

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
COMMUNITY FOUNDATION OF GREATER JOHNSTOWN

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
216 FRANKLIN STREET SUITE 400

City or town, state or province, country, and ZIP or foreign postal code
JOHNSTOWN, PA 15901

D Employer identification number
25-1637373

E Telephone number
(814) 536-7741

G Gross receipts \$ 15,083,795

F Name and address of principal officer:
MICHAEL KANE
216 FRANKLIN STREET
JOHNSTOWN, PA 15901

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

J Website: WWW.CFALLEGHENIES.ORG

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 ▶

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1990 **M** State of legal domicile: PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO SERVE THE BEST INTEREST OF OUR DONORS IN PERPETUATING THEIR PHILANTHROPIC INTEREST IN FINANCIALLY SUPPORTING OUR COMMUNITY.				
	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)	3	20		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20		
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	32		
	6 Total number of volunteers (estimate if necessary)	6	125		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0		
b Net unrelated business taxable income from Form 990-T, line 39	7b				
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	8,036,242	Current Year	12,383,674
	9 Program service revenue (Part VIII, line 2g)		183,906		132,503
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,593,229		2,476,391
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		164,460		91,227
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,977,837		15,083,795
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		3,273,187	
14 Benefits paid to or for members (Part IX, column (A), line 4)					0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			646,404		709,389
16a Professional fundraising fees (Part IX, column (A), line 11e)					0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 221,487					
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)			3,000,049		3,588,966
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		6,919,640		10,090,388	
19 Revenue less expenses. Subtract line 18 from line 12		5,058,197		4,993,407	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	74,104,567	End of Year	78,933,387
	21 Total liabilities (Part X, line 26)		11,096,347		10,962,884
	22 Net assets or fund balances. Subtract line 21 from line 20		63,008,220		67,970,503

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: *****
Date: 2021-01-20

MICHAEL KANE EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: 2021-02-05
Check if self-employed PTIN: P00179820

Firm's name ▶ BARNES SALY & COMPANY PC Firm's EIN ▶ 36-4775872

Firm's address ▶ 637 FERNDAL AVENUE SUITE 100 JOHNSTOWN, PA 159053999 Phone no. (814) 288-1544

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO SERVE THE BEST INTEREST OF OUR DONORS IN PERPETUATING THEIR PHILANTHROPIC INTEREST IN FINANCIALLY SUPPORTING OUR COMMUNITY.

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

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

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

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

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

4a (Code:) (Expenses \$ 9,039,966 including grants of \$ 5,792,033) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 9,039,966

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and related party transactions.

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 []

Table with 3 main columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

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

Main form area containing questions 2a through 16, including sub-questions like 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, and 16.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

Table with 5 main rows (1a-9) and 3 sub-columns (1a, 1b, and Yes/No). Row 1a: 20. Row 1b: 20. Row 2: Yes. Row 3: No. Row 4: No. Row 5: No. Row 6: No. Row 7a: No. Row 7b: No. Row 8a: Yes. Row 8b: Yes. Row 9: No.

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

Table with 16 rows (10a-16b) and 3 sub-columns (10a, 10b, and Yes/No). Row 10a: No. Row 10b: No. Row 11a: Yes. Row 12a: Yes. Row 12b: Yes. Row 12c: Yes. Row 13: Yes. Row 14: Yes. Row 15a: Yes. Row 15b: Yes. Row 16a: No. Row 16b: No.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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: MICHAEL KANE 216 FRANKLIN STEET SUITE 400 JOHNSTOWN, PA 15901 (814) 536-7741

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted 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) MARK E PASQUERILLA CHAIRMAN	2.00	X		X			0	0	0	
(2) MICHAEL SAHLANEY ESQ SECRETARY	2.00	X		X			0	0	0	
(3) TERRY K DUNKLE TREASURER	2.00	X		X			0	0	0	
(4) MICHELE BEENER DIRECTOR	0.20	X					0	0	0	
(5) JOHN BLACKBURN III DIRECTOR	0.20	X					0	0	0	
(6) LAUREN CASCINO PRESSER DIRECTOR	0.20	X					0	0	0	
(7) ALLAN CASHAW DIRECTOR	0.20	X					0	0	0	
(8) RAYMOND DIBATTISTA DIRECTOR	0.20	X					0	0	0	
(9) ROBERT J EYER DIRECTOR	0.20	X					0	0	0	
(10) LINDA ROVDER FLEMING DIRECTOR	0.20	X					0	0	0	
(11) ROB FORCEY DIRECTOR	0.20	X					0	0	0	
(12) GREG GLOSSER DIRECTOR	0.20	X					0	0	0	
(13) GARY HORNER ESQ DIRECTOR	0.20	X					0	0	0	
(14) JOHN KRIAK DIRECTOR	0.20	X					0	0	0	
(15) RICHARD H MAYER DIRECTOR	0.20	X					0	0	0	
(16) WILLIAM RICE DIRECTOR	0.20	X					0	0	0	
(17) SARA ANN SARGENT DIRECTOR	0.20	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted 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) RANDY STAGER DIRECTOR	0.20	X						0	0	0
(19) CAROL STERN DIRECTOR	0.20	X						0	0	0
(20) JEFF STOPKO DIRECTOR	0.20	X						0	0	0
(21) MICHELLE TOKARSKY ESQ DIRECTOR	0.20	X						0	0	0
(22) COLLEEN TRETTER DIRECTOR	0.20	X						0	0	0
(23) DR DONATO ZUCCO DIRECTOR	0.20	X						0	0	0
(24) MICHAEL KANE EXECUTIVE DI	34.00 13.00				X			155,428	0	61,454
(25) BARB CHARNEY ACCOUNTING A	19.00 18.00				X			55,806	0	1,473
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							211,234			62,927

