29493044089101

EXTENDED TO NOVEMBER 16, 2020

Form 990 (Rev. January 2020)

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2019

Open to Public Inspection

A For the 2019 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

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
7 WEST STATE ST

City or town, state or province, country, and ZIP or foreign postal code
SHARON, PA 16146

F Name and address of principal officer KAREN WINNER-SED
SAME AS C ABOVE

D Employer identification number
25-1407396

E Telephone number
(724) 981-5882

G Gross receipts $ 47,124,990.

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.COMM-FOUNDATION.ORG

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

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

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION IS A FLEXIBLE, YET PERMANENT SELECTION OF FUNDS SUPPORTED BY A WIDE RANGE OF

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	-
6	Total number of volunteers (estimate if necessary)	6	800
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	6,676,574.	7,859,493.
9	Program service revenue (Part VIII, line 2g)	7,272.	77,604.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,741,310.	5,085,229.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	588,965.	935,971.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,014,121.	13,958,297.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,405,574.	11,509,437.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	580,605.	597,898.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 931,028.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,253,963.	1,790,804.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,240,142.	13,898,139.
19	Revenue less expenses. Subtract line 18 from line 12	2,773,979.	60,158.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	90,820,567.	101,516,278.
21	Total liabilities (Part X, line 26)	4,630,369.	4,610,951.
22	Net assets or fund balances. Subtract line 21 from line 20	86,190,198.	96,905,327.

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 Dennis J Lieb Date 10/26/20

▶ DENNIS J LIEB, DIRECTOR OF FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: GREGORY J. KOCH, CPA	Preparer's signature: Gregory J Koch, CPA	Date: 10/22/2020	Check ☐ if self-employed	PTIN: P00624263
Firm's name ▶ BLACK, BASHOR & PORSCH, LLP			Firm's EIN ▶ 25-1304135	
Firm's address ▶ 270 EAST CONNELLY BOULEVARD SHARON, PA 16146			Phone no (724)981-7510	

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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SCANNED AUG 17 2021

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

OUR COMMUNITY FOUNDATION IS A PUBLIC, NON-PROFIT CHARITABLE ORGANIZATION DESIGNED TO ATTRACT AND INVEST PERMANENT ENDOWMENT RESOURCES, WITH THE PURPOSE OF ENHANCING THE QUALITY OF LIFE FOR THE RESIDENTS OF WESTERN PENNSYLVANIA AND EASTERN OHIO, IN ACCORDANCE WITH

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code _____) (Expenses $ 10,864,621. including grants of $ 10,864,621.) (Revenue $ _____)

GRANTS TO VARIOUS CHARITABLE ORGANIZATIONS--THE FOUNDATION 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 $ 555,015. including grants of $ 555,015.) (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 $ 89,801. including grants of $ 89,801.) (Revenue $ _____)

GRANTS TO INDIVIDUALS WITH SIGNIFICANT FINANCIAL NEEDS--THE FOUNDATION PROVIDES EMERGENCY ASSISTANCE TO THOSE MOST IN NEED.

4d Other program services (Describe on Schedule O)

(Expenses $ 197,604. including grants of $ _____) (Revenue $ _____)

4e Total program service expenses ▶ 11,707,041.

M LRDABD1GF

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	95		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

				Yes	No
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	9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on 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		
	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?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16		X

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 on 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 on Schedule O.	1a	18		
b	Enter the number of voting members included on line 1a, above, who are independent	1b	18		
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, 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 on Schedule O*	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ PA, OH

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

[ ] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on 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

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 report able 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

See instructions for the order in which to list the persons above

☐ 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) JAMES O'BRIEN, ESQ DIRECTOR	1.00	X						0.	0.	0.
(2) KAREN WINNER SED PRESIDENT	1.00	X		X				0.	0.	0.
(3) KENNETH TURCIC SECRETARY	1.00	X		X				0.	0.	0.
(4) JOSEPH GABRIEL DIRECTOR	1.00	X						0.	0.	0.
(5) ROBERT SHERBONDY DIRECTOR	1.00	X						0.	0.	0.
(6) JEFF MATHEWS DIRECTOR	1.00	X						0.	0.	0.
(7) ROBERT MILLER DIRECTOR	1.00	X						0.	0.	0.
(8) ERNIE MAY DIRECTOR	1.00	X						0.	0.	0.
(9) RICHARD STEVENSON DIRECTOR	1.00	X						0.	0.	0.
(10) JAMES T. WELLER, SR DIRECTOR	1.00	X						0.	0.	0.
(11) BILL STRIMBU VICE PRESIDENT	1.00	X		X				0.	0.	0.
(12) RON ANDERSON TREASURER	1.00	X		X				0.	0.	0.
(13) RITA CLEMENTE DIRECTOR	1.00	X						0.	0.	0.
(14) STEVE GURGOVITS DIRECTOR	1.00	X						0.	0.	0.
(15) LEW KACHULIS DIRECTOR	1.00	X						0.	0.	0.
(16) AL PUNTURERI DIRECTOR	1.00	X						0.	0.	0.
(17) PAUL E. O'BRIEN DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (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			
(18) SIMONAE LYLES DIRECTOR	1.00	X						0.	0.	0.
(19) KYLE ENGLISH EXECUTIVE DIRECTOR	40.00			X				109,067.	0.	7,236.
(20) DENNIS J LIEB DIRECTOR OF FINANCE	40.00			X				94,390.	0.	6,139.
1b Subtotal ▶								203,457.	0.	13,375.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								203,457.	0.	13,375.

