

EXTENDED TO NOVEMBER 15, 2017

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2016

Department of the Treasury
Internal Revenue Service

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2016 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 STREET 301**
 City or town, state or province, country, and ZIP or foreign postal code: **SHARON, PA 16146**

D Employer identification number: **25-1407396**

E Telephone number: **(724) 981-5882**

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

G Gross receipts \$: **32,852,772.**

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

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION IS A FLEXIBLE, YET PERMANENT SELECTION OF FUNDS SUPPORTED BY A WIDE RANGE OF		
	2 Check this box <input type="checkbox"/> 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)	18	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	17	
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	14	
	6 Total number of volunteers (estimate if necessary)	730	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0.	
	7b Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 4,865,481.	Current Year: 7,909,171.
	9 Program service revenue (Part VIII, line 2g)	0.	17,260.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,985,825.	2,063,764.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	190,026.	476,318.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,041,332.	10,466,513.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,368,541.	5,455,205.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	769,948.	560,235.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	94,779.	
	17 Other expenses (Part IX, column (A), lines 11a, 11d, 11f-24e)	1,624,168.	1,305,862.
	18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	8,762,657.	7,321,302.
	19 Revenue less expenses - Subtract line 18 from line 12	278,675.	3,145,211.
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 77,724,424.
21 Total liabilities (Part X, line 26)		11,618,713.	5,506,736.
22 Net assets or fund balances - Subtract line 21 from line 20		66,105,711.	76,867,241.

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: **11/13/17**
 Type or print name and title: **DENNIS J LIEB, DIRECTOR OF FINANCE**

Paid Preparer Use Only
 Print/Type preparer's name: **GREGORY J KOCH**
 Preparer's signature: *Gregory J Koch CPA*
 Date: **11/10/17**
 Check if self-employed: PTIN: **P00624263**
 Firm's name: **BLACK, BASHOR & PORSCHE, 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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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 \$ 4,695,832. including grants of \$ 4,695,832.) (Revenue \$) GRANTS TO VARIOUS CHARITABLE ORGANIZATIONS--PROVIDES METHODS FOR DONORS TO MAKE GRANTS TO QUALIFIED CHARITIES BY ACTIVELY PARTICIPATING IN GRANT RECOMMENDATIONS OR BY DESIGNATING A QUALIFIED CHARITY.

4b (Code) (Expenses \$ 585,514. including grants of \$ 585,514.) (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 \$ 173,859. including grants of \$ 173,859.) (Revenue \$) GRANTS TO INDIVIDUALS WITH SIGNIFICANT FINANCIAL NEEDS--PROVIDE EMERGENCY ASSISTANCE TO THOSE MOST IN NEED.

4d Other program services (Describe in Schedule O.) (Expenses \$ 392,590. including grants of) (Revenue \$ 29,722.)

4e Total program service expenses 5,847,795.

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

Part IV Checklist of Required Schedules

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

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

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

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

COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a	18	
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b	17	
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **PA, OH**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **THE ORGANIZATION - (724) 981-5882**
7 WEST STATE ST, SUITE 301, SHARON, PA 16146

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GLENN W. HOLMES DIRECTOR	1.00	X					0.	0.	0.	
(2) JAMES O'BRIEN, ESQ DIRECTOR	1.00	X					0.	0.	0.	
(3) KAREN WINNER SED PRESIDENT	1.00	X		X			0.	0.	0.	
(4) KENNETH TURCIC SECRETARY	1.00	X		X			0.	0.	0.	
(5) MICHAEL BSHERO DIRECTOR	1.00	X					0.	0.	0.	
(6) ROBERT SHERBONDY DIRECTOR	1.00	X					0.	0.	0.	
(7) SUSAN WELLER SIMPSON DIRECTOR	1.00	X					0.	0.	0.	
(8) JEFF MATHEWS DIRECTOR	1.00	X					0.	0.	0.	
(9) ROBERT MILLER DIRECTOR	1.00	X					0.	0.	0.	
(10) ERNIE MAY DIRECTOR	1.00	X					0.	0.	0.	
(11) LEANN SMITH DIRECTOR	1.00	X					0.	0.	0.	
(12) DAVID GETTINGS DIRECTOR	1.00	X					0.	0.	0.	
(13) BILL STRIMBU VICE PRESIDENT	1.00	X		X			0.	0.	0.	
(14) RON ANDERSON TREASURER	1.00	X		X			0.	0.	0.	
(15) RITA CLEMENTE DIRECTOR	1.00	X					0.	0.	0.	
(16) STEVE GURGOVITS DIRECTOR	1.00	X					0.	0.	0.	
(17) LEW KACHULIS DIRECTOR	1.00	X					0.	0.	0.	

COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO

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) AL PUNTURERI DIRECTOR	1.00	X					0.	0.	0.	
(19) KYLE ENGLISH EXECUTIVE DIRECTOR	40.00			X			77,307.	0.	8,067.	
(20) DENNIS J LIEB DIRECTOR OF FINANCE	40.00			X			74,647.	0.	13,159.	
(21) NANCY JASTATT-GUERGENS CHIEF OPERATING OFFICER	40.00			X			72,413.	0.	13,254.	
1b Sub-total							224,367.	0.	34,480.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							224,367.	0.	34,480.	

