125,250.	926,207.	658,653.
	11 Investments - publicly traded securities	69,827,113.	11	65,412,478.
	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	237,000.	15	237,000.
16 Total assets. Add lines 1 through 15 (must equal line 34)	82,142,611.	16	77,724,424.	
Liabilities	17 Accounts payable and accrued expenses	10,506.	17	9,337.
	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	1,761,845.	23	1,247,531.
	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	10,234,606.	25	10,361,845.
	26 Total liabilities. Add lines 17 through 25	12,006,957.	26	11,618,713.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	67,852,319.	27	64,023,312.
	28 Temporarily restricted net assets	483,977.	28	283,041.
	29 Permanently restricted net assets	1,799,358.	29	1,799,358.
	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	70,135,654.	33	66,105,711.
	34 Total liabilities and net assets/fund balances	82,142,611.	34	77,724,424.

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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	9,041,332.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,762,657.
3	Revenue less expenses Subtract line 2 from line 1	3	278,675.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	70,135,654.
5	Net unrealized gains (losses) on investments	5	<4,308,618.>
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	66,105,711.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☐ Accrual ☒ Other MODFD CASH
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
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
- 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
- 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
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Form **990** (2015)

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

2015

Open to Public
Inspection

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

Employer identification number
25-1407396

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	4035239.	5957883.	5869771.	5972547.	4865481.	26700921.
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	4035239.	5957883.	5869771.	5972547.	4865481.	26700921.
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)						625,796.
6 Public support. Subtract line 5 from line 4						26075125.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	4035239.	5957883.	5869771.	5972547.	4865481.	26700921.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	952,929.	1282437.	1804873.	1610724.	1578019.	7228982.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						33929903.
12 Gross receipts from related activities, etc. (see instructions)					12	3,719,284.
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 2015 (line 6, column (f) divided by line 11, column (f))	14	76.85 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	77.33 %
16a 33 1/3% support test - 2015. 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 - 2014. 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 - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐		

Schedule A (Form 990 or 990-EZ) 2015

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI.)						
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 2015 (line 8, column (f) divided by line 13, column (f)) **15** %

16 Public support percentage from 2014 Schedule A, Part III, line 15 **16** %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) **17** %

18 Investment income percentage from 2014 Schedule A, Part III, line 17 **18** %

19a 33 1/3% support tests - 2015. 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 - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Schedule A (Form 990 or 990-EZ) 2015

COMMUNITY FOUNDATION OF WESTERN

Schedule A (Form 990 or 990-EZ) 2015 **PENNSYLVANIA AND EASTERN OHIO**

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

COMMUNITY FOUNDATION OF WESTERN

Schedule A (Form 990 or 990-EZ) 2015 PENNSYLVANIA AND EASTERN OHIO

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Part VI

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions)

SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:

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: 03/15/13 AMOUNT: 12110921.

DESCRIPTION: CASH

DATE: 12/27/13 AMOUNT: 1000000.

DESCRIPTION: CASH

DATE: 09/30/14 AMOUNT: 500000.

DESCRIPTION: CASH

DATE: 09/30/14 AMOUNT: 518868.

DESCRIPTION: CASH

DATE: 11/25/14 AMOUNT: 1150000.

DESCRIPTION: MUTUAL FUNDS

DATE: 06/13/14 AMOUNT: 745721.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

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

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	170	
2 Aggregate value of contributions to (during year)	1,530,799.	
3 Aggregate value of grants from (during year)	1,876,110.	
4 Aggregate value at end of year	19,256,329.	

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e.g., recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included 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, handling of violations, and enforcing conservation easements during the year ▶

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

8 Does each conservation easement reported on line 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" on 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) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

COMMUNITY FOUNDATION OF WESTERN

PENNSYLVANIA AND EASTERN OHIO

Schedule D (Form 990) 2015

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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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,283,335.	2,269,885.	2,027,905.	1,902,722.	1,959,654.
b Contributions					
c Net investment earnings, gains, and losses	<230.>	150,552.	337,856.	219,290.	28,203.
d Grants or scholarships	177,702.	114,100.	75,000.	75,000.	
e Other expenditures for facilities and programs					67,067.
f Administrative expenses	23,004.	23,002.	20,876.	19,107.	18,068.
g End of year balance	2,082,399.	2,283,335.	2,269,885.	2,027,905.	1,902,722.