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 ▶ 1

		Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	746,750.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,112,743.				
	g Noncash contributions included in lines 1a-1f	1g	$ 45,245.				
	h Total. Add lines 1a-1f		▶	7,859,493.			
Program Service Revenue		Business Code					
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue	900099		77,604.	77,604.		
	g Total. Add lines 2a-2f		▶	77,604.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		▶	3,133,798.			3,133,798.
	4 Income from investment of tax-exempt bond proceeds		▶				
	5 Royalties		▶				
		(i) Real	(ii) Personal				
	6a Gross rents 6a	18,000.					
	b Less rental expenses 6b	0.					
	c Rental income or (loss) 6c	18,000.					
	d Net rental income or (loss)		▶	18,000.	18,000.		
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory 7a	34,094,140.					
	b Less cost or other basis and sales expenses 7b	32,142,709.					
	c Gain or (loss) 7c	1,951,431.					
	d Net gain or (loss)		▶	1,951,431.			1,951,431.
	8a Gross income from fundraising events (not including $ 746,750. of contributions reported on line 1c). See Part IV, line 18	8a	1,941,826.				
	b Less direct expenses	8b	1,023,984.				
	c Net income or (loss) from fundraising events		▶	917,842.			917,842.
	9a Gross income from gaming activities See Part IV, line 19	9a					
	b Less direct expenses	9b					
	c Net income or (loss) from gaming activities		▶				
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less cost of goods sold	10b					
	c Net income or (loss) from sales of inventory		▶				
Miscellaneous Revenue		Business Code					
	11a OTHER INCOME	900099		129.	129.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		▶	129.			
	12 Total revenue See instructions		▶	13,958,297.	95,733.	0.	6,003,071.

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	10,864,621.	10,864,621.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	644,816.	644,816.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	216,832.		216,832.	
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	303,811.	76,180.	165,690.	61,941.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,881.	983.	4,158.	1,740.
9 Other employee benefits	31,653.		31,653.	
10 Payroll taxes	38,721.	5,821.	28,173.	4,727.
11 Fees for services (nonemployees)				
a Management				
b Legal	4,716.	2,105.	2,611.	
c Accounting	34,550.		34,550.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	548,175.		548,175.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	148,454.	101,203.	47,251.	
12 Advertising and promotion	30,749.		30,749.	
13 Office expenses	26,512.		26,512.	
14 Information technology				
15 Royalties				
16 Occupancy	72,822.	11,312.	61,510.	
17 Travel	3,279.		3,279.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,525.		4,525.	
23 Insurance	26,572.		26,572.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on 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	862,620.			862,620.
b MISCELLANEOUS EXPENSES	15,322.		15,322.	
c DUES AND LICENSE	11,243.		11,243.	
d MAINTENANCE-EQUIPMENT	830.		830.	
e All other expenses	435.		435.	
25 **Total functional expenses.** Add lines 1 through 24e	13,898,139.	11,707,041.	1,260,070.	931,028.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		10,410,023.	2	8,470,142.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		444,136.	7	345,951.
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 219,962.			
	b	Less accumulated depreciation	10b 67,162.	157,324.	10c	152,800.
	11	Investments - publicly traded securities		79,472,084.	11	92,210,385.
	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 33)		90,820,567.	16	101,516,278.
Liabilities	17	Accounts payable and accrued expenses		5,327.	17	
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		150,000.	23	0.
	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		4,475,042.	25	4,610,951.
	26	**Total liabilities.** Add lines 17 through 25		4,630,369.	26	4,610,951.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☒ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		37,496,189.	27	38,094,890.
	28	Net assets with donor restrictions		48,694,009.	28	58,810,437.
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		86,190,198.	32	96,905,327.
	33	Total liabilities and net assets/fund balances		90,820,567.	33	101,516,278.

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	13,958,297.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,898,139.
3	Revenue less expenses Subtract line 2 from line 1	3	60,158.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	86,190,198.
5	Net unrealized gains (losses) on investments	5	10,654,971.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	96,905,327.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

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

Employer identification number: 25-1407396

08

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 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions) Enter the name, city, and state of the college or university _____

10 ☐ 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)

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

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	4865481.	7909171.	3591974.	4776573.	5264610.	26407809.
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	4865481.	7909171.	3591974.	4776573.	5264610.	26407809.
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)						477,493.
6 **Public support.** Subtract line 5 from line 4						25930316.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	4865481.	7909171.	3591974.	4776573.	5264610.	26407809.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1578019.	1810032.	3490165.	2958273.	3151798.	12988287.
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						39396096.

12 Gross receipts from related activities, etc (see instructions)	12	5,841,004.

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 2019 (line 6, column (f) divided by line 11, column (f))	14	65.82 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	70.32 %

16a **33 1/3% support test - 2019.** 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 - 2018.** 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 - 2019.** 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 - 2018.** 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 ▶ ☐

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

(Complete only if you checked the box on line 10 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2019** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2018** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2019.** 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 - 2018.** 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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.*	1		
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).*	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.*	3a		
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.*	3b		
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.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
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.*	4b		
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.*	4c		
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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).*	7		
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).*	8		
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.**	9a		
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.**	9b		
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.**	9c		
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.*	10a		
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.)*	10b		

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

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea***(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)*

			Yes	No
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 (explain in Part VI) **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)

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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required, explain in **Part VI**) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2019 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI.** See instructions			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI.** See instructions			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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: 03/29/17 AMOUNT: 5504750.

DESCRIPTION: CASH

DATE: 10/20/17 AMOUNT: 2555306.

DESCRIPTION: CASH

DATE: 04/03/19 AMOUNT: 414883.

DESCRIPTION: CASH

DATE: 08/06/18 AMOUNT: 1900000.

DESCRIPTION: CASH

DATE: 03/01/19 AMOUNT: 1000000.

DESCRIPTION: CASH

DATE: 10/17/19 AMOUNT: 180000.

DESCRIPTION: CASH

DATE: 10/30/19 AMOUNT: 1000000.

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization	Employer identification number
COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO	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	116	
2	Aggregate value of contributions to (during year)	3,151,155.	
3	Aggregate value of grants from (during year)	6,451,183.	
4	Aggregate value at end of year	24,453,492.	