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1		
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	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

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

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 ▶	
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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	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12,383,674		
	g Noncash contributions included in lines 1a - 1f:\$	1g			
	h Total. Add lines 1a-1f		12,383,674		

Program Service Revenue			Business Code			
	2a AGENCY FUND ADMIN/MGMT FEE				132,503	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f.				132,503		

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			956,370		956,370	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			61,175	61,175		
	6a Gross rents	6a	(i) Real	(ii) Personal			
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c				
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other	1,043,596	476,425	
		b Less: cost or other basis and sales expenses	7b				
		c Gain or (loss)	7c	1,043,596	476,425		
	d Net gain or (loss)				1,520,021	1,520,021	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
			b Less: direct expenses	8b			
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
			b Less: direct expenses	9b			
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold			10b				
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a GRANT FUNDS RETURNED				30,052	30,052		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d				30,052			
12 Total revenue. See instructions				15,083,795	91,227	2,608,894	

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	4,132,955	4,132,955		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,659,078	1,659,078		
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	211,234	105,617	58,989	46,628
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	315,704	126,560	143,133	46,011
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	54,223	23,652	20,914	9,657
9 Other employee benefits	87,068	37,979	33,582	15,507
10 Payroll taxes	41,160	17,954	15,875	7,331
11 Fees for services (non-employees):				
a Management				
b Legal	5,527	4,145	1,382	
c Accounting	60,765		60,765	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	362,265		353,750	8,515
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,670	2,473	2,187	1,010
12 Advertising and promotion	62,073			62,073
13 Office expenses	62,900	16,535	39,613	6,752
14 Information technology	48,295		48,295	
15 Royalties				
16 Occupancy	9,681	4,223	3,734	1,724
17 Travel	4,653		4,653	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,620	2,601	3,957	1,062
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,118	10,084	8,917	4,117
23 Insurance	19,193	8,372	7,403	3,418
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 CHARITABLE PROGRAMS	2,743,858	2,743,858		
b TRANSFER-REGIONAL PROP	51,589	51,589		
c BAD DEBT EXPENSE	42,687	42,687		
d INTERNSHIP PROJECT	34,692	34,692		
e All other expenses	44,380	14,912	21,786	7,682
25 Total functional expenses. Add lines 1 through 24e	10,090,388	9,039,966	828,935	221,487
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,245,667	1	5,043,667
	2 Savings and temporary cash investments	1,680,081	2	2,012,154
	3 Pledges and grants receivable, net	152,898	3	686,792
	4 Accounts receivable, net	18,366	4	
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	1,089,326	7	1,056,021
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	52,642	9	61,241
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 231,702		
	b Less: accumulated depreciation	10b 105,221	149,599	10c 126,481
	11 Investments—publicly traded securities	68,454,186	11	69,787,983
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	261,802	15	159,048
16 Total assets. Add lines 1 through 15 (must equal line 34)	74,104,567	16	78,933,387	
Liabilities	17 Accounts payable and accrued expenses	175,743	17	176,081
	18 Grants payable	1,540,213	18	1,823,234
	19 Deferred revenue	800,557	19	186,965
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	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	8,579,834	25	8,776,604
	26 Total liabilities. Add lines 17 through 25	11,096,347	26	10,962,884
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	749,953	27	1,419,761
	28 Net assets with donor restrictions	62,258,267	28	66,550,742
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	63,008,220	32	67,970,503	
33 Total liabilities and net assets/fund balances	74,104,567	33	78,933,387	

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	15,083,795
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,090,388
3	Revenue less expenses. Subtract line 2 from line 1	3	4,993,407
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	63,008,220
5	Net unrealized gains (losses) on investments	5	-84,460
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	53,336
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	67,970,503

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Additional Data

Software ID:

Software Version:

EIN: 25-1637373

Name: COMMUNITY FOUNDATION OF GREATER
JOHNSTOWN

Form 990 (2019)

Form 990, Part III, Line 4a:

THE FOUNDATION WAS ESTABLISHED TO PROMOTE THE BETTERMENT OF WESTERN PENNSYLVANIA BY ATTRACTING CHARITABLE FUNDS, MAINLY IN THE FORM OF ENDOWMENTS, AND TO DISTRIBUTE THE INCOME GENERATED FOR THE BENEFIT OF VARIOUS ORGANIZATIONS AND INDIVIDUALS IN THE AREA.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATION OF GREATER JOHNSTOWN

Employer identification number
25-1637373

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	5,040,683	5,297,824	8,469,769	8,036,242	12,383,674	39,228,192
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	5,040,683	5,297,824	8,469,769	8,036,242	12,383,674	39,228,192
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) . . .						
6 Public support. Subtract line 5 from line 4.						39,228,192