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

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ 86.41 %
 c Temporarily restricted endowment ▶ 13.59 %

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

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

- (i) unrelated organizations
 (ii) related organizations

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

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	180,000.			180,000.
b Buildings	460,237.		12,591.	447,646.
c Leasehold improvements		11,739.	3,587.	8,152.
d Equipment		131,927.	109,072.	22,855.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				658,653.

Schedule D (Form 990) 2015

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

Schedule D (Form 990) 2015

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Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) AGENCY ENDOWMENT FUNDS OBLIGATION	8,114,642.
(3) CHARITABLE REMAINDER ANNUITY	
(4) OBLIGATION	1,003,474.
(5) CHARITABLE REMAINDER UNITRUST	
(6) OBLIGATION	1,000,885.
(7) CHARITABLE REMAINDER UNITRUST	
(8) OBLIGATION-AGENCY	54,864.
(9) LIFE ESTATE OBLIGATION	96,411.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	10,361,845.

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 ☒

Schedule D (Form 990) 2015

COMMUNITY FOUNDATION OF WESTERN

Schedule D (Form 990) 2015

PENNSYLVANIA AND EASTERN OHIO

25-1407396 Page 4

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

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

1	Total revenue, gains, and other support per audited financial statements		1	4,834,875.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	<4,308,618.>	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	599,908.	
e	Add lines 2a through 2d	2e	<3,708,710.>	
3	Subtract line 2e from line 1	3	8,543,585.	
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	497,747.	
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b	4c	497,747.	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	9,041,332.	

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

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

1	Total expenses and losses per audited financial statements		1	8,864,818.
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	599,908.	
e	Add lines 2a through 2d	2e	599,908.	
3	Subtract line 2e from line 1	3	8,264,910.	
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	497,747.	
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b	4c	497,747.	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	8,762,657.	

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:

THERE ARE TWO PERMANENT ENDOWMENT FUNDS: THE BUHL COMMUNITY RECREATION CENTER ENDOWMENT, AND THE COMMUNITY LIBRARY ENDOWMENT.

PART X, LINE 2:

THE FOUNDATION QUALIFIES AS A TAX-EXEMPT FOUNDATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND PENNSYLVANIA'S BUREAU OF CHARITABLE ORGANIZATIONS. THEREFORE, THERE IS NO PROVISION FOR FEDERAL OR STATE INCOME TAXES IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE NETTED WITH SPECIAL EVENTS REVENUES

532054
09-21-15

Schedule D (Form 990) 2015

Part XIII Supplemental Information (continued)

FOR TAX RETURN	590,737.
RENTAL EXPENSES NETTED AGAINST REVENUE	9,171.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	599,908.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES NETTED WITH SPECIAL EVENTS REVENUES

FOR TAX RETURN	590,737.
RENTAL EXPENSES NETTED AGAINST REVENUE	9,171.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	599,908.

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.

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

OMB No 1545-0047

2015Open 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? ☒ 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	15,000.
3 a Sub total	0	0			15,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			15,000.

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

Schedule F (Form 990) 2015

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.

[illegible]

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 can be duplicated if additional space is needed

[illegible]

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 separately 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, do not file with Form 990)* ☐ 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) 2015

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

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

TOTAL EXPENDITURES FOR THE REGION TOTALED \$ 15,000. THE EXPENDITURES WERE COMPLETED WITH A WIRE TRANSFER IN 2015. THE FOUNDATION USES THE MODIFIED CASH BASIS OF ACCOUNTING FOR EXPENDITURES.

(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" on 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/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION OF WESTERN
PENNSYLVANIA AND EASTERN OHIO

Employer identification number
25-1407396

Part I

- 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?