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" 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 (for example, 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 7/25/06, 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 FASB 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 FASB 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 FASB ASC 958 relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
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

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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	45,299,842.	47,955,819.	39,025,917.	35,320,718.	2,283,335.
b Contributions	2,016,546.				
c Net investment earnings, gains, and losses	10,074,772.	<498,265.>	3,693,691.	5,814,715.	<230.>
d Grants or scholarships	1,966,963.	30,265.	753,182.	1,453,496.	177,702.
e Other expenditures for facilities and programs					
f Administrative expenses	379,666.	519,961.	408,049.	656,047.	23,004.
g End of year balance	55,044,532.	45,299,842.	41,558,377.	39,025,917.	2,082,399.

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

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

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

	Yes	No
(i) Unrelated organizations 3a(i)		X
(ii) Related organizations 3a(ii)		X

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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	146,180.			146,180.
b Buildings				
c Leasehold improvements		11,739.	11,739.	0.
d Equipment		62,043.	55,423.	6,620.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10c)* ▶				152,800.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	AGENCY ENDOWMENT FUNDS OBLIGATION	3,547,307.
(3)	CHARITABLE REMAINDER ANNUITY	
(4)	OBLIGATION	503,625.
(5)	CHARITABLE REMAINDER UNITRUST	
(6)	OBLIGATION	314,118.
(7)	CHARITABLE REMAINDER UNITRUST	
(8)	OBLIGATION-AGENCY	10,015.
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶		4,610,951.

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 FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII ☐

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	25,089,077.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	10,654,971.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	1,023,984.		
e	Add lines 2a through 2d			2e	11,678,955.
3	Subtract line 2e from line 1			3	13,410,122.
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	548,175.		
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b			4c	548,175.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5	13,958,297.

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	14,373,948.
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	1,023,984.		
e	Add lines 2a through 2d			2e	1,023,984.
3	Subtract line 2e from line 1			3	13,349,964.
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	548,175.		
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b			4c	548,175.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	13,898,139.

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:

DONORS CAN SPECIFY THAT THE FUNDS IN THE ENDOWMENT MUST BE SPENT ON SPECIFIC PROGRAMS, OR ONLY A CERTAIN AMOUNT OF THE ENDOWMENT MAY BE SPENT.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE NETTED WITH SPECIAL EVENTS REVENUES FOR TAX RETURN 1,023,984.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES NETTED WITH SPECIAL EVENTS REVENUES FOR TAX RETURN 1,023,984.

Part XIII Supplemental Information *(continued)*

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

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

(a) Description of liability	(b) Amount
CHARITABLE LEAD ANNUITY OBLIGATIONS	235,886.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

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

Employer identification number: 25-1407396

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" 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.

		(a) Event #1 STRIMBU BARBEQUE (event type)	(b) Event #2 GRIFFIN MEMORIAL (event type)	(c) Other events 110 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	324,027.	276,840.	2,087,709.	2,688,576.
	2 Less Contributions	182,694.	33,970.	530,086.	746,750.
	3 Gross income (line 1 minus line 2)	141,333.	242,870.	1,557,623.	1,941,826.
Direct Expenses	4 Cash prizes		1,300.	30,358.	31,658.
	5 Noncash prizes	27,576.	150,455.	30,448.	208,479.
	6 Rent/facility costs			6,000.	6,000.
	7 Food and beverages	60,856.	3,797.	200,432.	265,085.
	8 Entertainment				
	9 Other direct expenses	45,236.	17,911.	449,615.	512,762.
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	1,023,984.
	11 Net income summary Subtract line 10 from line 3, column (d)			▶	917,842.

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 _____

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

Part IV **Supplemental Information** *(continued)*

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

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

Employer identification number 25-1407396

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to 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 noncash assistance	(h) Purpose of grant or assistance
ACTION - HOUSING, INC. 611 WILLIAM PENN PLACE PITTSBURGH, PA 15219	25-0965469	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
ADVENTURES IN TRAINING WITH A PURPOSE - 625 CHILLIWACK LANE - MARS, PA 16046	81-0727808	501(C)(3)	24,690.	0.			PROGRAM SUPPORT
ALIQUIPPA CAFETERIA FUND 800 21ST STREET ALIQUIPPA, PA 15001	61-1622039	SCHOOL	15,393.	0.			PROGRAM SUPPORT
ALLEGHENY CONFERENCE ON CHARITABLE CONTRIBUTIONS - 11 STANWIX STREET - PITTSBURGH, PA 15222	25-0965213	501(C)(3)	138,000.	0.			EDUCATE PROFESSIONALS ON THE IMPORTANCE OF CHARITABLE GIVING
ALZHEIMERS ASSOCIATION E OH CHAPTER - 70 W STREETSBORO ST. SUITE 201 - HUDSON, OH 44236	34-1454446	501(C)(3)	12,000.	0.			ALZHEIMERS RESEARCH
AMERICAN CANCER SOCIETY (ERIE) 2115 WEST 38TH STREET ERIE, PA 16508	13-1788491	501(C)(3)	50,000.	0.			PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 117.