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

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

Section B. Independent Contractors

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

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

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

COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO

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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	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	183,605.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,725,566.			
	g Noncash contributions included in lines 1a-1f \$		328,999.			
	h Total. Add lines 1a-1f		7,909,171.			
	Program Service Revenue	2 a _____	Business Code			
b _____						
c _____						
d _____						
e _____						
f All other program service revenue		900099	17,260.	17,260.		
g Total. Add lines 2a-2f			17,260.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,790,132.		1,790,132.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	19,900.			
		(ii) Personal				
		b Less: rental expenses	7,438.			
		c Rental income or (loss)	12,462.			
	d Net rental income or (loss)		12,462.	12,462.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities	22,145,257.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	21,871,625.			
		c Gain or (loss)	273,632.			
	d Net gain or (loss)		273,632.		273,632.	
	8 a Gross income from fundraising events (not including \$ 183,605. of contributions reported on line 1c). See Part IV, line 18	a	971,052.			
b Less: direct expenses		507,196.				
c Net income or (loss) from fundraising events			463,856.		463,856.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a _____						
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		10,466,513.	29,722.	0.	2,527,620.	

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,695,832.	4,695,832.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	759,373.	759,373.		
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	258,847.		258,847.	
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	228,832.		228,832.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,472.		10,472.	
9 Other employee benefits	945.		945.	
10 Payroll taxes	61,139.		61,139.	
11 Fees for services (non-employees):				
a Management				
b Legal	7,809.		7,809.	
c Accounting	46,667.		46,667.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	437,342.		437,342.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	16,492.		16,492.	
12 Advertising and promotion				
13 Office expenses	28,707.		28,707.	
14 Information technology				
15 Royalties				
16 Occupancy	74,971.		74,971.	
17 Travel	5,349.		5,349.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,229.		5,229.	
20 Interest	396,368.	377,812.	18,556.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,444.		9,444.	
23 Insurance	26,421.		26,421.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS EXPENSES	98,792.		98,792.	
b INDIRECT FUND RAISING E	94,779.			94,779.
c DUES AND LICENSE	34,629.		34,629.	
d SUPPORT-SPECIAL EVENTS	14,778.	14,778.		
e All other expenses	8,085.		8,085.	
25 Total functional expenses. Add lines 1 through 24e	7,321,302.	5,847,795.	1,378,728.	94,779.
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)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1
	2	Savings and temporary cash investments	9,836,679.	2 9,532,677.
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net		4
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6
	7	Notes and loans receivable, net	1,479,614.	7 1,455,314.
	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 699,986.	
	b	Less: accumulated depreciation	10b 139,048.	10c 560,938.
	11	Investments - publicly traded securities	65,412,478.	11 70,488,048.
	12	Investments - other securities See Part IV, line 11	100,000.	12 100,000.
	13	Investments - program-related. See Part IV, line 11		13
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11	237,000.	15 237,000.
16	Total assets. Add lines 1 through 15 (must equal line 34)	77,724,424.	16 82,373,977.	
Liabilities	17	Accounts payable and accrued expenses	9,337.	17 4,617.
	18	Grants payable		18
	19	Deferred revenue		19
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23	Secured mortgages and notes payable to unrelated third parties	1,247,531.	23 150,000.
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	10,361,845.	25 5,352,119.
	26	Total liabilities. Add lines 17 through 25	11,618,713.	26 5,506,736.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	64,023,312.	27 37,841,324.
	28	Temporarily restricted net assets	283,041.	28 0.
	29	Permanently restricted net assets	1,799,358.	29 39,025,917.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid in or capital surplus, or land, building, or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
33	Total net assets or fund balances	66,105,711.	33 76,867,241.	
34	Total liabilities and net assets/fund balances	77,724,424.	34 82,373,977.	

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,466,513.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,321,302.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,145,211.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	66,105,711.
5	Net unrealized gains (losses) on investments	5	2,906,542.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	4,709,777.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	76,867,241.

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: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other <u>MODFD CASH</u> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	5957883.	5869771.	5972547.	4865481.	7909171.	30574853.
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	5957883.	5869771.	5972547.	4865481.	7909171.	30574853.
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)						164,456.
6 Public support. Subtract line 5 from line 4						30410397.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	5957883.	5869771.	5972547.	4865481.	7909171.	30574853.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1282437.	1804873.	1610724.	1578019.	1810032.	8086085.
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						38660938.
12 Gross receipts from related activities, etc. (see instructions)					12	4,205,588.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	78.66 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	76.85 %
16a 33 1/3% support test - 2016. 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	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2015. 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	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2016. 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	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2015. 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	<input type="checkbox"/>	
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	<input type="checkbox"/>	

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
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.		

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.		
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.		

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).		

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?		
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).		
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.		

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 year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities		
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.		
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.		
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		

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	<input type="checkbox"/> 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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2016.			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7. \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, 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 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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: 12/31/12 AMOUNT: 1500000.

DESCRIPTION: VARIOUS STOCKS

DATE: 11/08/12 AMOUNT: 1843652.

DESCRIPTION: CASH

DATE: 03/15/13 AMOUNT: 12110921.

DESCRIPTION: CASH

DATE: 12/27/13 AMOUNT: 1000000.

DESCRIPTION: CASH

DATE: 09/30/14 AMOUNT: 500000.

DESCRIPTION: CASH

DATE: 09/30/14 AMOUNT: 518868.

DESCRIPTION: CASH

DATE: 11/25/14 AMOUNT: 1150000.

DESCRIPTION: MUTUAL FUNDS

DATE: 06/13/14 AMOUNT: 745721.