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

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

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

COMMUNITY FOUNDATION OF WESTERN

Schedule G (Form 990 or 990-EZ) 2015 **PENNSYLVANIA AND EASTERN OHIO**

25-1407396 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))	
		STRIMBU BARBEQUE	O' BRIEN CLAMBAKE	62		
		(event type)	(event type)	(total number)		
1	Gross receipts	342,831.	81,806.	485,157.	909,794.	
2	Less Contributions	88,600.	35,310.	21,900.	145,810.	
3	Gross income (line 1 minus line 2)	254,231.	46,496.	463,257.	763,984.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	12,603.	5,100.	5,065.	22,768.
	7	Food and beverages	74,425.	27,620.	19,638.	121,683.
	8	Entertainment	8,700.	1,000.		9,700.
	9	Other direct expenses	73,638.	764.	362,184.	436,586.
	10	Direct expense summary Add lines 4 through 9 in column (d)				590,737.
	11	Net income summary Subtract line 10 from line 3, column (d)				173,247.

Part III Gaming. Complete if the organization answered "Yes" on 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 conducts gaming activities _____

a Is the organization licensed to conduct 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 _____

COMMUNITY FOUNDATION OF WESTERN

Schedule G (Form 990 or 990-EZ) 2015 **PENNSYLVANIA AND EASTERN OHIO**

25-1407396 Page **3**

- 11** Does the organization conduct 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 conducted 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 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" on 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

2015

Open to Public
Inspection

Name of the organization **COMMUNITY FOUNDATION OF WESTERN**

PENNSYLVANIA AND EASTERN OHIO

Employer identification number
25-1407396

Part I General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMERS ASSOCIATION-GREATER PA CHAPTER - 1100 LIBERTY AVENUE - PITTSBURGH, PA 15222	25-1510692	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
ANIMAL WELFARE LEAGUE 7 WEST STATE ST., SUITE 301 SHARON, PA 16146	25-1407396	501(C)(3)	10,000.	0.			BUILDING CAMPAIGN
BILL RUDGE MINISTRIES 280 N BUHL FARM DRIVE HERMITAGE, PA 16148	25-1325912	501(C)(3)	5,500.	0.			PROGRAM SUPPORT
BUHL COMMUNITY RECREATION CENTER 28 PINE ST. SHARON, PA 16146	25-0981137	501(C)(3)	35,000.	0.			OPERATING SUPPORT
BUHL PARK CORPORATION 715 HAZEN RD. HERMITAGE, PA 16148	20-3453034	501(C)(3)	133,214.	0.			OPERATING SUPPORT
CENTRE COUNTY UNITED WAY 126 W PINE GROVE ROAD, PO BOX 64 PINE GROVE MILLS, PA 16868	25-1215290	501(C)(3)	6,000.	0.			PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **81.**

3 Enter total number of other organizations listed in the line 1 table **15.**

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

Schedule I (Form 990) (2015)

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

25-1407396

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Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST PRESBYTERIAN CHURCH OF GREENVILLE - 323 MAIN STREET - GREENVILLE, PA 16125	25-0969464	CHURCH	217,996.	0.			PROGRAM SUPPORT
GRACE CHAPEL BENEVOLENCE FUND 4075 LAMOR ROAD HERMITAGE, PA 16148	23-2920243	CHURCH	26,000.	0.			PROGRAM SUPPORT
GREATER PITTSBURGH COMMUNITY FOOD BANK - 1 NORTH LINDEN STREET - DUQUESNE, PA 15110	25-1400599	501(C)(3)	12,955.	0.			PROGRAM SUPPORT
GROVE CITY COLLEGE 200 CAMPUS DRIVE GROVE CITY, PA 16127	25-1065148	SCHOOL	32,500.	0.			PROGRAM SUPPORT
GUSSIE WALKER COMMUNITY CENTER PO BOX 792 NEW CASTLE, PA 16103	51-0527381	501(C)(3)	13,750.	0.			PROJECT SUPPORT
JOSHUA'S HAVEN PO BOX 128 1230 STAMBAUGH AVE SHARON, PA 16146	20-3536274	501(C)(3)	30,000.	0.			OPERATING SUPPORT
MERCER COUNTY HOUSING AUTHORITY 80 JEFFERSON AVENUE SHARON, PA 16146	25-6002126	501(C)(3)	26,844.	0.			HOPE & HOUSING OPERATING SUPPORT
MOHAWK COFFEE HOUSE PO BOX 41 206 E POLAND AVENUE BESSEMER, PA 16112	46-1465113	501(C)(3)	15,725.	0.			PROJECT SUPPORT
PITTSBURGH SYMPHONY ORCHESTRA 600 PENN AVENUE PITTSBURGH, PA 15222-3259	25-0986052	501(C)(3)	8,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN

Schedule I (Form 990)

PENNSYLVANIA AND EASTERN OHIO

25-1407396

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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
PRINCE OF PEACE 502 DARR AVENUE FARRELL, PA 16121	25-1586148	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
SHEAKLEYVILLE PRESBYTERIAN CHURCH BOX 158 SHEAKLEYVILLE, PA 16151	25-1129044	CHURCH	12,500.	0.			PROGRAM SUPPORT
SHRINER'S HOSPITAL FOR CHILDREN 2900 ROCKY POINT DRIVE TAMPA, FL 33607	36-2193608	501(C)(3)	15,000.	0.			CHILDREN'S HEALTH CARE
ST. CLEMENT EPISCOPAL CHURCH 103 CLINTON ST. GREENVILLE, PA 16125	25-0965583	CHURCH	7,250.	0.			PROGRAM SUPPORT
ST PAUL HOMES 339 EAST JAMESTOWN ROAD GREENVILLE, PA 16125	25-0773080	501(C)(3)	12,500.	0.			PROGRAM SUPPORT
SYNERGY COMMUNITY FOUNDATION 7 WEST STATE ST. SHARON, PA 16146	25-1407396	501(C)(3)	26,667.	0.			PROGRAM SUPPORT
THIEL COLLEGE 75 COLLEGE AVE. GREENVILLE, PA 16125	25-0965576	SCHOOL	160,000.	0.			PROJECT SUPPORT
THOMAS O'BRIEN HUMANE SOCIETY BLDG FUND - 7 WEST STATE ST. - SHARON, PA 16146	25-1407396	501(C)(3)	292,881.	0.			PROJECT SUPPORT
UNITED WAY ALLEGHENY COUNTY 1250 PENN AVENUE PITTSBURGH, PA 15230	25-1043578	501(C)(3)	25,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF MERCER COUNTY 493 SOUTH HERMITAGE RD. HERMITAGE, PA 16148	25-1039297	501(C)(3)	172,305.	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
WEST HILL MINISTRIES 301 WEST STATE STREET SHARON, PA 16146	25-1124423	501(C)(3)	25,000.	0.			CHILDREN'S SUMMER PROGRAM & SUPPORT
ACHEIVEMENT CENTERS FOR CHILDREN 4255 NORTHFIELD ROAD HIGHLAND HILLS, OH 44128	34-0714766	501(C)(3)	12,000.	0.			PROGRAM SUPPORT
CLEVELAND CLINIC PO BOX 89410 CLEVELAND, OH 44101	34-0714585	501(C)(3)	49,377.	0.			PROGRAM SUPPORT
COMMUNITY LIBRARY OF THE SHENANGO VALLEY - 11 N SHARPSVILLE AVE - SHARON, PA 16146	20-8392137	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
GREENVILLE AREA PUBLIC LIBRARY 330 MAIN ST GREENVILLE, PA 16125	25-0979360	501(C)(3)	168,498.	0.			PROGRAM SUPPORT
JAMES E WINNER JR ARTS & CULTURE CENTER FUND - 7 WEST STATE ST. - SHARON, PA 16146	25-1407396	501(C)(3)	140,000.	0.			PROGRAM SUPPORT
JUMP STREET 100 N CAMERON ST HARRISBURG, PA 17101	23-2149354	501(C)(3)	6,400.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN

25-1407396

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Schedule I (Form 990)

PENNSYLVANIA AND EASTERN OHIO

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAWRENCE COUNTY CHILDREN & YOUTH SERVICES - 1001 EAST WASHINGTON ST - NEW CASTLE, PA 16101	46-4909475	501(C)(3)	5,833.	0.			PROJECT SUPPORT
NEW CASTLE BREAD BASKET PROGRAM FUND - 7 WEST STATE ST. - SHARON, PA 16146	25-1407396	501(C)(3)	9,598.	0.			PROGRAM SUPPORT
NEW CASTLE PUBLIC LIBRARY 207 EAST NORTH ST NEW CASTLE, PA 16101	25-1729425	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
NEW CASTLE YMCA 20 WEST WASHINGTON ST NEW CASTLE, PA 16101	25-0969496	501(C)(3)	35,000.	0.			PROJECT SUPPORT
PENN NORTHWEST DEVELOPMENT CORPORATION - 24 AVALON COURT SUITE 100 - MERCER, PA 16137	25-1515795	501(C)(3)	55,000.	0.			ECONOMIC DEVELOPMENT SUPPORT
PITTSBURGH CURE SARCOMA 5115 CENTER AVE PUITTSBURGH, PA 15232	52-2275294	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
SALVATION ARMY OF GREENVILLE PO BOX 709 GREENVILLE, PA 16125	13-5562351	501(C)(3)	60,000.	0.			PROGRAM SUPPORT
SECOND HARVEST FOOD BANK OF THE MAHONING VALLEY - 2805 SALT SPRINGS ROAD - YOUNGSTOWN, OH 44505	34-1380074	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
TEAM PENNSYLVANIA FOUNDATION PO BOX 11468 100 PINE ST HARRISBURG, PA 17108	23-2876177	501(C)(3)	25,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE PATCHWORK FOUNDATION 7 WEST STATE ST. SHARON, PA 16146	25-1407396	501(C)(3)	14,000.	0.			PROJECT SUPPORT
TRUMBULL NEIGHBORHOOD PARTNERSHIP 147 WEST MARKET ST WARREN, OH 44481	27-3028186	501(C)(3)	32,000.	0.			PROJECT SUPPORT
UNIVERSITY OF PITTSBURGH CANCER INSITUTE - UPMC CANCER PAVILION SUITE 1B 5150 CENTRE AVENUE - PITTSBURGH, PA 15232	25-1899326	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
YOUNGSTOWN WARREN REGIONAL CHAMBER 11 FEDERAL PLAZA CENTRAL, SUITE 160 YOUNGSTOWN, OH 44503	34-1582341	501(C)(3)	9,900.	0.			PROGRAM SUPPORT
ALLEGHENY COMMONS 4 ALLEGHENY CENTER SUITE 601 PITTSBURGH, PA 15212	25-1689304	501(C)(3)	12,500.	0.			PROGRAM SUPPORT
ALTOONA BLAIR COUNTY DEVELOPMENT CORPORATION - 3900 INDUSTRIAL PARK DR - ALTOONA, PA 16602	25-1143641	501(C)(3)	13,000.	0.			PROGRAM SUPPORT
BUILDING BLOCKS CHILD CENTER, INC 4075 LAMOR RD HERMITAGE, PA 16148	26-3794898	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
CATHEDRAL FOUNDATION 110 EAST LINCOLN AVENUE NEW CASTLE, PA 16101	25-0908667	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
CHALLENGES: OPTIONS IN AGING 2706 MERCER RD NEW CASTLE, PA 16105	25-1326213	501(C)(3)	7,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
CHILDRENS HOSPITAL OF PITTSBURGH FOUNDATION - 4401 PENN AVE CENTRAL PLANT FLOOR 3 - PITTSBURGH, PA 15224	25-1865744	501(C)(3)	17,000.	0.			PROGRAM SUPPORT
CHRISTIAN FITNESS MINISTRIES BACKPACK PROGRAM - PO BOX 409 - GREENVILLE, PA 16125	26-2629068	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
CITY OF NEW CASTLE 230 NORTH JEFFERSON ST NEW CASTLE, PA 16101	25-6000873	GOVERNMENT	10,000.	0.			PROGRAM SUPPORT
DOWNTOWN MINISTRIES/HIS WORK HIS WAY - 172 MAIN ST - GREENVILLE, PA 16125	25-1750837	CHURCH	10,000.	0.			PROGRAM SUPPORT
EAST SHORE YMCA 701 NORTH FRON TST HARRISBURG, PA 17101	23-1665437	501(C)(3)	8,500.	0.			PROGRAM SUPPORT
ECONOMIC GROWTH CONNECTION OF WESTMORELAND - 40 N PENNSYLVANIA AVE, FIFTH FLOOR - GREENSBURG, PA 15601	25-6076647	501(C)(3)	5,500.	0.			PROGRAM SUPPORT
FIRST UNITED METHODIST CHURCH 73 CLINTON ST GREENVILLE, PA 16125	25-6001379	CHURCH	11,364.	0.			PROGRAM SUPPORT
FUND FOR OUR ECONOMIC FUTURE 1360 EAST 9TH ST, SUITE 210 CLEVELAND, OH 44114	27-0606927	501(C)(3)	44,444.	0.			PROGRAM SUPPORT
GREATER CLEVELAND SPORTS COMMISSION - 334 EUCLID AVE - CLEVELAND, OH 44114	31-1381131	501(C)(3)	10,500.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENVILLE BASKETBALL ASSN 330 FREDONIA RD GREENVILLE, PA 16125		501(C)(3)	9,520.	0.			PROGRAM SUPPORT
GREENVILLE LITTLE LEAGUE 41 ALAN AVE GREENVILLE, PA 16125	25-1850097	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
GREENVILLE SYMPHONY ORCHESTRA 200 S MAIN ST, PO BOX 364 GRENNV, PA 16125	23-7012152	501(C)(3)	12,500.	0.			PROGRAM SUPPORT
GROVE CITY FOUNDATION - UNRESTRICTED FUND - 151 EDGEWOOD AVE - GROVE CITY, PA 16127	25-1407396	501(C)(3)	39,832.	0.			PROGRAM SUPPORT
HERMITAGE SCHOOL DISTRICT ATHLETIC DEPARTMENT - 640 NORTH HERMITAGE RD - HERMITAGE, PA 16148	47-1641130	SCHOOL	50,000.	0.			PROGRAM SUPPORT
HILLMAN CANCER CENTER 5150 CENTER AVE PITTSBURGH, PA 15232	20-1677474	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
HISTORIC QUAKER BRIDGE FOUNDATION 136 SAINT GLORY RD GREENVILLE, PA 16125	25-1407396	501(C)(3)	57,215.	0.			PROGRAM SUPPORT
HMHP FOUNDATION 250 DEBARTOLO PLACE BOARDMAN, OH 44512	34-1826978	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
HOPE CENTER FOR ARTS & TECHNOLOGY, INC - 47 WEST STATE ST, SUITE 301 - SHARON, PA 16146	47-2756541	501(C)(3)	342,206.	250,000.	BOOK VALUE	COMMERCIAL BUILDING	PROGRAM SUPPORT