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	5,040,683	5,297,824	8,469,769	8,036,242	12,383,674	39,228,192
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	1,140,424	1,117,153	902,563	465,230	956,370	4,581,740
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.) . . .	163,426	189,357	155,649	183,906	132,503	824,841
11 Total support. Add lines 7 through 10						44,634,773
12 Gross receipts from related activities, etc. (see instructions)					12	413,625
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 2019 (line 6, column (f) divided by line 11, column (f))	14	87.890 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	85.520 %
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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? <i>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.</i>	Yes	No
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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):	1	
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 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 10	OTHER INCOME 824,841

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
COMMUNITY FOUNDATION OF GREATER JOHNSTOWN

Employer identification number
25-1637373

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	101	641
2 Aggregate value of contributions to (during year)	762,195	11,621,479
3 Aggregate value of grants from (during year)	1,087,602	4,704,428
4 Aggregate value at end of year	5,907,726	62,062,777

- 5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

- 1** Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

- 3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4** Number of states where property subject to conservation easement is located ▶ _____
- 5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- 7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- b** Assets included in Form 990, Part X ▶ \$ _____

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 in 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	43,630,329	41,116,612	36,746,256	32,682,078	33,048,111
b Contributions	1,141,839	2,646,782	4,760,720	2,860,833	2,011,240
c Net investment earnings, gains, and losses	1,712,137	2,517,793	2,797,093	3,542,700	40,669
d Grants or scholarships	1,940,838	2,122,876	2,301,170	1,488,829	1,646,185
e Other expenditures for facilities and programs					
f Administrative expenses	832,725	527,982	886,287	850,526	771,757
g End of year balance	43,710,742	43,630,329	41,116,612	36,746,256	32,682,078

- 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 ▶ 66.590 %
 - c** Temporarily restricted endowment ▶ 33.410 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		100,000	14,167	85,833
d Equipment		131,702	91,054	40,648
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				126,481

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. (Column (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. (Column (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	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	8,776,604

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

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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	
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		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 25-1637373

Name: COMMUNITY FOUNDATION OF GREATER
JOHNSTOWN

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	THE COMMUNITY FOUNDATION OF THE ALLEGHENIES WILL ASSIST INDIVIDUALS TO MAKE CHARITABLE GIFTS THAT SUPPORT CAUSES OR ORGANIZATIONS THEY CARE ABOUT. THE FOUNDATION WILL FUND GRANTS FROM THE ENDOWMENT FUNDS IN SUPPORT OF ITS MISSION TO PROMOTE PHILANTROPY AND LEAVE A LASTING LEGACY THAT WILL IMPROVE THE QUALITY OF LIFE FOR THE RESIDENTS OF BEDFORD, CAMBRIA, SOMERSET AND INDIANA COUNTIES. THE FOUNDATION HOLDS ENDOWMENTS TO PROVIDE A PERMANENT SOURCE OF INCOME TO PROVIDE GRANTS TO CHARITABLE ORGANIZATIONS AND SUPPORT CHARITABLE PROGRAMS AND OPERATIONS.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE FOUNDATION AND ITS SUPPORTING ORGANIZATIONS ARE NOT-FOR-PROFIT ORGANIZATIONS THAT ARE EXEMPT FROM INCOME TAXES UNDER SECTION 50L(C)(3) OF THE INTERNAL REVENUE CODE. THE REGIONAL PROPERTY HOLDING COMPANY, INC. IS A HOLDING CORPORATION EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(2) OF THE INTERNAL REVENUE CODE. NO INCOME TAXES HAVE BEEN PAID OR ACCRUED IN THE CONSOLIDATED FINANCIAL STATEMENTS. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION AND ITS SUPPORTING ORGANIZATIONS AND HAS CONCLUDED THAT AS OF JUNE 30, 2020, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE FOUNDATION'S INCOME TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES. THE FOUNDATION IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE THEIR TAX-EXEMPT STATUSES. THE FOUNDATION'S TAX RETURNS FOR THE YEARS ENDING JUNE 30, 2017 AND FORWARD ARE OPEN TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XIII	SCHEDULE D, PART V THE FOUNDATION REVIEWED ITS CLASSIFICATION OF ENDOWMENT FUNDS ON FORM 990 AND HAS REVISED THE BALANCES ON PART V FOR THE PRIOR 4 YEARS TO BE IN AGREEMENT WITH ITS AUDITED FINANCIAL STATEMENTS.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization COMMUNITY FOUNDATION OF GREATER JOHNSTOWN

Employer identification number 25-1637373

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	388	601,582			
(2) EDUCATION	215	1,057,496			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 25-1637373
Name: COMMUNITY FOUNDATION OF GREATER
JOHNSTOWN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ALTERNATIVE COMMUNITY RESOURCE PROG 131 MARKET STREET JOHNSTOWN, PA 15901	25-1601146	501(C)	12,000				GATEWAYS & WALKWAYS
ARBUTUS PARK RETIREMENT COMMUNITY 207 OTTAWA STREET JOHNSTOWN, PA 15904	23-7064174	501(C)	106,490				NEW ROOF & BUILDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BEDFORD AREA SENIOR CITIZENS INC 205 S RICHARD ST BEDFORD, PA 15522	25-1568406	501(C)	5,200				COVID-19 EMERGENCY R
BEDFORD COUNTY PLAYERS INC PO BOX 399 BEDFORD, PA 15522	25-1506499	501(C)	6,000				LIGHT SYSTEM 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BERLIN AREA AMBULANCE ASSOCIATION 721 NORTH STREET BERLIN, PA 15530	23-7084031	501(C)	10,500				COVID-19 EMERGENCY R
BETH SHOLOM TEMPLE 700 INDIANA STREET JOHNSTOWN, PA 15905	25-1306847	501(C)	13,622				ANNUAL DESIGNATED DI