Empty lines for additional grant information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047

2016

Open to Public Inspection

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

Employer identification number 25-1407396

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions to, Aggregate value of grants from, Aggregate value at end of year, and two Yes/No questions regarding donor advised funds.

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

Form with multiple questions (1-9) regarding conservation easements, including purpose(s), monitoring, and reporting requirements.

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.

Form with questions (1a, 1b, 2) regarding reporting requirements for art, historical treasures, or other similar assets.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | 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	35,320,718.	2,283,335.	2,269,885.	2,027,905.	1,902,722.
b Contributions					
c Net investment earnings, gains, and losses	5,814,715.	<230.>	150,552.	337,856.	219,290.
d Grants or scholarships	1,453,496.	177,702.	114,100.	75,000.	75,000.
e Other expenditures for facilities and programs					
f Administrative expenses	656,047.	23,004.	23,002.	20,876.	19,107.
g End of year balance	39,025,917.	2,082,399.	2,283,335.	2,269,885.	2,027,905.

- 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 100.00 %
 - c Temporarily restricted 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 | | X |
| (ii) related organizations | | X |
| b If "Yes" on line 3a(i), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	146,180.			146,180.
b Buildings	410,140.		13,108.	397,032.
c Leasehold improvements		11,739.	9,049.	2,690.
d Equipment		131,927.	116,891.	15,036.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 560,938.

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	3,611,273.
(3) CHARITABLE REMAINDER ANNUITY	
(4) OBLIGATION	959,700.
(5) CHARITABLE REMAINDER UNITRUST	
(6) OBLIGATION	553,377.
(7) CHARITABLE REMAINDER UNITRUST	
(8) OBLIGATION-AGENCY	50,515.
(9) LIFE ESTATE OBLIGATION	96,411.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	5,352,119.

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

COMMUNITY FOUNDATION OF WESTERN
PENNSYLVANIA AND EASTERN OHIO

Schedule D (Form 990) 2016

25-1407396 Page 4

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

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

1	Total revenue, gains, and other support per audited financial statements		1	13,450,347.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	2,906,542.	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII)	2d	514,634.	
	e Add lines 2a through 2d	2e		3,421,176.
3	Subtract line 2e from line 1	3		10,029,171.
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	437,342.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		437,342.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		10,466,513.

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	7,398,594.
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	514,634.	
	e Add lines 2a through 2d	2e		514,634.
3	Subtract line 2e from line 1	3		6,883,960.
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	437,342.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		437,342.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		7,321,302.

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 507,196.
RENTAL EXPENSES NETTED AGAINST REVENUE 7,438.
TOTAL TO SCHEDULE D, PART XI, LINE 2D 514,634.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES NETTED WITH SPECIAL EVENTS REVENUES

Part XIII Supplemental Information (continued)

FOR TAX RETURN	507,196.
RENTAL EXPENSES NETTED AGAINST REVENUE	7,438.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	514,634.

SCHEDULE D, PART V, LINE 1A(A)

FOR THE YEAR ENDED DECEMBER 31, 2016 AUDIT, MANAGEMENT PERFORMED A REVIEW OF ALL GRANTOR/GIFT AGREEMENTS TO DETERMINE THAT THE AGREEMENTS WERE PROPERLY CLASSIFIED WITHIN NET ASSETS. AS A RESULT, IT WAS DETERMINED THAT CERTAIN PREVIOUS GIFTS TO THE FOUNDATION WERE FOR ENDOWMNT PURPOSES AND HAVE BEEN RECLASSIFIED TO PERMANENTLY RESTRICTED NET ASSETS. THIS ADJUSTMENT HAS CAUSED THE DIFFERENCE BETWEEN THE PRIOR YEAR ENDING BALANCE AND THE CURRENT YEAR BEGINNING BALANCE SEEN IN PART V.

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

80,843.

COMMUNITY FOUNDATION OF WESTERN

Schedule G (Form 990 or 990-EZ) 2016 PENNSYLVANIA AND EASTERN OHIO

25-1407396 Page 2

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

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	STRIMBU BARBEQUE (event type)	FREEDOM WARRIORS (event type)	76 (total number)	(add col. (a) through col. (c))
Revenue				
1 Gross receipts	334,007.	191,788.	628,862.	1,154,657.
2 Less: Contributions	84,370.	39,610.	59,625.	183,605.
3 Gross income (line 1 minus line 2)	249,637.	152,178.	569,237.	971,052.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes	47,680.			47,680.
6 Rent/facility costs	9,503.	20,557.		30,060.
7 Food and beverages	77,206.	1,659.		78,865.
8 Entertainment	4,900.	800.		5,700.
9 Other direct expenses	37,880.	7,688.	299,323.	344,891.
10 Direct expense summary. Add lines 4 through 9 in column (d)				507,196.
11 Net income summary. Subtract line 10 from line 3, column (d)				463,856.

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	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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 entry formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

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

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions.