3 Enter total number of other organizations listed in the line 1 table ▶ 32.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2019)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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
AMERICAN RED CROSS - LAKE TO RIVER CHAPTER - 3530 BELMONT AVENUE - YOUNGSTOWN, OH 44505	53-0196605	501(C)(3)	34,184.	0.			PROGRAM SUPPORT
APPALACHIAN STATE UNIVERSITY FOUNDATION INC - PO BOX 32037 - BOONE, NC 28608	23-7099379	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
BEAVER COUNTY UNITED WAY 3582 BRODHEAD ROAD, SUITE 205 MONACA, PA 15061	25-1086798	501(C)(3)	13,500.	0.			PROGRAM SUPPORT
BETHAL LIFE WORSHIP CENTER 246 SOUTH MERCER STREET GREENVILLE, PA 16125	58-1782691	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
BOYS & GIRLS CLUBS 701 NORTH RALEIGH BOULEVARD RALEIGH, NC 27610	56-2525793	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
BROOKFIELD TOWNSHIP 6844 STRIMBU DRIVE BROOKFIELD, OH 44403	34-6597512	GOVERNMENT	13,834.	0.			ECONOMIC DEVELOPMENT SUPPORT
BUHL COMMUNITY RECREATION CENTER 28 NORTH PINE AVE. SHARON, PA 16146	25-0981137	501(C)(3)	107,355.	0.			OPERATING SUPPORT
BUHL PARK CORPORATION PO BOX 1343 HERMITAGE, PA 16148	20-3453034	501(C)(3)	121,360.	0.			OPERATING SUPPORT
BUILDING BLOCKS CHILD CENTER, INC. 4075 LAMOR ROAD HERMITAGE, PA 16148	26-3794898	501(C)(3)	15,000.	0.			PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP MIDDLESEX P O BOX 595 WEST MIDDLESEX PA 16159	25-1286110	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
CHALLENGES: OPTIONS IN AGING 2706 MERCER RD NEW CASTLE, PA 16105	25-1326213	501(C)(3)	16,300.	0.			PROGRAM SUPPORT
CHARLESTON PROMISE NEIGHBORHOOD 1834 SUMMERVILLE AVENUE, SUITE 200 RAVENEL, SC 29470	80-0597710	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
CHILDREN'S AID SOCIETY OF MERCER COUNTY - PO BOX 167 - MERCER, PA 16137	25-0995759	501(C)(3)	5,970.	0.			PROGRAM SUPPORT
CHILDREN'S CENTER OF MERCER COUNTY 900 N. HERMITAGE ROAD, SUITE 3 HERMITAGE, PA 16148	25-0983061	501(C)(3)	17,504.	0.			PROGRAM SUPPORT
CHILDREN'S HOSPITAL OF PITTSBURH FOUNDATION - ONE CHILDREN'S HOSPITAL DRIVE - PITTSBURGH, PA 15224	25-1865744	501(C)(3)	37,650.	0.			PROGRAM SUPPORT
CITY RESCUE MISSION 319 SOUTH CROTON AVENUE NEW CASTLE, PA 16101	25-1007944	501(C)(3)	5,521.	0.			PROGRAM SUPPORT
COMMUNITY COLLEGE OF ALLEGHENY COUNTY - 808 RIDGE AVENUE - PITTSBURGH, PA 15212	25-1384469	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
COMMUNITY FOOD WAREHOUSE 109 SOUTH SHARPSVILLE AVENUE SHARON, PA 16146	25-1446242	501(C)(3)	40,955.	0.			PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY LIBRARY OF THE SHENANGO VALLEY - 11 NORTH SHARPSVILLE AVENUE - SHARON, PA 16146	20-8392137	501(C)(3)	59,018.	0.			PROGRAM SUPPORT
COMPASSIONATE CHRISTIAN COURIERS FUND - 7 WEST STATE STREET, SUITE 301 - SHARON, PA 16146	25-1407396	501(C)(3)	6,150.	0.			PROGRAM SUPPORT
CONSUMER EDUCATION SERVICES INC. 3700 BARRETT DRIVE RALEIGH, NC 27609	56-2106758	501(C)(3)	6,000.	0			PROGRAM SUPPORT
CRAY YOUTH AND FAMILY SERVICES 44 S BFAVER ST NEW CASTLE, PA 16101	25-1478137	501(C)(3)	28,533.	0.			PROGRAM SUPPORT
CREATIVE LEARNING CHRISTIAN SCHOOL 550 GRANT ST. MERCER, PA 16137	45-2634620	501(C)(3)	16,000.	0.			PROGRAM SUPPORT
CRISIS SHELTER OF LAWRENCE COUNTY 1218 WEST STATE STREET NEW CASTLE, PA 16101	25-1389437	501(C)(3)	6,536.	0.			PROGRAM SUPPORT
DARELLE REVIS FOUNDATION 950 SOUTH PINE ROAD FORT LAUDERDALE, FL 33324	27-3394602	501(C)(3)	160,000.	0.			PROGRAM SUPPORT
DON ENTERPRISES, INC. 1929 EAST WASHINGTON STREET NEW CASTLE, PA 16101	82-4171944	501(C)(3)	27,500.	0.			PROGRAM SUPPORT
DOWNTOWN MINISTRIES/HIS WORK HIS WAY - 172 MAIN ST - GREENVILLE, PA 16125	25-1750837	CHURCH	17,000.	0.			PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELLIOTT CHARITABLE FUND 7 W STATE ST, SUITE 301 HERMITAGE, PA 16148	25-1407396	501(C)(3)	201,610.	0.			PROGRAM SUPPORT
FAIRFAX RENAISSANCE DEVELOPMENT CORP. - 8111 QUINCY AVENUE - CLEVELAND, OH 44104	34-1706856	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
FIRST PRESBYTERIAN CHURCH OF GREENVILLE - 323 MAIN STREET - GREENVILLE, PA 16125	25-0969464	CHURCH	171,953.	0.			PROGRAM SUPPORT
FIRST PRESBYTERIAN CHURCH OF SHARON - 600 EAST STATE STREET - SHARON, PA 16146	25-1067295	CHURCH	27,625.	0.			RELIGIOUS ACTIVITIES
FIRST UNITED METHODIST CHURCH 73 CLINTON ST GREENVILLE, PA 16125	25-6001379	CHURCH	7,401.	0.			PROGRAM SUPPORT
GOOD SHEPHERD CENTER 35 SOUTH WATER STREET GREENVILLE, PA 16125	25-1662688	CHURCH	7,500.	0.			PROGRAM SUPPORT
GRACELAND CEMETERY 261 CEMETERY LANE NEW CASTLE, PA 16101	25-0511305	501(C)(3)	17,500.	0.			PROGRAM SUPPORT