Schedule I (Form 990)

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

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Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
122IES GIFTS OF HOPE KIDS 404 FARRINGTON DR MARS, PA 16046	25-1407396	501(C)(3)	6,441.	0.			PROGRAM SUPPORT
JUBILEE DAYCARE/PRESCHOOL 3813 HADLEY RD CLARK MILLS, PA 16114	25-1382651	501(C)(3)	8,125.	0.			PROGRAM SUPPORT
KEYSTONE BLIND ASSOCIATION 1230 STAMBAUGH AVE SHARON, PA 16146	25-0969420	501(C)(3)	127,000.	0.			PROGRAM SUPPORT
KILLIAN FOUNDATION 5372 CARMENTO DRIVE OAK PARK, CA 91377	25-1407396	501(C)(3)	13,349.	0.			PROGRAM SUPPORT
KINSMAN TOWNSHIP PO BOX 399 KINSMAN, OH 44428	34-6001582	GOVERNMENT	15,000.	0.			PROGRAM SUPPORT
LAKEVIEW HIGH SCHOOL 2482 MERCER ST STONEBORO, PA 16153	25-6007506	SCHOOL	5,695.	0.			PROGRAM SUPPORT
LIBERTY SCHOOLS BACKPACK PROGRAM-LEOPARD PARTNERS FUND - 2720 TIBBETS WICK RD - HUBBARD, OH 44425	34-6001674	SCHOOL	8,100.	0.			PROGRAM SUPPORT
LIVING WORD CHRISTIAN SCHOOL 12 N DIAMOND ST GREENVILLE, PA 16125	25-1770232	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
MEDICAL EQUIPMENT RECYCLING PROGRAM - 1599 NORTH HERMITAGE RD - HERMITAGE, PA 16148	25-1501823	501(C)(3)	7,500.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

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Schedule I (Form 990)