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BLACKLICK VALLEY FOUNDATION AND AMB 1077 FIRST STREET NANTY GLO, PA 15943	25-1366982	501(C)	6,230				COVID-19 EMERGENCY R
BOROUGH OF HUNTINGDON 530 WASHINGTON STREET HUNTINGDON, PA 16652	23-6002876	GOV	7,000				LED STREETLIGHT RETR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BOSWELL VOLUNTEER FIRE DEPARTMENT 606 HOWER AVENUE BOSWELL, PA 15531	25-1627623	501(C)	22,500				BOSWELL VFD EQUIPMEN
BOTTLE WORKS ETHNIC ARTS CENTER 411 THIRD AVENUE JOHNSTOWN, PA 15906	25-1707386	501(C)	15,500				COVID-19 EMERGENCY R

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BYZANTINE CATHOLIC SEMINARY OF SS 3605 PERRYVILLE AVENUE PITTSBURGH, PA 15214	25-1141842	501(C)	10,000				ANNUAL DESIGNATED DI
CAMBRIA COUNTY CHILD DEVELOPMENT CO 300 PRAVE STREET SUITE 101 EBENSBURG, PA 15931	25-1234936	501(C)	50,000				EARLY CHILDHOOD EDUC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CAMBRIA COUNTY CONSERVATION & RECRE 401 CANDLELIGHT DRIVE SUITE 240 EBENSBURG, PA 15931	25-1737641	501(C)	29,600				GHOST TOWN TRAIL
CAMBRIA COUNTY DRUG COALITION INC 1 PASQUERILLA PLAZA SUITE 126 JOHNSTOWN, PA 15901	81-3590388	501(C)	75,000				CAMBRIA COUNTY DRUG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CAMBRIA COUNTY LIBRARY ASSOCIATION 248 MAIN STREET JOHNSTOWN, PA 15901	25-0969448	501(C)	121,847				DIGITAL LIBRARY
CAMBRIA REGIONAL CHAMBER 416 MAIN STREET SUITE 201 JOHNSTOWN, PA 15901	20-4185300	501(C)	12,000				2020 BOSLER ACADEMY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP CADET OF SOMERSET COUNTY 142 SAGAMORE STREET SOMERSET, PA 15501	25-1882329	501(C)	5,500				DONOR REQUESTED DIST
CENTER FOR COMMUNITY ACTION 195 DRIVE IN LANE EVERETT, PA 15537	25-1701123	501(C)	26,600				COVID-19 EMERGENCY R

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CENTER FOR METAL ARTS 106 IRON STREET JOHNSTOWN, PA 15906	81-3569982	501(C)	29,826				OUR REGION: GUARD SH
CHAN SOON-SHIONG MEDICAL CENTER AT 600 SOMERSET AVENUE WINDBER, PA 15963	25-1244202	501(C)	12,618				JOYCE MURTHA BREAST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHESTNUT RIDGE COMMUNITY VOLUNTEER 1698 STATE ROUTE 711 STAHLSTOWN, PA 15687	25-1752293	501(C)	7,500				OPERATING SUPPORT
CHEVY CHASE COMMUNITY ACTION COUNCI 640 NORTH 5TH AVENUE INDIANA, PA 15701	25-1404713	501(C)	7,000				FEEDING PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S AID HOME PROGRAMS OF SOM 1476 NORTH CENTER AVENUE PO BOX 119 SOMERSET, PA 15501	25-1793697	501(C)	6,272				COVID-19 EMERGENCY R
CHRIST CENTERED COMMUNITY CHURCH 531 SOMERSET STREET JOHNSTOWN, PA 15901	20-8728432	501(C)	6,318				COVID-19 EMERGENCY R

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CITY OF ERIE 626 STATE STREET ROOM 500 ERIE, PA 16501	25-6000857	GOV	25,000				FIRE STATION SOLAR P
CITY OF JOHNSTOWN CITY HALL ROOM 104 401 MAIN STREET JOHNSTOWN, PA 15901	25-6000865	GOV	9,250				ROXBURY PARK SUSTAIN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ARTS CENTER OF CAMBRIA CO 1217 MENOHER BOULEVARD JOHNSTOWN, PA 15905	23-7059711	501(C)	17,400				WHOLE PERSON, WHOLE
CONEMAUGH TOWNSHIP EMS 1075 TIRE HILL ROAD JOHNSTOWN, PA 15905	25-1733247	501(C)	16,000				COVID-19 EMERGENCY R