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

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

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BILL RUDGE MINISTRIES 280 N BUHL FARM DRIVE HERMITAGE, PA 16148	25-1325912	501(C)(3)	5,500.	0.			PROGRAM SUPPORT
BUHL COMMUNITY RECREATION CENTER 28 NORTH PINE AVE. SHARON, PA 16146	25-0981137	501(C)(3)	25,980.	0.			OPERATING SUPPORT
BUHL PARK CORPORATION PO BOX 1343 HERMITAGE, PA 16148	20-3453034	501(C)(3)	142,500.	0.			OPERATING SUPPORT
CENTRE COUNTY UNITED WAY 126 W PINE GROVE ROAD, PO BOX 64 PINE GROVE MILLS, PA 16868	25-1215290	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
FIRST PRESBYTERIAN CHURCH OF GREENVILLE - 323 MAIN STREET - GREENVILLE, PA 16125	25-0969464	CHURCH	124,090.	0.			PROGRAM SUPPORT
GRACE CHAPEL COMMUNITY CHURCH 4075 LAMOR ROAD HERMITAGE, PA 16148	23-2920243	CHURCH	16,408.	0.			PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **64.**

3 Enter total number of other organizations listed in the line 1 table **93.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2016)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER PITTSBURGH COMMUNITY FOOD BANK - 1 NORTH LINDEN STREET - DUQUESNE, PA 15110	25-1400599	501(C)(3)	40,704.	0.			PROGRAM SUPPORT
GROVE CITY COLLEGE 100 CAMPUS DRIVE GROVE CITY, PA 16127	25-1065148	SCHOOL	44,743.	0.			PROGRAM SUPPORT
GUSSIE WALKER COMMUNITY CENTER PO BOX 792 NEW CASTLE, PA 16103	51-0527381	501(C)(3)	25,000.	0.			PROJECT SUPPORT
MERCER COUNTY HOUSING AUTHORITY 80 JEFFERSON AVENUE SHARON, PA 16146	25-6002126	501(C)(3)	32,526.	0.			HOPE & HOUSING OPERATING SUPPORT
MOHAWK COFFEE HOUSE PO BOX 41 206 E POLAND AVENUE BESSEMER, PA 16112	46-1465113	501(C)(3)	8,177.	0.			PROJECT SUPPORT
PITTSBURGH SYMPHONY ORCHESTRA 600 PENN AVENUE PITTSBURGH, PA 15222-3259	25-0986052	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
PRINCE OF PEACE 502 DARR AVENUE FARRELL, PA 16121	25-1586148	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
SHEAKLEYVILLE PRESBYTERIAN CHURCH PO BOX 158 SHEAKLEYVILLE, PA 16151	25-1129044	CHURCH	12,046.	0.			PROGRAM SUPPORT
SHRINER'S HOSPITAL FOR CHILDREN 2900 ROCKY POINT DRIVE TAMPA, FL 33607	36-2193608	501(C)(3)	35,675.	0.			CHILDREN'S HEALTH CARE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. CLEMENT EPISCOPAL CHURCH 103 CLINTON ST. GREENVILLE, PA 16125	25-0965583	CHURCH	6,938.	0.			PROGRAM SUPPORT
ST PAUL HOMES 339 EAST JAMESTOWN ROAD GREENVILLE, PA 16125	25-0773080	501(C)(3)	22,046.	0.			PROGRAM SUPPORT
SYNERGY COMMUNITY FOUNDATION 7 WEST STATE ST. SHARON, PA 16146	25-1407396	501(C)(3)	23,310.	0.			PROGRAM SUPPORT
THIEL COLLEGE 75 COLLEGE AVE. GREENVILLE, PA 16125	25-0965576	SCHOOL	32,223.	0.			PROJECT SUPPORT
UNITED WAY ALLEGHENY COUNTY 1250 PENN AVENUE, PO BOX 735 PITTSBURGH, PA 15230	25-1043578	501(C)(3)	27,000.	0.			PROGRAM SUPPORT
UNITED WAY OF MERCER COUNTY 493 SOUTH HERMITAGE RD. HERMITAGE, PA 16148	25-1039297	501(C)(3)	52,725.	0.			PROGRAM SUPPORT
UNITED WAY OF WESTMORELAND COUNTY 1011 OLD SALEM ROAD, SUITE 101 GREENSBURG, PA 15601	25-6069120	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
WEST HILL MINISTRIES 301 WEST STATE STREET SHARON, PA 16146	25-1124423	501(C)(3)	10,000.	0.			CHILDREN'S SUMMER PROGRAM & SUPPORT
GREENVILLE AREA PUBLIC LIBRARY 330 MAIN ST GREENVILLE, PA 16125	25-0979360	501(C)(3)	18,674.	0.			PROGRAM SUPPORT

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NEW CASTLE PUBLIC LIBRARY 207 EAST NORTH ST NEW CASTLE, PA 16101	25-1729425	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
NEW CASTLE YMCA 20 WEST WASHINGTON STREET NEW CASTLE, PA 16101	25-0969496	501(C)(3)	10,000.	0.			PROJECT SUPPORT
PENN NORTHWEST DEVELOPMENT CORPORATION - 39 CHESTNUT STREET - SHARON, PA 16146	25-1515795	501(C)(3)	25,000.	0.			ECONOMIC DEVELOPMENT SUPPORT
SECOND HARVEST FOOD BANK OF THE MAHONING VALLEY - 2805 SALT SPRINGS ROAD - YOUNGSTOWN, OH 44509	34-1380074	501(C)(3)	6,500.	0.			PROGRAM SUPPORT
TEAM PENNSYLVANIA FOUNDATION 240 NORTH THIRD STREET 2ND FLOOR HARRISBURG, PA 17101	23-2876177	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
UPCI DEVELOPMENT UPMC CANCER PAVILION SUITE 1B 5150 CENTRE AVENUE - PITTSBURGH, PA 15232	25-1899326	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
BUILDING BLOCKS CHILDRN CENTER, INC 4075 LAMOR RD HERMITAGE, PA 16148	26-3794898	501(C)(3)	14,790.	0.			PROGRAM SUPPORT
CATHEDRAL FOUNDATION 110 EAST LINCOLN AVENUE NEW CASTLE, PA 16101	25-0908667	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
CHALLENGES: OPTIONS IN AGING 2706 MERCER RD NEW CASTLE, PA 16105	25-1326213	501(C)(3)	19,000.	0.			PROGRAM SUPPORT

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CHILDRENS HOSPITAL OF PITTSBURGH FOUNDATION - 4401 PENN AVE CENTRAL PLANT FLOOR 3 - PITTSBURGH, PA 15224	25-1865744	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
DOWNTOWN MINISTRIES/HIS WORK HIS WAY - 172 MAIN ST - GREENVILLE, PA 16125	25-1750837	CHURCH	15,000.	0.			PROGRAM SUPPORT
FIRST UNITED METHODIST CHURCH 73 CLINTON ST GREENVILLE, PA 16125	25-6001379	CHURCH	10,859.	0.			PROGRAM SUPPORT
HERMITAGE SCHOOL DISTRICT ATHLETIC DEPARTMENT - 640 NORTH HERMITAGE RD - HERMITAGE, PA 16148	47-1641130	SCHOOL	47,000.	0.			PROGRAM SUPPORT
HOPE CENTER FOR ARTS & TECHNOLOGY, INC - 7 WEST STATE ST, SUITE 301, PO BOX 597 - SHARON, PA 16146	47-2756541	501(C)(3)	256,960.	0.			PROGRAM SUPPORT
HOPE CENTER FOR ARTS & TECHNOLOGY FUND - 7 WEST STATE ST SUITE 301 - SHARON, PA 16146	25-1407396	501(C)(3)	30,102.	0.			PROGRAM SUPPORT
LIVING WORD CHRISTIAN SCHOOL 12 N DIAMOND ST GREENVILLE, PA 16125	25-1770232	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
MEDICAL EQUIPMENT RECYCLING PROGRAM - 2200 MEMORIAL DRIVE - FARRELL, PA 16121	25-1501823	501(C)(3)	5,500.	0.			PROGRAM SUPPORT
PEGRAM UNITED METHODIST CHURCH 479 THOMPSON RD PEGRAM, TN 37143	62-1614943	CHURCH	10,000.	0.			PROGRAM SUPPORT

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SAINT MICHAEL SCHOOL 85 NORTH HIGH ST GREENVILLE, PA 16125	25-1154521	SCHOOL	13,985.	0.			PROGRAM SUPPORT
SHENANGO VALLEY CATHOLIC SCHOOL SYSTEM - 2120 SHENANGO VALLEY FREWAY - HERMITAGE, PA 16148	42-2496354	SCHOOL	130,870.	0.			PROGRAM SUPPORT
SHOE OUR CHILDREN FUND 7 WEST STATE ST SUITE 301 SHARON, PA 16146	25-1407396	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
ST JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	16,250.	0.			PROGRAM SUPPORT
ZION EDUCATION CENTER 753 CEDAR AVENUE SHARON, PA 16146	27-4525991	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
SEWICKLEY VALLEY HISTORICAL SOCIETY - 200 BROAD STREET - SEWICKLEY, PA 15143	25-1451010	501(C)(3)	10,000.	0.			HISTORICAL PRESERVATION OF SEWICKLEY VALLEY
SHENANGO TOWNSHIP POLICE DEPARTMENT - 1000 WILLOW BROOK ROAD - NEW CASTLE, PA 16101	25-6002992	GOVERNMENT	13,000.	0.			POLICE K-9 UNIT
ALLEGHENY CONFERENCE ON CHARITABLE CONTRIBUTIONS - 11 STANWIX STREET - PITTSBURGH, PA 15222	25-0965213	501(C)(3)	85,000.	0.			EDUCATE PROFESSIONALS ON THE IMPORTANCE OF CHARITABLE GIVING
ALLEGHENY HEALTH NETWORK CANCER INSTITUTE - MELLON PAV. SUITE GR70 - PITTSBURGH, PA 15224	45-3674924	501(C)(3)	75,000.	0.			CANCER RESEARCH

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ALZHEIMERS ASSOCIATION E OH CHAPTER - 70 W STREETSBO RO ST. SUITE 201 - HUDSON, OH 44236	34-1454446	501(C)(3)	6,000.	0.			ALZHEIMERS RESEARCH
BEVER COUNTY CHRISTIAN SCHOOL 510 37TH STREET BEVER FALLS, PA 15010	22-1863461	SCHOOL	29,400.	0.			CHRISTIAN EDUCATION
CORE: CENTER FOR ORGAN RECOVERY & EDUCATION - 204 SIGMA DRIVE RIDC PARK - PITTSBURGH, PA 15238	25-1332885	501(C)(3)	43,739.	0.			ORGAN TRANSPLANT PROMOTING INNOVATION AND ENTREPRENEURSHIP BY PROVIDING EDUCATION, MENTORSHIP, AND BUSINESS
ECCENTER @ LINDENPOINTE 3580 INNOVATION WAY HERMITAGE, PA 16148	45-2425023	501(C)(3)	15,000.	0.			
FAITH PRESBYTERIAN CHURCH 2370 NORTH HERMITAGE ROAD HERMITAGE, PA 16148	25-1287264	CHURCH	9,500.	0.			RELIGIOUS ACTIVITIES
FIRST PRESBYTERIAN CHURCH 600 EAST STATE STREET SHARON, PA 16146	25-1067295	CHURCH	32,500.	0.			RELIGIOUS ACTIVITIES
GREATER PENNSYLVANIA SUPER KIDS 1959 KING DRIVE HERMITAGE, PA 16148	25-1407396	501(C)(3)	6,000.	0.			ASSISTANCE TO MENTALLY IMPAIRED CHILDREN
GREENVILLE AREA SCHOOL DISTRICT 9 DONATION ROAD GREENVILLE, PA 16125	25-6011926	SCHOOL	10,767.	0.			ASSISTANCE FOR ARTIFICIAL SURFACE ON ATHLETIC FIELD
GREENVILLE HIGH SCHOOL CHORUS 9 DONATION ROAD GREENVILLE, PA 16125	25-1407396	SCHOOL	35,455.	0.			CHORUS TRIP EXPENSES

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GREENVILLE PUBLIC LIBRARY BAUGHMAN ENDOWMENT FUND - 330 MAIN ST - GREENVILLE, PA 16125	25-0979360	501(C)(3)	18,674.	0.			ENDOWMENT FOR LIBRARY OPERATING EXPENSES
HEARTS IN ACTION PO BOX 2552 WESTERVILLE, OH 43086	91-1920080	501(C)(3)	22,575.	0.			HEARTS IN ACTION OFFERS RELEVANT, INTENSIVE AND ANOINTED TRAINING COURSES FOR TEACHERS AND LEADERS
IMANI CHRISTIAN ACADEMY 2150 EAST HILL DRIVE PITTSBURGH, PA 15238	25-1816131	SCHOOL	7,500.	0.			CHRISTIAN EDUCATION
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
LAWRENCE COMMUNITY FOUNDATION GRANTS FUND - 7 WEST STATE ST SUITE 301 - SHARON, PA 16146	25-1407396	501(C)(3)	15,000.	0.			MONIES FOR COMMUNITY FOUNDATION LAWRENCE COUNTY ADVISORY BOARD TO GRANT
LAWRENCE COUNTY HISTORICAL SOCIETY 408 N JEFFERSON STREET, PO BOX 1745 NEW CASTLE, PA 16103	25-1389552	501(C)(3)	5,195.	0.			HISTORICAL PRESERVATION OF LAWRENCE COUNTY
LEADER DOGS FOR THE BLIND 1039 S ROCHESTER ROAD ROCHESTER, MI 48307	38-1366931	501(C)(3)	10,000.	0.			LEADER DOGS FOR BLIND PEOPLE
MERCER COUNTY DISABLED AMERICAN VETERANS - 482 WENGLER AVE - SHARON, PA 16146	23-0520283	501(C)(3)	18,600.	0.			ASSISTANCE TO NEEDY DISABLED VETERANS IN MERCER COUNTY
NEW CASTLE COMMUNITY YMCA 27 E WASHINGTON STREET NEW CASTLE, PA 16101	25-1969496	501(C)(3)	25,000.	0.			STRENGTHEN COMMUNITY FAMILIES THROUGH YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL

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RENOVA MUSIC FESTIVAL PO BOX 61 NEW CASTLE, PA 16103	36-4706790	501(C)(3)	15,900.	0.			TO PROVIDE A VENUE FOR YOUNG MUSICIANS TO DEVELOP AND EMPLOY THEIR MUSICAL TALENTS WHILE
ROCHESTER AREA SCHOOL DISTRICT 540 RENO STREET ROCHESTER, PA 15074	57-1141192	SCHOOL	5,947.	0.			BACKPACK PROGRAM (FOOD TO CHILDREN)
SHARON FIRE TRUCK & EQUIPMENT FUND 7 WEST STATE ST SUITE 301 SHARON, PA 16146	25-1407396	501(C)(3)	10,000.	0.			EQUIPMENT FOR SHARON FIRE DEPARTMENT
SHENANGO COMMUNITY EDUCATION ASSOCIATION - 2550 ELLWOOD ROAD - NEW CASTLE, PA 16101	54-1265656	501(C)(3)	5,830.	0.			TO ADVANCE EDUCATION OPPORTUNITIES FOR THE BETTERMENT OF THE COMMUNITY BOTH NOW AND
SHENANGO COMMUNITY EDUCATION FUND 7 WEST STATE ST SUITE 301 SHARON, PA 16146	25-1407396	501(C)(3)	13,000.	0.			TO ADVANCE EDUCATION OPPORTUNITIES FOR THE BETTERMENT OF THE COMMUNITY BOTH NOW AND
SHENANGO TOWNSHIP SUPERVISORS 3439 HUBBARD-MIDDLESEX ROAD WEST MIDDLESEX, PA 16159	25-6002993	GOVERNMENT	6,750.	0.			POLICE K-9 UNIT
ST. MICHAEL SCHOOL 85 NORTH HIGH STREET GREENVILLE, PA 16125	25-1154521	SCHOOL	7,500.	0.			PROGRAM SUPPORT
STRAYHAVEN ANIMAL SHELTER, INC. 94 DONATION ROAD GREENVILLE, PA 16125	25-1103494	501(C)(3)	5,673.	0.			ANIMAL CONTROL AND ADOPTION
SUCCESS BY SIX 493 SOUTH HERMITAGE ROAD HERMITAGE, PA 16148	25-1039297	SCHOOL	6,740.	0.			EARLY PRE-SCHOOL EDUCATION FOR CHILDREN UNDER THE AGE OF SIX