Part II	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCER COUNTY GRANGE FAIR 1540 S CENTER ST EXT GROVE CITY, PA 16127	25-1879251	GOVERNMENT	7,500.	0.			PROGRAM SUPPORT
MERCER COUNTY TRAILS ASSOCIATION PO BOX 1553 HERMITAGE, PA 16148	25-1407396	501(C)(3)	75,000.	0.			PROGRAM SUPPORT
ORIGINS 332 HIGHLAND AVE NEW CASTLE, PA 16101	25-1478137	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
PAEYC 52604 SOLWAY ST PITTSBURGH, PA 15217	25-6089906	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
PEGRAM UNITED METHODIST CHURCH 479 THOMPSON RD PEGRAM, TN 37143	62-1614943	CHURCH	20,000.	0.			PROGRAM SUPPORT
PITTSBURGH CULTURAL TRUST 803 LIBERTY AVENUE PITTSBURGH, PA 15222	25-1469002	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
ROTARY CLUB OF SHARON 47 VINE ST SHARON, PA 16146	25-6063090	501(C)(7)	10,000.	0.			PROGRAM SUPPORT
SAINT MICHAEL SCHOOL 85 N HIGH ST GREENVILLE, PA 16125	25-1154521	SCHOOL	17,840.	0.			PROGRAM SUPPORT
SHALE ENERGY LEGACY PLANNING FUND 7 WEST STATE ST. SHARON, PA 16146	25-1407396	501(C)(3)	5,100.	0.			PROGRAM SUPPORT

COMMUNITY FOUNDATION OF WESTERN

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Schedule I (Form 990)

PENNSYLVANIA AND EASTERN OHIO

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHENANGO VALLEY CATHOLIC SCHOOL SYSTEM - 2120 SHENANGO VALLEY FREEWAY - HERMITAGE, PA 16148	42-2496354	SCHOOL	140,740.	0.			PROGRAM SUPPORT
SHOE OUR CHILDREN FUND 7 WEST STATE ST SUITE 301 SHARON, PA 16146	25-1407396	501(C)(3)	43,242.	0.			PROGRAM SUPPORT
ST JUDE CHILDREN'S RESEARCH HOSPITAL - PO BOX 1000, DEPT 142 - MEMPHIS, TN 38148	62-0646012	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
THE REGIONAL CANCER CENTER FOUNDATION - 2500 WEST 12TH ST - ERIE, PA 16505	25-1631855	501(C)(3)	6,609.	0.			PROGRAM SUPPORT
THE RIDGEWOOD AT SHENANGO VALLEY ONE ELSTON WAY HERMITAGE, PA 16148	23-2930379	501(C)(3)	24,000.	0.			PROGRAM SUPPORT
UNIVERSITY OF PITTSBURGH PO BOX 7436 PITTSBURGH, PA 15213	25-0965591	SCHOOL	7,700.	0.			PROGRAM SUPPORT
WEST MIDDLESEX VOLUNTEER FIRE DEPT 25 NORTH ST WEST MIDDLESEX, PA 16159	20-4527966	501(C)(3)	9,176.	0.			PROGRAM SUPPORT
WINNER FOUNDATION 32 WEST STATE ST SHARON, PA 16146	25-1407396	501(C)(3)	5,635.	0.			PROGRAM SUPPORT
ZION EDUCATION CENTER 753 CEDAR AVENUE SHARON, PA 16146	27-4525991	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WESTERN

PENNSYLVANIA AND EASTERN OHIO

25-1407396

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Schedule I (Form 990) (2015)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS AND FORGIVENESS OF INTEREST FREE LOANS MADE TO COLLEGE STUDENTS. THE STUDENTS' GPA'S ARE CALCULATED USING THE AVERAGE OF THE FALL AND SPRING SEMESTERS FOR THE CURRENT YEAR. LOAN	704	919,326.	0.		
GRANTS TO INDIVIDUALS WITH SIGNIFICANT FINANCIAL NEEDS ARE BASED ON APPLICATIONS MEETING NEED GUIDELINES AND APPROVED BY A BOARD COMMITTEE.	249	210,821.	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:

GRANTS ARE AWARDED TO NONPROFIT ORGANIZATIONS THAT ARE DEFINED AS

TAX-EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, SCHOOLS,

CHURCHES AND LOCAL GOVERNMENTS 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

SEE PART IV FOR COLUMN (A) DESCRIPTIONS

COMMUNITY FOUNDATION OF WESTERN
PENNSYLVANIA AND EASTERN OHIO

Schedule I (Form 990)

25-1407396 Page 2

Part IV Supplemental Information

TO RECOMMENDATIONS FROM 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 AND FORGIVENESS OF INTEREST FREE LOANS MADE TO COLLEGE STUDENTS. THE STUDENTS' GPA'S ARE

Part IV Supplemental Information

CALCULATED USING THE AVERAGE OF THE FALL AND SPRING SEMESTERS FOR THE
CURRENT YEAR. LOAN PRINCIPAL CAN BE FORGIVEN BASED UPON THE FOLLOWING
GPA'S.

3.6 GPA - 60%

3.7 GPA - 70%

3.8 GPA - 80%

3.9 GPA - 90%

4.0 GPA - 100%

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

SCHEDULE I, PART I, QUESTION 2

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

Part IV Supplemental Information

EQUIPMENT).

(Form 990 or 990-EZ)

► 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.**

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

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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), section 501(c)(4), and 501(c)(29) organizations only)
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Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

[illegible]

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

[illegible]

Total ▶ \$

Part III	Grants or Assistance Benefiting Interested Persons.
-----------------	--

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

[illegible]

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

Schedule L (Form 990 or 990-EZ) 2015

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ROBERT C. JAZWINSKI	DIRECTOR EMERITUS	84,426.	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 \$ 84,426.

(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

OMB No 1545-0047

2015

Open To Public
Inspection

- ▶ 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.

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	10	406,964	SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

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

b If "Yes," describe in Part II

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

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) (2015)

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:

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

Name of the organization

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

2015

Open to Public
Inspection

**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 - \$ 385,928.

EXPENSES \$ 385,928. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

Schedule O (Form 990 or 990-EZ) (2015)

532211
09-02-15

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

Employer identification number
25-1407396

NET RENTAL INCOME RELATED TO EXEMPT PURPOSE

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 5,842.

SUPPORT FOR LOCAL SPECIAL EVENTS

EXPENSES \$ 54,688. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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

FORM 990, PART VI, SECTION B, LINE 12C:

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

**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.**

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

Employer identification number
25-1407396

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

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

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

FORM 990, PART VI, SECTION C, LINE 19:

FORM 1023 AND FORM 990 ARE AVAILABLE UPON REQUEST FOR PUBLIC INSPECTION DURING REGULAR BUSINESS HOURS AT 7 WEST STATE STREET, SUITE 301, SHARON, PA 16146. THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE ALSO AVAILABLE AT THIS ADDRESS DURING REGULAR BUSINESS HOURS. MISSION STATEMENT AND FINANCIALS ARE IN THE ANNUAL REPORT.

FORM 990, PART XII, LINE 1

ACCOUNTING METHOD USED TO PREPARE FORM 990: THE FOUNDATION'S POLICY IS TO PREPARE ITS FINANCIAL STATEMENTS ON THE MODIFIED CASH BASIS OF ACCOUNTING, WHICH IS A COMPREHENSIVE BASIS OF ACCOUNTING OTHER THAN ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA. UNDER THE MODIFIED CASH BASIS OF ACCOUNTING, CERTAIN REVENUES AND RELATED ASSETS ARE RECOGNIZED WHEN RECEIVED RATHER THAN WHEN EARNED AND CERTAIN EXPENSES ARE RECOGNIZED WHEN PAID RATHER THAN WHEN THE

Name of the organization **COMMUNITY FOUNDATION OF WESTERN
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Employer identification number
25-1407396

OBLIGATION IS INCURRED. THE FOUNDATION MODIFICATION TO THE CASH BASIS
IS TO RECORD EQUIPMENT AND LOANS RECEIVABLE AT COST, INVESTMENTS AT
FAIR VALUE AND LIABILITIES FOR PAYROLL WITHHOLDINGS. THE FOUNDATION
ALSO RECORDS DEPRECIATION EXPENSE AND UNREALIZED APPRECIATION
(DEPRECIATION) ON INVESTMENTS.

FORM 990, PART XII, LINE 2C

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

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.

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

OMB No. 1545-0047

2015

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	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) 2015

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

[illegible]

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

[illegible]

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

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

(a) Name of 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)			

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

[illegible]

Part VII Supplemental Information

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