GREATER BALTIMORE URBAN LEAGUE 512 ORCHARD STREET BALTIMORE, MD 21201	52-0591585	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
GREATER CLEVELAND HABITAT FOR HUMANITY - 2110 WEST 110TH STREET - CLEVELAND, OH 44102	31-1209423	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER PITTSBURGH COMMUNITY FOOD BANK - 1 NORTH LINDEN STREET - DUQUESNE, PA 15110	25-1400599	501(C)(3)	48,303.	0.			PROGRAM SUPPORT
GREENSBORO CHAMBER OF COMMERCE PO BOX 3246 GREENSBORO, NC 27402	56-0245040	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
GREENVILLE AREA PUBLIC LIBRARY 330 MAIN ST GREENVILLE, PA 16125	25-0979360	501(C)(3)	64,196.	0.			PROGRAM SUPPORT
GREENVILLE AREA SCHOOL DISTRICT 9 DONATION ROAD GREENVILLE, PA 16125	25-6011926	SCHOOL	16,252.	0.			ASSISTANCE FOR ARTIFICIAL SURFACE ON ATHLETIC FIELD
GREENVILLE AREA SCHOOL DISTRICT FOUNDATION - 9 DONATION ROAD - GREENVILLE, PA 16125	83-0605758	501(C)(3)	27,501.	0.			PROGRAM SUPPORT
GROVE CITY AREA HISTORICAL SOCIETY 111 COLLEGE AVENUE GROVE CITY, PA 16127	25-1826746	501(C)(3)	15,950.	0.			PROGRAM SUPPORT
GROVE CITY COLLEGE 100 CAMPUS DRIVE GROVE CITY, PA 16127	25-1065148	SCHOOL	49,563.	0.			PROGRAM SUPPORT
GUADALUPE CENTER 509 HOPE CIRCLE IMMOKALEE, FL 34142	59-2617151	501(C)(3)	5,734.	0.			PROGRAM SUPPORT
GUSSIE WALKER COMMUNITY CENTER PO BOX 792 NEW CASTLE, PA 16103	51-0527381	501(C)(3)	25,000.	0.			PROJECT SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEARTS IN ACTION INTERNATIONAL PO BOX 2552 WESTERVILLE, OH 43086	91-1920080	501(C)(3)	5,844.	0.			PROGRAM SUPPORT
HIGH POINT UNIVERSITY ONE UNIVERSITY PARKWAY, DRAWER 29 HIGH POINT, NC 27268	56-0529999	SCHOOL	2,000,000.	0.			PROGRAM SUPPORT
HOPE CENTER FOR ARTS & TECHNOLOGY, INC - 115 ANSON WAY - SHARON, PA 16146	47-2756541	501(C)(3)	18,177.	0.			PROGRAM SUPPORT
INSPIRING MINDS 837 WOODLAND STREET NE WARREN, OH 44483	26-1429323	SCHOOL	20,250.	0.			PROGRAM SUPPORT
INSPIRING MINDS - TRUMBULL COUNTY PO BOX 8512 WARREN, OH 44484	26-1429323	501(C)(3)	20,250.	0.			PROGRAM SUPPORT
JOSHUA'S HAVEN CITY MISSION 1230 STAMBAUGH AVENUE SHARON, PA 16146	20-3536274	501(C)(3)	39,750.	0.			PROGRAM SUPPORT
KEYSTONE BLIND ASSOCIATION 3056 EAST STATE STREET HERMITAGE, PA 16148	25-0969420	501(C)(3)	19,979.	0.			PROGRAM SUPPORT FOR DISABLED INDIVIDUALS
KIDZONE LEARNING CENTER OF HERMITAGE - 1455 NORTH KEEL RIDGE ROAD - HERMITAGE, PA 16148	25-1435392	SCHOOL	6,000.	0.			DAY CARE, PRE-SCHOOL, BEFORE & AFTER SCHOOL PROGRAM FROM FOUNDATION EITC FUNDS
KIWANIS CLUB OF GREENVILLE PO BOX 545 GREENVILLE, PA 16125	25-6076715	501(C)(3)	9,750.	0.			PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LANCASTER HOUSING OPPORTUNITY PARTNERSHIP - 123 EAST KING STREET - LANCASTER, PA 17602	23-2788924	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
LARK ENTERPRISES, INC. 315 GREEN RIDGE DRIVE NEW CASTLE, PA 16105	25-1080440	501(C)(3)	17,734.	0.			PROGRAM SUPPORT
LAWRENCE COMMUNITY FOUNDATION GRANTS FUND - 7 WEST STATE STREET SUITE301 - SHARON, PA 16146	25-1407396	501(C)(3)	20,500.	0.			PROGRAM SUPPORT
LAWRENCE COUNTY HISTORICAL SOCIETY 408 N JEFFERSON STREET, PO BOX 1745 NEW CASTLE, PA 16103	25-1389552	501(C)(3)	7,000.	0.			HISTORICAL PRESERVATION OF LAWRENCE COUNTY
LCF - FILLING IN THE GAPS FUND 7 WEST STATE STREET SUITE301 SHARON, PA 16146	25-1407396	501(C)(3)	18,750.	0.			PROGRAM SUPPORT
LEADER DOGS FOR THE BLIND 1039 S ROCHESTER ROAD ROCHESTER, MI 48307	38-1366931	501(C)(3)	6,309.	0.			LEADER DOGS FOR BLIND PEOPLE
LIFT - LIFTING INDIVIDUALS FOR THE TRADES FUND - 7 WEST STATE STREET SUITE301 - SHARON, PA 16146	25-1407396	501(C)(3)	27,000.	0.			PROGRAM SUPPORT
MARTI PARK 669 WILSON MILL ROAD NEW CASTLE, PA 16105	35-6003535	501(C)(3)	81,000.	0.			PROGRAM SUPPORT
MEALS ON WHEELS OF NEW CASTLE PO BOX 5122 NEW CASTLE, PA 16101	27-0608967	501(C)(3)	5,750.	0.			PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCER AREA LIBRARY 110 EAST VENANGO ST MERCER, PA 16137	25-1028117	501(C)(3)	43,165.	0.			PROGRAM SUPPORT
MERCER COUNTY COALITION FOR DRUG AWARENESS - 912 EAST STATE STREET - SHARON, PA 16146	82-5109775	501(C)(3)	38,870.	0.			PROGRAM SUPPORT
MERCER COUNTY MENTORING 12 DAYTON WAY SHARON, PA 16146	47-3567623	501(C)(3)	18,593.	0.			PROGRAM SUPPORT
MON VALLEY INITIATIVE 303-305 EAST 8TH AVENUE HOMESTEAD, PA 15120	25-1591350	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
NALS EDUCATION FOUNDATION 526 SE STREET SANTA ROSA, CA 95404	75-6415081	501(C)(3)	16,325.	0.			PROGRAM SUPPORT
NATIONAL SOCIETY OF PROFESSIONAL SURVEYORS FOUNDATION - 5119 PEGASUS COURT - FREDERICK, MD 21704	52-1730229	501(C)(3)	30,467.	0.			PROGRAM SUPPORT
NEIGHBORHOOD ALLIES 225 ROSS ST PITTSBURGH, PA 15219	25-1578436	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
NESHANNOCK TOWNSHIP SCHOOL DISTRICT - 3834 MITCHELL RD - NEW CASTLE, PA 16105	01-0918479	SCHOOL	9,360.	0.			EDUCATIONAL SUPPORT
NEW CASTLE PUBLIC LIBRARY 207 EAST NORTH ST NEW CASTLE, PA 16101	25-1729425	501(C)(3)	21,414.	0.			PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW LIFE BAPTIST CHURCH 3414 STATE ROUTE 208 NEW WILMINGTON, PA 16142	25-1736748	CHURCH	18,545.	0.			RELIGIOUS ACTIVITIES
NEW VISIONS FOR LAWRENCE COUNTY PO BOX 5095 NEW CASTLE, PA 16105	25-1529709	501(C)(3)	15,278.	0.			PROGRAM SUPPORT
NORTH AMERICAN DISPLAY, LLC 300 CAMP HORN ROAD PITTSBURGH, PA 15202	85-2519388	501(C)(3)	49,500.	0.			PROGRAM SUPPORT
NORTHEAST PA CENTER FOR INDEPENDENT LIVING - 1142 SANDERSON AVENUE SUITE 2 - SCRANTON, PA 18509	23-2525528	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
OHIO GROCERS FOUNDATION 1335 DUBLIN RD SUITE 30-A COLUMBUS, OH 43215	31-1398501	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
OUTER BANKS COMMUNITY FOUNDATION 13 SKYLINE ROAD KITTY HAWK, NC 27949	58-1516313	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
PEGRAM UNITED METHODIST CHURCH 479 THOMPSON RD PEGRAM, TN 37143	62-1614943	CHURCH	12,000.	0.			PROGRAM SUPPORT
PENN NORTHWEST DEVELOPMENT CORPORATION - 39 CHESTNUT STREET - SHARON, PA 16146	25-1515795	501(C)(3)	70,000.	0.			ECONOMIC DEVELOPMENT SUPPORT
PITTSBURGH COMMUNITY REINVESTMENT GROUP - 1901 CENTRE AVENUE - PITTSBURGH, PA 15219	25-1644683	501(C)(3)	40,000.	0.			PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRINCE OF PEACE 502 DARR AVENUE FARRELL, PA 16121	25-1586148	501(C)(3)	62,120.	0.			PROGRAM SUPPORT
REGIONAL COMMUNITY IMPACT FUND 7 WEST STATE STREET SUITE 301 SHARON, PA 16146	25-1407396	501(C)(3)	39,094.	0.			PROGRAM SUPPORT
ROCHESTER AREA SCHOOL DISTRICT 540 RENO STREET ROCHESTER, PA 15074	57-1141192	SCHOOL	32,537.	0.			BACKPACK PROGRAM (FOOD TO CHILDREN)
RONALD MCDONALD HOUSE 451 44TH STREET PITTSBURGH, PA 15201	25-1320272	501(C)(3)	5,500.	0.			PROGRAM SUPPORT
SALVATION ARMY OF SHENANGO VALLEY 660 FISHER HILL SHARON, PA 16146	22-2406433	501(C)(3)	50,804.	0.			PROGRAM SUPPORT
SHARON BACKPACK PROGRAM 600 EAST STATE STREET SHARON, PA 16146	25-1067295	501(C)(3)	12,450.	0.			PROGRAM SUPPORT
SHEAKLEYVILLE PRESBYTERIAN CHURCH PO BOX 158 SHEAKLEYVILLE, PA 16151	25-1129044	CHURCH	8,294.	0.			PROGRAM SUPPORT
SHENANGO VALLEY ANIMAL SHELTER, INC. - 2599 BROADWAY AVENUE - HERMITAGE, PA 16148	82-4420355	501(C)(3)	11,370.	0.			PROGRAM SUPPORT
SHENANGO VALLEY CATHOLIC SCHOOL SYSTEM - 2120 SHENANGO VALLEY FREEWAY - HERMITAGE, PA 16148	42-2496354	SCHOOL	284,372.	0.			PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHENANGO VALLEY URBAN LEAGUE 601 INDIANA AVE FARRELL, PA 16121	25-1193018	501(C)(3)	5,460.	0.			PROGRAM SUPPORT
SHRINER'S HOSPITAL FOR CHILDREN 2900 ROCKY POINT DRIVE TAMPA, FL 33607	36-2193608	501(C)(3)	26,848.	0.			CHILDREN'S HEALTH CARE
SLIPPERY ROCK UNIVERSITY 103 OLD MAIN SLIPPERY ROCK, PA 16057	23-7093388	SCHOOL	22,040.	0.			PROGRAM SUPPORT
ST BONAVENTURE UNIVERSITY PO BOX 2519 SAINT BONAVENTURE, NY 14778	16-0743150	SCHOOL	9,715.	0.			EDUCATIONAL SUPPORT
ST CHARLES CHRUCH 201 WASHINGTON STREET NEW BETHLEHEM, PA 16242	25-1211276	CHURCH	13,401.	0.			RELIGIOUS ACTIVITIES
ST COLUMBKILLE PARISH 70 FRANKLIN ST STONEBORO, PA 16153	25-6809513	CHURCH	9,715.	0.			RELIGIOUS ACTIVITIES
ST JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	15,483.	0.			PROGRAM SUPPORT
ST MICHAEL SCRIP 80 N HIGH ST GREENVILLE, PA 16125	25-1154521	CHURCH	20,500.	0.			RELIGIOUS ACTIVITES
ST PAUL HOMES 339 EAST JAMESTOWN ROAD GREENVILLE, PA 16125	25-0773080	501(C)(3)	27,084.	0.			PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST STEPHEN'S PARISH 21 STATE STREET OIL CITY, PA 16301	25-0965322	CHURCH	13,401.	0.			RELIGIOUS ACTIVITIES
ST TERESA OF AVILA PARISH 9 3RD AVENUE UNITON CITY, PA 16438	25-1151221	CHURCH	8,041.	0.			RELIGIOUS ACTIVITIES
ST VINCENT SEMINARY 300 FRASER PURCHASE ROAD LATROBE, PA 15650	25-0964126	CHURCH	13,401.	0.			RELIGIOUS ACTIVITIES
ST. AMBROSE HOUSING AID CENTER, INC. - 321 EAST 25TH STREET - BALTIMORE, MD 21218	52-1729460	501(C)(3)	8,000.	0.			PROGRAM SUPPORT
ST. JOHN XXIII HOME 2250 SHENANGO VALLEY FREEWAY HERMITAGE, PA 16148	25-1214797	501(C)(3)	5,360.	0.			PROGRAM SUPPORT
STONEBORO UNITED METHODIST CHURCH 32 LAKE ST STONEBORO, PA 16153	24-6020639	CHURCH	13,505.	0.			RELIGIOUS ACTIVITIES
STRAYHAVEN ANIMAL SHELTER, INC. 94 DONATION ROAD GREENVILLE, PA 16125	25-1103494	501(C)(3)	6,517.	0.			ANIMAL CONTROL AND ADOPTION
SUSQUEHANNA SERVICE DOGS 124 PINE ST HARRISBURG, PA 17101	23-1915567	501(C)(3)	10,700.	0.			PROGRAM SUPPORT
TAILS OF HOPE 7 WEST STATE ST SUITE 301 SHARON, PA 16146	81-1070254	501(C)(3)	49,264.	0.			ANIMAL CONTROL THROUGH SPAYING

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
TEAM PENNSYLVANIA FOUNDATION 240 NORTH THIRD STREET 2ND FLOOR HARRISBURG, PA 17101	23-2876177	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
THE CULVER EDUCATION FOUNDATION 1300 ACADEMY ROAD #153 CULVER, IN 46511	35-0868071	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
THE LEGACY - GUSTAVUS SENIOR CARE LLC - 3389 GARDNER BARCLAY ROAD - FARMDALE, OH 44417	81-4063934	501(C)(3)	2,019,391.	0.			PROGRAM SUPPORT
THE OHIO UNIVERSITY FOUNDATION PO BOX 869 ATHENS, OH 45701	31-6402269	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
THE PITTSBURGH PROMISE FOUNDATION 1901 CENTRE AVENUE PITTSBURGH, PA 15219	26-1982661	501(C)(3)	114,500.	0.			PROGRAM SUPPORT
THE URSULINE SISTERS OF YOUNGSTOWN 4250 SHIELDS ROAD CANFIELD, OH 44406	34-0720564	501(C)(3)	6,000.	0.			CATHOLIC NUNS WHO RESPOND TOGETHER TO THE MOST CRITICAL NEEDS OF GOD'S PEOPLE IN NORTHEAST OHIO.
THIEL COLLEGE 75 COLLEGE AVE. GREENVILLE, PA 16125	25-0965576	SCHOOL	259,619.	0.			PROJECT SUPPORT
TRAILS END CONSERVANCY 2535 N. HERMITAGE ROAD HERMITAGE, PA 16148	45-4311591	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
TRUMBULL COUNTY COMMUNITY FOUNDATION - 7 WEST STATE STREET SUITE301 - SHARON, PA 16146	25-1407396	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUMBULL NEIGHBORHOOD PARTNERSHIP 736 MAHONING AVENUE WARREN, OH 44483	27-3028186	501(C)(3)	11,630.	0.			PROGRAM SUPPORT
UNITED WAY OF ALLEGHENY COUNTY 1250 PENN AVE PITTSBURGH, PA 15230	25-1043578	501(C)(3)	82,000.	0.			PROGRAM SUPPORT
UNITED WAY OF CENTRAL CAROLINAS 301 SOUTH BREVARD ST CHARLOTTE, NC 28202	56-0529948	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVE CLEVELAND, OH 44115	24-6516654	501(C)(3)	14,500.	0.			PROGRAM SUPPORT
UNITED WAY OF LAUREL HIGHLANDS 422 MAIN ST JOHNSTOWN, PA 15901	25-0965383	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
UNITED WAY OF LAWRENCE COUNTY 223 NORTH MERCER ST NEW CASTLE, PA 16101	25-0987221	501(C)(3)	17,250.	0.			PROGRAM SUPPORT
UNITED WAY OF MERCER COUNTY 493 SOUTH HERMITAGE RD. HERMITAGE, PA 16148	25-1039297	501(C)(3)	118,347.	0.			PROGRAM SUPPORT
UNITED WAY OF THE CAPE FEAR AREA 5919 OLEANDER DR WILMINGTON, NC 28403	56-0529949	501(C)(3)	6,140.	0.			PROGRAM SUPPORT
UNITED WAY OF THE CAPITAL REGION 2235 MILLENNIUM WAY ENOLA, PA 17025	23-1352095	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF THE GREATER TRIANGLE PO BOX 110583 DURHAM, NC 27709	56-1949103	501(C)(3)	10,446.	0.			PROGRAM SUPPORT
UNITED WAY OF WESTMORELAND COUNTY 1011 OLD SALEM RD GREENSBURG, PA 15601	25-0965304	501(C)(3)	14,500.	0.			PROGRAM SUPPORT
UNITED WAY OF YOUNGSTOWN AND THE MAHONING VALLEY - 255 WATT ST - YOUNGSTOWN, OH 44505	34-0714598	501(C)(3)	5,500.	0.			PROGRAM SUPPORT
UNIVERSITY OF PITTSBURGH 5150 CENTRE AVENUE PITTSBURGH, PA 15232	25-0965591	SCHOOL	15,000.	0.			PROGRAM SUPPORT
UNIVERSITY OF PITTSBURGH CANCER INSTITUTE - 5150 CENTRE AVENUE - PITTSBURGH, PA 15232	25-1899326	SCHOOL	20,000.	0.			PROGRAM SUPPORT
URBAN IMPACT FOUNDATION 801 UNION PLACE PITTSBURGH, PA 15212	25-1752269	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
URBAN LEAGUE OF GREATER CLEVELAND 2930 PROSPECT AVE. E CLEVELAND, OH 44115	34-0720563	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
VALLEY SHENANGO ECONOMIC DEVELOPMENT CORP. - 32 WEST STATE STREET - SHARON, PA 16146	02-0707982	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
VETERANS LIFE CENTER PO BOX 37087 RALEIGH, NC 27627	27-1696736	501(C)(3)	12,500.	0.			PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
WAKE TECHNICAL COMMUNITY COLLEGE FOUNDATION, INC. - 9101 FAYETTEVILLE ROAD - RALEIGH, NC 27603	23-7017752	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
WATERFIRE SHARON 7 WEST STATE STREET SUITE 301 SHARON, PA 16146	25-1067295	501(C)(3)	130,834.	0.			PROGRAM SUPPORT
WEST HILL MINISTRIES 301 WEST STATE STREET SHARON, PA 16146	25-1124423	501(C)(3)	48,583.	0.			CHILDREN'S SUMMER PROGRAM & SUPPORT
YOUNGSTOWN NEIGHBORHOOD DEVELOPMENT CORPORATION - 820 CANFIELD ROAD - YOUNGSTOWN, OH 44511	26-4117989	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
YOUNGSTOWN/WARREN REGIONAL CHAMBER 11 FEDERAL PLAZA CENTRAL YOUNGSTOWN, OH 44503	34-1582341	GOVERNMENT	76,000.	0.			PROGRAM SUPPORT
YWCA MAHONING VALLEY 25 WEST RAYEN AVENUE YOUNGSTOWN, OH 44503	34-0714732	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
ZION EDUCATION CENTER 602 ROEMER BLVD FARRELL, PA 16121	27-4525991	501(C)(3)	21,000.	0.			PROGRAM SUPPORT
ZIONS REGORMED UNITED CHURCH OF CHRIST - 250 MAIN ST - GREENVILLE, PA 16125	22-2697007	CHURCH	21,335.	0.			RELIGIOUS ACTIVITIES