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CONEMAUGH VALLEY CONSERVANCY PO BOX 218 JOHNSTOWN, PA 15907	25-1756447	501(C)	51,696				9/11 TRAIL LINK TO I
ENERGY COORDINATING AGENCY 106 WEST CLEARFIELD STREET PHILADELPHIA, PA 19133	22-2602113	501(C)	75,000				WORKFORCE DEVELOPMEN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ENVINITY INC 25 DECIBEL ROAD SUITE 205 STATE COLLEGE, PA 16801	20-5967335	501(C)	50,000				ENERGY AUDIT
EVERETT FIRE COMPANY NO 1 100 MECHANIC STREET EVERETT, PA 15537	25-6057229	501(C)	5,200				COVID-19 EMERGENCY R

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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EVERETT FREE LIBRARY 137 E MAIN STREET EVERETT, PA 15537	23-6236840	501(C)	7,340				LIBRARY SECURITY SYS
FAIR SHAKE ENVIRONMENTAL LEGAL SERV 647 E MARKET STREET AKRON, OH 44304	46-2642901	501(C)	18,000				2021 ENVIRONMENTAL H

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FRATERNAL ORDER OF POLICE LODGE 86 PO BOX 582 JOHNSTOWN, PA 15907	25-6079467	501(C)	10,000				OPERATION GUARDIAN
GALLERY ON GAZEBO 140 GAZEBO PLACE JOHNSTOWN, PA 15901	83-4710552	501(C)	12,523				THE TALK OF JOHNSTOW

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GIRL SCOUTS WESTERN PENNSYLVANIA 503 MARTINDALE STREET SUITE 500 PITTSBURGH, PA 15212	25-1126094	501(C)	5,332				COVID-19 EMERGENCY R
GOODWILL OF THE SOUTHERN ALLEGHENIE 540-542 CENTRAL AVENUE JOHNSTOWN, PA 15902	25-1115026	501(C)	20,200				2020 JOHNSTOWN YOUTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GREATER JOHNSTOWN COMMUNITY YMCA 100 HAYNES STREET JOHNSTOWN, PA 15901	25-0965623	501(C)	157,125				LIVE STRONG CANCER W
GREATER WASHINGTON COUNTY FOOD BANK 909 NATIONAL PIKE WEST BROWNSVILLE, PA 15417	23-2939247	501(C)	7,500				FEEDING PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GREEN BUILDING ALLIANCE 33 TERMINAL WAY SUITE 331 PITTSBURGH, PA 15219	25-1832931	501(C)	25,000				ERIE 2030 DISTRICT P
HELPING HANDS OF CAMBRIA COUNTY IN PO BOX 453 EBENSBURG, PA 15931	25-1729743	501(C)	5,050				CHANDLER AVE. HOUSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HIGHLANDS HEALTH 315 LOCUST STREET 2ND FLOOR JOHNSTOWN, PA 15901	23-2922409	501(C)	23,423				THE MOVE
HOPE FIRE COMPANY 1023 PHILADELPHIA AVENUE PO BOX 121 NORTHERN CAMBRIA, PA 15714	25-1727881	501(C)	6,000				LOW ANGLE ROPE RESCU

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HUNT OF A LIFETIME FOUNDATION INC 6297 BUFFALO ROAD HARBORCREEK, PA 16421	25-1856277	501(C)	6,000				DONOR REQUESTED DIST
INCLINED PLANE INC 711 EDGEHILL DRIVE JOHNSTOWN, PA 15905	25-1479221	501(C)	267,076				ANNUAL FLAG EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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INDEPENDENT CATHOLIC FOUNDATION FOR 3618 FIFTH AVENUE SUITE 1 ALTOONA, PA 16602	25-1625390	501(C)	166,876				ANNUAL DESIGNATED DI
INDIAN CREEK VALLEY SPORTSMEN'S CLU PO BOX 428 INDIAN HEAD, PA 15446	25-1868980	501(C)	7,500				FEEDING PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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INDIANA COUNTY CONSERVATION DISTRICT 280 INDIAN SPRINGS ROAD SUITE 124 INDIANA, PA 15701	25-1141816	501(C)	10,000				NEW DISTRICT OFFICE
JACKSON TOWNSHIP 513 PIKE RD JOHNSTOWN, PA 15909	25-6001831	GOV	50,000				REIMBURSE FIRE TRUCK

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JACKSON TOWNSHIP VOLUNTEER FIRE DEP 176 ADAMS AVENUE MINERAL POINT, PA 15942	23-7399677	501(C)	56,000				JACKSON TWP RESCUE T
JEFFERSON MEMORIAL BAPTIST CHURCH 325 WILLIAM PENN AVENUE JOHNSTOWN, PA 15901	27-0756516	501(C)	8,521				DONOR REQUESTED DIST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JOHNSTOWN AREA HERITAGE ASSOCIATION 201 6TH AVENUE PO BOX 1889 JOHNSTOWN, PA 15907	25-1247390	501(C)	31,746				OUTSTANDING UTILITY
JOHNSTOWN AREA REGIONAL INDUSTRIES 245 MARKET STREET SUITE 200 JOHNSTOWN, PA 15901	25-1254617	501(C)	244,711				SUPPORTING LEARNING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JOHNSTOWN OLDTIMERS BASEBALL ASSOCI PO BOX 277 JOHNSTOWN, PA 15907	25-6040906	501(C)	8,200				DONOR REQUESTED DIST
JOHNSTOWN REDEVELOPMENT AUTHORITY 401 WASHINGTON STREET 4TH FLOOR JOHNSTOWN, PA 15901	25-6004112	GOV	749,500				MAIN STREET EAST END