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TAILS OF HOPE 7 WEST STATE ST SUITE 301 SHARON, PA 16146	81-1070254	501(C)(3)	139,806.	33,820.	BOOK VALUE	4.5 ACRES OF DONATED LAND	ANIMAL CONTROL THROUGH SPAYING
TEAM PITTSBURGH TRANSPLANT PO BOX 22122 PITTSBURGH, PA 15222	31-1481798	501(C)(3)	9,240.	0.			ORGAN TRANSPLANT
TEAM PITTSBURGH TRANSPLANT GAME ATHLETES - PO BOX 22122 - PITTSBURGH, PA 15222	31-1481798	501(C)(3)	13,600.	0.			ORGAN TRANSPLANT TO PROVIDE SCHOLARSHIPS TO AND ASSISTANCE FOR THE CULVER ACADEMY, A PRIVATE COLLEGE PREPARATORY
THE CULVER EDUCATIONAL FOUNDATION 1300 ACADEMY ROAD 159 CULVER, IN 46511	35-0868071	SCHOOL	5,500.	0.			CATHOLIC NUNS WHO RESPOND TOGETHER TO THE MOST CRITICAL NEEDS OF GOD'S PEOPLE IN NORTHEAST OHIO.
THE URSULINE SISTERS OF YOUNGSTOWN 4250 SHIELDS ROAD CANFIELD, OH 44406	34-0720564	501(C)(3)	7,000.	0.			TO PROVIDE CHARITABLE FUNDS AND A LITTLE EXTRA HELP AND ENCOURAGEMENT TO THOSE IN NEED.
TREYSTOCK FUND 7 WEST STATE ST SUITE 301 SHARON, PA 16146	25-1407396	501(C)(3)	6,000.	0.			ASSISTANCE TO NEEDY VETERANS IN TRUMBULL COUNTY.
TRUMBULL COUNTY VETERANS SERVICE COMMISSION - 253 EAST MARKET STREET - WARREN, OH 44481	25-1407396	GOVERNMENT	15,000.	0.			PROVIDE SUPPORT TO LOCAL CHARITABLE ORGANIZATION
UNITED WAY OF LAUREL HIGHLANDS 422 MAIN STREET, SUITE 203 JOHNSTOWN, PA 15901	25-0965383	501(C)(3)	11,500.	0.			PROVIDE SUPPORT TO LOCAL CHARITABLE ORGANIZATION
UNITED WAY OF LAWRENCE COUNTY 223 NORTH MERCER STREET, SUITE 101 NEW CASTLE, PA 16101	25-0987221	501(C)(3)	8,822.	0.			PROVIDE SUPPORT TO LOCAL CHARITABLE ORGANIZATION

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UNITED WAY OF THE CAPITAL REGION 2235 MILLENNIUM WAY ENOLA, PA 17025	23-1352095	501(C)(3)	8,500.	0.			PROVIDE SUPPORT TO LOCAL CHARITABLE ORGANIZATION
WEST MIDDLESEX UNITED METHODIST CHURCH - PO BOX 327, 3123 MAIN STREET - WEST MIDDLESEX, PA 16159	25-6001376	CHURCH	5,761.	0.			RELIGIOUS ACTIVITIES
WILMINGTON AREA SCHOOL DISTRICT 400 WOOD STREET NEW WILMINGTON, PA 16142	25-6008305	SCHOOL	9,806.	0.			CLOSEOUT WILMINGTON AREA FITNESS FUND WHICH WAS ESTABLISHED TO RAISE FUNDS TO PURCHASE NEW ASSISTANCE TO NEEDY MEMBERS AND VETERANS OF THE ARMED FORCES IN THE AREA.
YARBCC PO BOX 18 VIENNA, OH 44473	25-1407396	501(C)(3)	15,000.	0.			RELIGIOUS ACTIVITIES
YOUNGSTOWN AREA JEWISH FEDERATION 505 GYPSY LANE YOUNGSTOWN, OH 44504	34-0714442	501(C)(3)	5,713.	0.			RELIGIOUS ACTIVITIES
ZIONS REFORMED CHURCH 260 MAIN STREET GREENVILLE, PA 16125	27-4525991	CHURCH	100,685.	0.			RELIGIOUS ACTIVITIES

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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	500	585,514.	0.		
GRANTS TO INDIVIDUALS WITH SIGNIFICANT FINANCIAL NEEDS ARE BASED ON APPLICATIONS MEETING NEED GUIDELINES AND APPROVED BY A BOARD COMMITTEE.	90	173,859.	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

Part IV Supplemental Information

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

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ECENTER @ LINDENPOINTE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTING INNOVATION AND

Part IV Supplemental Information

ENTREPRENEURSHIP BY PROVIDING EDUCATION, MENTORSHIP, AND BUSINESS
RESOURCES TO HELP NEW AND EMERGING STEM (SCIENCE, TECH., ENGINEERING, AND
MATH) COMPANIES TO GROW AND PROSPER.

NAME OF ORGANIZATION OR GOVERNMENT: HEARTS IN ACTION

(H) PURPOSE OF GRANT OR ASSISTANCE: HEARTS IN ACTION OFFERS RELEVANT,
INTENSIVE AND ANOINTED TRAINING COURSES FOR TEACHERS AND LEADERS WHOSE
PASSION IS TO SEE THIS GENERATION COME TO JESUS.

NAME OF ORGANIZATION OR GOVERNMENT: NEW CASTLE COMMUNITY YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: STRENGTHEN COMMUNITY FAMILIES
THROUGH YOUTH DEVELOPMENT, HEALTHY LIVING AND SOCIAL RESPONSIBILITY

NAME OF ORGANIZATION OR GOVERNMENT: RENOVA MUSIC FESTIVAL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE A VENUE FOR YOUNG
MUSICIANS TO DEVELOP AND EMPLOY THEIR MUSICAL TALENTS WHILE PROMOTING
COMMUNITY INTEREST IN THE MUSICAL ARTS THROUGH THEIR CONCERTS

NAME OF ORGANIZATION OR GOVERNMENT:

SHENANGO COMMUNITY EDUCATION ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ADVANCE EDUCATION OPPORTUNITIES
FOR THE BETTERMENT OF THE COMMUNITY BOTH NOW AND FOR FUTURE GENERATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: SHENANGO COMMUNITY EDUCATION FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ADVANCE EDUCATION OPPORTUNITIES
FOR THE BETTERMENT OF THE COMMUNITY BOTH NOW AND FOR FUTURE GENERATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: THE CULVER EDUCATIONAL FOUNDATION

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SCHOLARSHIPS TO AND ASSISTANCE FOR THE CULVER ACADEMY, A PRIVATE COLLEGE PREPATORY BOARDING SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT: THE URSULINE SISTERS OF YOUNGSTOWN

(H) PURPOSE OF GRANT OR ASSISTANCE: CATHOLIC NUNS WHO RESPOND TOGETHER TO THE MOST CRITICAL NEEDS OF GOD'S PEOPLE IN NORTHEAST OHIO, INCLUDING A SENIOR ASSISTED LIVING CENTER.

NAME OF ORGANIZATION OR GOVERNMENT: WILMINGTON AREA SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: CLOSEOUT WILMINGTON AREA FITNESS FUND WHICH WAS ESTABLISHED TO RAISE FUNDS TO PURCHASE NEW FITNESS EQUIPMENT FOR THE SOON TO BE CONSTRUCTED SCHOOL FITNESS FACILITY

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.

Part IV Supplemental Information

SCHEDULE I, PART I, QUESTION 2

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

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CF81, INC.	AFFILIATED NON-PROF	0.	THE FOUNDAT		X
DONNA C. WINNER	FORMER BOARD MEMBER	46,200.	IN NOVEMBER		X
LEW KACHULIS	CURRENT BOARD MEMBE	21,571.	LEW KACHULI		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: CF81, INC.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

AFFILIATED NON-PROFIT ORG WITH COMMON BOARD MEMBERS

(C) AMOUNT OF TRANSACTION \$ (D) DESCRIPTION O

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DONNA C. WINNER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

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

(C) AMOUNT OF TRANSACTION \$ 46,200.

(D) DESCRIPTION OF TRANSACTION: IN NOVEMBER, 2011, THE FOUNDATION ENTERED INTO A FIVE YEAR LEASE AGREEMENT WITH DONNA C. WINNER FOR A NEW OFFICE FACILITY. THE LEASE AGREEMENT REQUIRES MONTHLY PAYMENTS OF \$ 3,850 THROUGH DECEMBER, 2016.

(E) SHARING OF ORGANIZATION REVENUES? = NO

Part V Supplemental Information

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

(A) NAME OF PERSON: LEW KACHULIS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CURRENT BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 21,571.

(D) DESCRIPTION OF TRANSACTION: LEW KACHULIS IS A BOARD MEMBER AND IS
ALSO THE FOUNDATION'S INSURANCE AGENT THROUGH GILBERT'S INSURANCE.

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	9	328,999.	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?		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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2016)

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)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization	COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO	Employer identification number	25-1407396
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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

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

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

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

EXPENSE-INTEREST PORTION OF ANNUITY PAYMENTS - \$ 377812.

EXPENSES \$ 377,812. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

Schedule O (Form 990 or 990-EZ) (2016)

832211 08-25-16

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

Employer identification number
25-1407396

SUPPORT FOR LOCAL SPECIAL EVENTS

EXPENSES \$ 14,778. INCLUDING GRANTS OF \$ 0. REVENUE \$ 29,722.

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

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

Employer identification number
25-1407396

ORGANIZATIONS UNDER LIKE CIRCUMSTANCES. THIS POLICY APPLIES TO PERSONS WHO
ARE IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF THE
FOUNDATION.

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

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

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

FORM 990, PART XII, LINE 1

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

Name of the organization COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO	Employer identification number 25-1407396
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ALSO RECORDS DEPRECIATION EXPENSE AND UNREALIZED APPRECIATION
(DEPRECIATION) ON INVESTMENTS.

FORM 990, PART XII, LINE 2C

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

COMMUNITY FOUNDATION OF WESTERN PENNSYLVANIA AND EASTERN OHIO

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 entry is listed in Parts II, III, or IV of this schedule

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

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1) CF81, INC.	D	828,483	GUARANTEE AMOUNT		X
(2)					X
(3)					X
(4)					X
(5)					X
(6)					X