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 noncash 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	425	555,015.	0.		
GRANTS TO INDIVIDUALS WITH SIGNIFICANT FINANCIAL NEEDS ARE BASED ON APPLICATIONS MEETING NEED GUIDELINES AND APPROVED BY A BOARD COMMITTEE.	63	89,801.	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

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 ANY 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 TO THE INDIVIDUAL.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: THE URSULINE SISTERS OF YOUNGSTOWN

(H) PURPOSE OF GRANT OR ASSISTANCE: CATHOLIC NUNS WHO RESPOND TOGETHER

Part IV Supplemental Information

TO THE MOST CRITICAL NEEDS OF GOD'S PEOPLE IN NORTHEAST OHIO, INCLUDING A SENIOR ASSISTED LIVING CENTER.

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 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

Part IV Supplemental Information

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

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open To Public Inspection

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

Employer identification number: 25-1407396

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ $

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990 EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
COMMUNITY EVENTS, LLC	AFFILIATED NON-PROF	0.	THE FOUNDAT		X
DONNA C. WINNER	FORMER BOARD MEMBER	47,813.	THE FOUNDAT		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: COMMUNITY EVENTS, LLC

(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 USES THE FUNDRAISING SERVICES OF COMMUNITY EVENTS LLC

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DONNA C. WINNER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FORMER BOARD MEMBER & STEP-MOTHER OF CURRENT BOARD PRES., KAREN WINNER SED.

(C) AMOUNT OF TRANSACTION $ 47,813.

(D) DESCRIPTION OF TRANSACTION: THE FOUNDATION ENTERED INTO A THREE-YEAR LEASE AGREEMENT WITH DONNA C. WINNER FOR THE USE OF AN OFFICE FACILITY. THE LEASE AGREEMENT EXPIRES IN DECEMBER 2019 AND CONTAINS FOUR, THREE-YEAR RENEWAL PERIODS. THE LEASE AGREEMENT REQUIRES MONTHLY PAYMENTS OF $ 3,984 THROUGH DECEMBER, 2019

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

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

Employer identification number: 25-1407396

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	4	45,245.	MARKET VALUE
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

		Yes	No
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 isn't required to be used for exempt purposes for the entire holding period? — 30a		X
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? — 31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? — 32a	X	
b	If "Yes," describe in Part II		
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b) the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

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

EACH INVESTMENT ADVISOR CHARGES AN INVESTMENT MANAGEMENT FEE TO EACH INDIVIDUAL CHARITABLE FUND WITHIN THE FOUNDATION. THESE FEES VARY AND ARE BASED ON THE OVERALL ASSETS OF THE FOUNDATION WITH EACH INVESTMENT ADVISOR.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

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

Employer identification number: 25-1407396

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

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

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

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

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SUPPORT FOR LOCAL SPECIAL EVENTS

EXPENSES $ 197,604. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

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

Employer identification number 25-1407396

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

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

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

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

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

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

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

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

Employer identification number: 25-1407396

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 ST, 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 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.

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

Employer identification number 25-1407396

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

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

Employer identification number: 25-1407396

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
COMMUNITY EVENTS LLC - 83-2623628 7 WEST STATE STREET SHARON, PA 16146	PROVIDE FUNDRAISING SERVICES	PENNSYLVANIA	501(C)(3)		N/A		X

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

Schedule R (Form 990) 2019

932161 09-10-19 LHA

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

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

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

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

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

Schedule R (Form 990) 2019

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R See instructions