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JOHNSTOWN SYMPHONY ORCHESTRA 500 GALLERIA DRIVE SUITE 284 JOHNSTOWN, PA 15904	25-1100701	501(C)	21,434				JSO UP CLOSE
LAUREL ARTS 214 S HARRISON AVENUE PO BOX 414 SOMERSET, PA 15501	25-1289972	501(C)	6,000				IMAGINATION GARDEN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LAUREL VIEW VILLAGE 2000 CAMBRIDGE DRIVE DAVIDSVILLE, PA 15928	25-1669290	501(C)	6,700				ANNUAL DESIGNATED DI
LEMOYNE COMMUNITY CENTER PO BOX 1241 WASHINGTON, PA 15301	25-1215468	501(C)	7,500				FEEDING PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LOWER YODER VOLUNTEER FIRE CO 515 FAIRFIELD AVE JOHNSTOWN, PA 15906	25-6060617	501(C)	7,500				COVID-19 EMERGENCY R
MOM'S HOUSE INC 1325 FRANKLIN STREET JOHNSTOWN, PA 15905	25-1656657	501(C)	12,980				EARLY CHILDHOOD EDUC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MOUNTAIN WATERSHED ASSOCIATION INC PO BOX 408 1414-B INDIAN CREEK VALL MELCROFT, PA 15462	25-1730301	501(C)	40,000				WE WANT CLEAN WATER:
NANTY GLO VOLUNTEER FIRE CO 870 CHESTNUT STREET NANTY GLO, PA 15943	25-1380983	501(C)	9,650				COVID-19 EMERGENCY R

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NEXT STEP CENTER INC 406 STOYSTOWN ROAD PO BOX 850 SOMERSET, PA 15501	23-2898766	501(C)	8,250				TRANSITIONS PROGRAM
OHIO VALLEY ENVIRONMENTAL COALITION PO BOX 6753 HUNTINGTON, WV 25773	31-1311861	501(C)	40,000				FEND OFF FRACKING DE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PENNSYLVANIA ENVIRONMENTAL COUNCIL 810 RIVER AVENUE SUITE 201 PITTSBURGH, PA 15212	23-7286159	501(C)	20,000				LIFT JOHNSTOWN TRAIL
PENNSYLVANIA STATE UNIVERSITY 110 TECHNOLOGY CENTER BUILDING UNIVERSITY PARK, PA 16802	24-6000376	501(C)	30,000				ENERGY AUDIT TOOLKIT

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PITTSBURGH GATEWAYS CORPORATION 1435 BEDFORD AVENUE PITTSBURGH, PA 15219	23-2939083	501(C)	100,000				ROLLING MILLS BUILDING
PORTAGE AREA AMBULANCE ASSOCIATION 655 NORTH RAILROAD AVENUE PO BOX 23 PORTAGE, PA 15946	25-1220659	501(C)	5,561				PORTAGE AMBULANCE ST

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PORTAGE AREA JOINT RECREATION COMMI PO BOX 293 PORTAGE, PA 15946	25-1663857	501(C)	14,800				GENERAL OPERATING EX
PORTAGE LIBRARY ASSOCIATION 704 MAIN STREET PORTAGE, PA 15946	25-1158354	501(C)	5,800				LIBRARY SERVICES UPG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PORTAGE VOLUNTEER FIRE COMPANY 1 721 MAIN STREET PORTAGE, PA 15946	25-6061910	501(C)	9,700				RESCUE TOOL REPLACEM
RAYSTOWN AMBULANCE SERVICE 4 EAST SOUTH STREET EVERETT, PA 15537	25-1215119	501(C)	10,000				COVID-19 EMERGENCY R

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REDEVELOPMENT AUTHORITY OF CAMBRIA 401 CANDLELIGHT DRIVE SUITE 209 EBENSBURG, PA 15931	25-1337145	GOV	100,000				IRON TO ARTS LIGHTIN
RICHLAND TOWNSHIP FIRE DEPARTMENT 1321 SCALP AVENUE JOHNSTOWN, PA 15904	25-1300417	501(C)	5,180				COVID-19 EMERGENCY R

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SALTICK TOWNSHIP VOLUNTEER FIRE CO PO DRAWER A INDIAN HEAD, PA 15446	23-7410662	501(C)	7,500				OPERATING EXPENSES
SCALP LEVEL - PAINT VOLUNTEER FIRE PO BOX 363 WINDBER, PA 15963	23-7386893	501(C)	5,150				MEDLITE TRANSPORT DE

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SECOND BAPTIST CHURCH OF ROCHESTER 200 CLAY STREET ROCHESTER, PA 15074	75-1682950	501(C)	7,500				FEEDING PROGRAM
SEVENTH WARD CIVIC ASSOC AMBULANCE 404 CEDAR STREET JOHNSTOWN, PA 15902	23-7035636	501(C)	5,375				COVID-19 EMERGENCY R

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SHADE CREEK WATERSHED ASSOCIATION 314 CENTRAL AVENUE SUITE 205 CENTRAL CITY, PA 15926	27-0006407	501(C)	6,000				COAL RUN/SGL 228 LIM
SOFTBALL CLUB OF JOHNSTOWN 483 EDWARDS STREET JOHNSTOWN, PA 15905	84-3015883	501(C)	7,990				FINAL DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SOMERSET AREA AMBULANCE ASSOCIATION 115 WOOD DUCK ROAD SOMERSET, PA 15501	25-1159185	501(C)	15,500				PROFESSIONAL ALS KIT
SOMERSET AREA FOOD PANTRY 416 W FAIRVIEW STREET SOMERSET, PA 15501	25-1680945	501(C)	7,000				DONOR REQUESTED DIST

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SOMERSET COUNTY MOBILE FOOD BANK 1686 COXES CREEK ROAD SOMERSET, PA 15501	46-5579966	501(C)	40,086				COVID-19 EMERGENCY R
SOMERSET COUNTY RECREATION AND TRAI PO BOX 413 SOMERSET PA 15501 SOMERSET, PA 15501	25-1672664	501(C)	50,000				EMERGENCY LANDSLIDE

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SOUTHERN ALLEGHENIES MUSEUM OF ART 112 FRANCISCAN WAY PO BOX 9 LORETTO, PA 15940	25-1271659	501(C)	17,448				COVID-19 EMERGENCY R
SPANGLER FIRE COMPANY PO BOX 454 NORTHERN CAMBRIA, PA 15714	25-6036173	501(C)	6,000				COVID-19 EMERGENCY R

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ST ANTHONY OF PADUA CATHOLIC CHURC 2201 GRAHAM AVENUE WINDBER, PA 15963	25-1551518	501(C)	6,500				ROOF CAMPAIGN, ON BE
ST FRANCES XAVIER CABRINI PARISH I 12001 69TH STREET EAST PARRISH, FL 34219	65-0497870	501(C)	25,000				DONOR REQUESTED DIST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ST JUDE'S CHILDREN'S RESEARCH HOSP 501 ST JUDE PLACE MEMPHIS, TN 38105	62-0646012	501(C)	5,800				DONOR REQUESTED DIST
ST VINCENT DE PAUL SOCIETY ALTOONA/JOHNSTOWN DIOCESE 927 FRANK JOHNSTOWN, PA 15905	25-0965567	501(C)	5,800				ANNUAL FOOD PANTRY D

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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STACKHOUSE PARK INC 998 LUZERNE ST JOHNSTOWN, PA 15905	25-1512111	501(C)	26,250				TREE REMOVAL AND REP
STEP BY STEP INC PO BOX 11440 HARTS, WV 25524	55-0746556	501(C)	7,500				GAS CARDS, FOOD PACK

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STONYCREEK-QUEMAHONING INITIATIVE PO BOX 218 JOHNSTOWN, PA 15907	26-1999591	501(C)	25,000				QUEMAHONING TRAIL
STOYSTOWN VOLUNTEER FIRE COMPANY 141 WEST FORBES AVENUE PO BOX 302 STOYSTOWN, PA 15563	25-1417878	501(C)	24,500				FIRE POLICE TOOLS

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SUMMER'S BEST TWO WEEKS 111 LAKE GLORIA ROAD BOSWELL, PA 15531	23-7389188	501(C)	11,450				QUE FAMILY REC AREA
THE ARBORETUM AT PENN STATE 302 FOREST RESOURCES BUILDING UNIVERSITY PARK, PA 16802	24-6000376	501(C)	30,585				LOTUS POOL

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THE LEARNING LAMP INC 2025 BEDFORD STREET JOHNSTOWN, PA 15904	20-0306745	501(C)	9,000				IMPROVED EFFICIENCY
THE SALVATION ARMY 700 NORTH BELL AVENUE CARNEGIE, PA 15106	13-5562351	501(C)	8,500				INDIANA EMERGENCY UT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY DENTAL CENTER 647 MAIN STREET SUITE 100 JOHNSTOWN, PA 15901	13-5562351	501(C)	10,950				INDIGENT CARE FUNDIN
THE SALVATION ARMY SOMERSET SERVICE 334 WEST MAIN STREET SUITE 100 SOMERSET, PA 15501	13-5562351	501(C)	6,000				OPERATION WARM HEART

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
THERAPIES FOR INHERITED NEUROPATHIE 5 LONGWOOD ROAD BALTIMORE, MD 21210	81-5350594	501(C)	10,000				DONOR REQUESTED DIST
TURKEYFOOT VALLEY HISTORICAL SOCIET PO BOX 44 CONFLUENCE, PA 15424	14-1857617	501(C)	9,000				OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED JEWISH APPEAL 362 SWANK ROAD HOLLSOPPLE, PA 15935	13-1624240	501(C)	16,600				ANNUAL DESIGNATED DI
UNITED METHODIST CHURCH OF STRONGST 14771 RT 422 HIGHWAY E STRONGSTOWN, PA 15957	25-1450686	501(C)	5,599				ANNUAL DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED METHODIST HUMAN SERVICES 510 LOCUST STREET JOHNSTOWN, PA 15901	25-1630998	501(C)	6,860				BRIDGES TO SUCCESS
UNITED WAY OF BEDFORD COUNTY 119 EAST PENN STREET BEDFORD, PA 15522	25-1583419	501(C)	7,000				COVID-19 EMERGENCY R

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF THE LAUREL HIGHLANDS 422 MAIN STREET SUITE 203 JOHNSTOWN, PA 15901	25-0965383	501(C)	5,600				COVID-19 EMERGENCY R
WALKER GERALD 300 NORTH CENTER AVENUE SUITE 500 SOMERSET, PA 15501	25-6001040	501(C)	30,000				SOMERSET LAKE NATURE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WEST END AMBULANCE ASSOCIATION 175 GARFIELD STREET JOHNSTOWN, PA 15906	25-1341010	501(C)	17,000				COVID-19 EMERGENCY R
WEST HILLS REGIONAL FIRE DEPARTMENT 1000 LUZERNE ST JOHNSTOWN, PA 15905	25-6064576	501(C)	5,050				COVID-19 EMERGENCY R

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WHITE OAK SPRING PRESBYTERIAN CHURC 102 SHANNON ROAD RENFREW, PA 16053	25-1115485	501(C)	13,484				WATER FOR WOODLANDS
WINDBER AREA COMMUNITY KITCHEN 1800 STOCKHOLM AVENUE WINDBER, PA 15963	30-0553676	501(C)	9,000				WACKPACK PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WINDBER BOROUGH 1401 GRAHAM AVENUE WINDBER, PA 15963	25-6000517	GOV	10,500				WINDBER REC-PARK BAL
YMCA OF INDIANA COUNTY 60 N BEN FRANKLIN ROAD PO BOX 610 INDIANA, PA 15701	25-1191545	501(C)	224,322				DONOR REQUESTED DIST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
YWCA OF GREATER JOHNSTOWN 526 SOMERSET STREET JOHNSTOWN, PA 15901	25-0965636	501(C)	19,461				STRUCTURAL REPAIRS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF GREATER JOHNSTOWN

Employer identification number
25-1637373

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MICHAEL KANE EXECUTIVE DIRECTOR	(i)	155,428 -----	-----	-----	-----	61,454 -----	216,882 -----	-----
	(ii)							

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

COMMUNITY FOUNDATION OF GREATER
JOHNSTOWN

Employer identification number

25-1637373

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 2	RICHARD H MAYER MICHAEL KANE DIRECTOR EXEC DIR FAMILY MIKE SAHLANEY SAHLANEY & DUDECK LAW OFFICES DIRECTOR ATTORNEY BUSINESS RELATED MARK PASQUERILLA FRANK J PASQUERILLA CONF CENTE R CHAIRMAN BUSINESS RELATED MARK PASQUERILLA JOHNSTOWN HOLIDAY INN CHAIRMAN BUSINESS RELAT ED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE AUDIT COMMITTEE REVIEWS AND APPROVES THE IRS FROM 990 ANNUAL TAX FILING PRIOR TO SUBMISSION, AND THE FULL BOARD RECEIVES A COPY OF THE IRS FORM 990 PRIOR TO ITS SUBMISSION. THE EXECUTIVE DIRECTOR SIGNS AND CERTIFIES THAT THE IRS FORM 990 IS ACCURATE AND COMPLETE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	ON AN ANNUAL BASIS, THE FOUNDATION SENDS OUT CONFLICT OF INTEREST STATEMENTS TO ALL BOARD AND FOUNDATION COMMITTEE MEMBERS, AND THEY ASK EACH TO RESPOND APPROPRIATELY. ANY CONFLICTS ARE REVIEWED AND DOCUMENTED IN THE PERMANENT RECORDS OF THE ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE FOUNDATION'S EXECUTIVE COMMITTEE PERFORMS AN ANNUAL AND INDEPENDENT REVIEW AND APPROVAL OF COMPENSATION FOR THE EXECUTIVE DIRECTOR AND ALL STAFF MEMBERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	THE FOUNDATION'S EXECUTIVE COMMITTEE PERFORMS AN ANNUAL AND INDEPENDENT REVIEW AND APPROVAL OF COMPENSATION FOR ALL STAFF MEMBERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	FUND BALANCE RECLASSIFICATION 53,336

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATION OF GREATER
JOHNSTOWN

Employer identification number

25-1637373

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) FOUNDATION OF PA WATERSHEDS FOUNDATION FOR PA WATERSHEDS216 FRANKLIN STREET SUITE 400 JOHNSTOWN, PA 15901 20-8746105	CHARITY	PA	501C3	12A	N/A		No
(2) FRACTRACKER ALLIANCE FRACTRACKER ALLIANCE216 FRANKLIN STREET SUITE 400 JOHNSTOWN, PA 15901 80-0844297	CHARITY	PA	501C3	12A	N/A		No
(3) SOUTHWEST PA ENVIRONMENTAL HEALTH SOUTHEST PA ENVIRONMENTAL HEALTH PR216 FRANKLIN STREET SUITE 400 JOHNSTOWN, PA 15901 47-2505177	CHARITY	PA	501C3	12A	N/A		No
(4) THE JOHN P MURTHA FOUNDATION THE JOHN P MURTHA FOUNDATION216 FRANKLIN STREET SUITE 400 JOHNSTOWN, PA 15901 27-2240516	CHARITY	PA	501C3	12A	N/A		No
(5) REGIONAL PROPERTY HOLDING COMPANY REGIONAL PROPERTY HOLDING COMPANY216 FRANKLIN STREET SUITE 400 JOHNSTOWN, PA 15901 82-4854729	REAL PROP	PA	501C2		N/A		No

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SCHEDULE R PART II	0		ACTUAL

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

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation