

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
2021
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning 07/01/21, and ending 06/30/22

- 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 \$ 19,729,908

F Name and address of principal officer:
MICHAEL KANE
216 FRANKLIN STREET, SUITE 400
JOHNSTOWN PA 15901

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.

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

J Website: WWW.CFALLEGHENIES.ORG

H(c) Group exemption number PA

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

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: <u>TO SERVE THE BEST INTEREST OF OUR DONORS IN PERPETUATING THEIR PHILANTHROPIC INTEREST IN FINANCIALLY SUPPORTING OUR COMMUNITY.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	20	
	4	20	
	5	25	
	6	125	
Revenue	7a	0	
	7b	0	
	8	Prior Year	Current Year
	9	11,321,125	15,404,632
	10	192,064	217,792
	11	4,630,545	3,963,739
	12	89,624	143,745
	13	16,233,358	19,729,908
	14	7,134,372	5,011,499
	15	0	0
Expenses	16	821,756	801,436
	17	0	0
	18	5,007,116	5,869,110
	19	12,963,244	11,682,045
	20	3,270,114	8,047,863
	21	97,627,498	89,313,800
	22	14,063,792	11,900,689
	23	83,563,706	77,413,111
	24	0	0
	25	0	0
Net Assets or Fund Balances	26	Beginning of Current Year	End of Year
	27	97,627,498	89,313,800
	28	14,063,792	11,900,689

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

MICHAEL KANE

EXECUTIVE DIRECTOR

Type or print name and title

Paid

Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if PTIN

KEVIN F. KROSKIE, CPA

01/19/23

self-employed

P00440517

Firm's name

BARNES SALY & COMPANY PC

Firm's EIN

36-4775872

637 FERNDAL AVENUE, SUITE 100

JOHNSTOWN, PA 15905-3999

Phone no.

814-288-1544

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

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 \$ 10,499,499 including grants of \$ 5,011,499) (Revenue \$)
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.

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

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

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

4e Total program service expenses 10,499,499

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	<input checked="" type="checkbox"/>	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	<input checked="" type="checkbox"/>	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input checked="" type="checkbox"/>	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	25
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	20
b Enter the number of voting members included on line 1a, above, who are independent	1b	20
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9	X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►

MICHAEL KANE
JOHNSTOWN

216 FRANKLIN STEET, SUITE 400

PA 15901

814-536-7741

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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 0.00	X		X				0	0	0
(2) MICHAEL SAHLANEY, ESQ SECRETARY	2.00 0.00	X		X				0	0	0
(3) TERRY K DUNKLE TREASURER	2.00 0.00	X		X				0	0	0
(4) ALLAN CASHAW DIRECTOR	0.20 0.00	X						0	0	0
(5) CAROL STERN DIRECTOR	0.20 0.00	X						0	0	0
(6) MICHELE BEENER DIRECTOR	0.20 0.00	X						0	0	0
(7) JOHN BLACKBURN, III DIRECTOR	0.20 0.00	X						0	0	0
(8) LAUREN CASCINO PRESSER DIRECTOR	0.20 0.00	X						0	0	0
(9) RAYMOND DIBATTISTA DIRECTOR	0.20 0.00	X						0	0	0
(10) ROBERT J EYER DIRECTOR	0.20 0.00	X						0	0	0
(11) ROB FORCEY DIRECTOR	0.20 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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			
(12) GREG GLOSSER	0.20									
DIRECTOR	0.00	X						0	0	0
(13) MICHELLE TOKARSKY, ESQ	0.20									
DIRECTOR	0.00	X						0	0	0
(14) JOHN KRIAK	0.20									
DIRECTOR	0.00	X						0	0	0
(15) RICHARD H MAYER	0.20									
DIRECTOR	0.00	X						0	0	0
(16) SARA ANN SARGENT	0.20									
DIRECTOR	0.00	X						0	0	0
(17) RANDY STAGER	0.20									
DIRECTOR	0.00	X						0	0	0
(18) JEFF STOPKO	0.20									
DIRECTOR	0.00	X						0	0	0
(19) COLLEEN TRETTER	0.20									
DIRECTOR	0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A								222,689		93,773
d Total (add lines 1b and 1c)								222,689		93,773

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PIERCE & PIERCE CONSTRUCTION LLC 267 3RD AVENUE HASTINGS PA 16646	CONSTRUCTION	348,465

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 1

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	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	15,404,632			
	g Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f		15,404,632			
Program Service Revenue	2a AGENCY FUND ADMIN/MGMT FEE	Business Code	217,792			217,792
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		217,792			
	3 Investment income (including dividends, interest, and other similar amounts)		1,515,358			1,515,358
4 Income from investment of tax-exempt bond proceeds						
5 Royalties		110,753	110,753			
Other Revenue	6a Gross rents	(i) Real				
	b Less: rental expenses	(ii) Personal				
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	2,447,321	(ii) Other	1,060	
	b Less: cost or other basis and sales exps.					
	c Gain or (loss)		2,447,321		1,060	
	d Net gain or (loss)		2,448,381			2,448,381
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
	b Less: direct expenses					
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
Miscellaneous Revenue	10a Gross sales of inventory, less returns and allowances					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
	11a GRANT FUNDS RETURNED	Business Code	32,000	32,000		
b MISCELLANEOUS INCOME		992	992			
c						
d All other revenue						
e Total. Add lines 11a-11d		32,992				
12 Total revenue. See instructions		19,729,908	143,745	0	4,181,531	

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	4,386,156	4,386,156		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	625,343	625,343		
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	222,689	111,345	61,396	49,948
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	371,974	155,473	149,935	66,566
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	76,975	34,639	26,941	15,395
9 Other employee benefits	81,249	36,562	28,437	16,250
10 Payroll taxes	48,549	21,847	16,992	9,710
11 Fees for services (nonemployees):				
a Management				
b Legal	8,520	6,390	2,130	
c Accounting	58,918		58,918	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	433,356		418,431	14,925
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	13,321	5,995	4,662	2,664
12 Advertising and promotion	75,086			75,086
13 Office expenses	66,297	17,417	41,139	7,741
14 Information technology	40,178		40,178	
15 Royalties				
16 Occupancy	10,192	4,587	3,567	2,038
17 Travel	1,105		1,105	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,817	1,245	1,018	554
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,558	9,251	7,195	4,112
23 Insurance	24,740	11,133	8,659	4,948
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CHARITABLE PROGRAMS	2,693,610	2,693,610		
b OHIO RIVER VALLEY ENVR PR	1,026,067	1,026,067		
c AIR QUALITY COLLABORATIVE	810,866	810,866		
d PITTSBURGH FOOD POLICY FD	406,757	406,757		
e All other expenses	176,722	134,816	29,375	12,531
25 Total functional expenses. Add lines 1 through 24e	11,682,045	10,499,499	900,078	282,468
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 SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	4,962,753	1	7,119,289
	2 Savings and temporary cash investments	2,036,819	2	1,246,020
	3 Pledges and grants receivable, net	452,894	3	256,902
	4 Accounts receivable, net		4	7,654
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	935,994	7	401,669
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	59,383	9	66,675
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 230,511		
	b Less: accumulated depreciation	10b 132,928		
		103,951	10c	97,583
	11 Investments—publicly traded securities	88,920,614	11	79,936,216
	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	155,090	15	181,792	
16 Total assets. Add lines 1 through 15 (must equal line 33)	97,627,498	16	89,313,800	
Liabilities	17 Accounts payable and accrued expenses	840,783	17	632,002
	18 Grants payable	2,355,992	18	1,913,339
	19 Deferred revenue	196,701	19	259,024
	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	10,670,316	25	9,096,324
	26 Total liabilities. Add lines 17 through 25	14,063,792	26	11,900,689
	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		2,114,928	27	2,550,940
28 Net assets with donor restrictions		81,448,778	28	74,862,171
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		83,563,706	32	77,413,111
33 Total liabilities and net assets/fund balances		97,627,498	33	89,313,800

Part XI Reconciliation of Net AssetsCheck 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	19,729,908
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,682,045
3	Revenue less expenses. Subtract line 2 from line 1	3	8,047,863
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	83,563,706
5	Net unrealized gains (losses) on investments	5	-14,198,458
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	77,413,111

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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			
(20) DR. DONATO ZUCCO	0.20									
DIRECTOR	0.00	X						0	0	0
(21) TOM OTIS	0.20									
DIRECTOR	0.00	X						0	0	0
(22) MICHAEL KANE	34.00									
EXECUTIVE DIRECTOR	13.00			X				166,494	0	87,586
(23) BARB CHARNEY	19.00									
ACCOUNTING ASSOCIATE	18.00			X				56,195	0	6,187
1b Subtotal								222,689		93,773
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
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>		
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>		

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

SCHEDULE A
(Form 990)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021**Open to Public
Inspection**

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).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,469,769	8,036,242	12,383,674	11,321,125	15,404,632	55,615,442
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	8,469,769	8,036,242	12,383,674	11,321,125	15,404,632	55,615,442
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						55,615,442

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	8,469,769	8,036,242	12,383,674	11,321,125	15,404,632	55,615,442
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	902,563	465,230	956,370	1,237,767	1,515,358	5,077,288
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.)	155,649	183,906	132,503	192,064	217,792	881,914
11 Total support. Add lines 7 through 10						61,574,644
12 Gross receipts from related activities, etc. (see instructions)					12	1,157,914

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	90.32%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	89.16%
16a 33 1/3% support test—2021. 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—2020. 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—2021. 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—2020. 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 5 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

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2021. 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—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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)

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 on lines 11b and 11c below, the governing body of a supported organization?
- b A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in **Part VI**.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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—provide details in Part VI)		
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 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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.)

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME \$ 881,914

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021Open to Public
Inspection

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	103	818
2 Aggregate value of contributions to (during year)	2,454,099	12,950,533
3 Aggregate value of grants from (during year)	755,861	4,255,635
4 Aggregate value at end of year	8,141,323	69,271,788

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 (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- ☐ **a** Public exhibition
☐ **b** Scholarly research
☐ **c** Preservation for future generations
☐ **d** Loan or exchange program
☐ **e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No**Part IV Escrow and Custodial Arrangements.**

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐ Yes ☐ No**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	55,492,294	43,710,742	43,630,329	41,116,612	36,746,256
b Contributions	5,054,398	2,363,469	1,141,839	2,646,782	4,760,720
c Net investment earnings, gains, and losses	-7,493,338	12,381,521	1,712,137	2,517,793	2,797,093
d Grants or scholarships	2,295,915	2,160,150	1,940,838	2,122,876	2,301,170
e Other expenditures for facilities and programs					
f Administrative expenses	903,613	803,288	832,725	527,982	886,287
g End of year balance	49,853,826	55,492,294	43,710,742	43,630,329	41,116,612

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 ☒ 65.45 %
c Term endowment ☒ 34.55 %

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

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

- (i)** Unrelated organizations
(ii) Related organizations

	Yes	No
3a(i)		<input checked="" type="checkbox"/>
3a(ii)		<input checked="" type="checkbox"/>
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No**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	34,167	65,833
d Equipment		130,511	98,761	31,750
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				97,583

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	
(2) ENDOWMENT FUNDS HELD AS TRUST/AGENCY	8,991,486
(3) DUE TO BERKS FOUNDATION	77,348
(4) MISCELLANEOUS FUND PAYABLE	27,490
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	9,096,324

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	
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.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE COMMUNITY FOUNDATION FOR 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.

PART X - FIN 48 FOOTNOTE

THE FOUNDATION AND ITS SUPPORTING ORGANIZATIONS ARE NOT-FOR-PROFIT

Part XIII Supplemental Information (continued)

ORGANIZATIONS THAT ARE EXEMPT FROM INCOME TAXES UNDER SECTION 501(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, 2022, 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, 2019 AND FORWARD ARE OPEN TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES.

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021**Open to Public
Inspection**

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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.☒ Yes ☐ No**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	1901 CHURCH, INC. 913 LINA STREET JOHNSTOWN PA 15902	25-1888918	501C3	16,500				COLUMBA THEATRE CONS
(2)	ADDISON VOLUNTEER FIRE DEPARTMENT 7214 NATIONAL PIKE ADDISON PA 15411	23-7383368	501C3	8,000				2021 MT. DAVIS GRAVE
(3)	ALLEGHENY COLLEGE 520 NORTH MAIN STREET MEADVILLE PA 16335	25-0965212	501C3	44,750				PILOT PROJECT FOR NO
(4)	ARBUTUS PARK RETIREMENT COMMUNITY 207 OTTAWA STREET JOHNSTOWN PA 15904	23-7064174	501C3	76,939				SECURITY SYSTEM UPGR
(5)	BAKERSVILLE VOLUNTEER FIRE DEPARTMENT 2341 W BAKERSVILLE EDIE RD SOMERSET PA 15501	25-1867100	501C3	5,400				THERMAL IMAGE CAMERA
(6)	BAND OF BROTHERS SHAKESPEARE COMPANY 221 FAYETTE STREET JOHNSTOWN PA 15905	27-0031103	501C3	5,200				THEATRICAL THERAPY
(7)	BEATRICE INSTITUTE PO BOX 7126 PITTSBURGH PA 15213	82-4121313	501C3	25,000				BEATRICE INSTITUTE
(8)	BEAVER COUNTY MARCELLUS AWARENESS C P.O. BOX 31 AMBRIDGE PA 15003	45-3670363	501C3	66,826				BCMAC COMMUNICATIONS
(9)	BEDFORD COUNTY PLAYERS INC. PO BOX 399 BEDFORD PA 15522	25-1506499	501C3	5,600				PLAYHOUSE HVAC PROJE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 138**3** Enter total number of other organizations listed in the line 1 table ▶ 0

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Schedule I (Form 990) (2021)

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BEDFORD COUNTY REGIONAL EDUCATION F 18 NORTH RIVER LANE EVERETT PA 15537-1410	25-1707752	501C3	19,400				SCHOLARSHIPS
(2)	BEDFORD HERITAGE TRUST 110 FORT BEDFORD DRIVE BEDFORD PA 15522	46-2895353	501C3	7,500				THE FORT ERA EXHIBIT
(3)	BERLIN BROTHERSVALLEY SCHOOL DISTRI BERLIN BROTHERSVALLEY SD BERLIN PA 15530-1498	25-1213327	GOV	12,439				ETC FUNDING
(4)	BETH SHOLOM TEMPLE 700 INDIANA STREET JOHNSTOWN PA 15905	25-1306847	501C3	41,140				ANNUAL DISTRIBUTION
(5)	BEVERLY'S BIRTHDAYS 9799 LAUREL AVENUE N HUNTINGDON PA 15642	45-4248006	501C3	20,000				BIRTHDAY CHEER PROGR
(6)	BISHOP MCCORT CATHOLIC HIGH SCHOOL 25 OSBORNE STREET JOHNSTOWN PA 15905	25-0969456	501C3	167,535				DONOR REQUESTED DIST
(7)	BLACK WOMEN RISING, INC 4882 SILVER OAK STREET DAYTON OH 45424	83-1904410	501C3	35,000				PROJET SUPPORT
(8)	BLOODY RUN HISTORICAL SOCIETY 49 W 5TH STREET EVERETT PA 15537	02-0785819	501C3	5,500				DONOR REQUESTED DIST
(9)	BOLIVAR VOLUNTEER FIRE COMPANY PO BOX 3 BOLIVAR PA 15923	25-1706891	501C3	7,500				HYDRAULIC LADDER RAC

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

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Schedule I (Form 990) (2021)

DAA

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BOROUGH OF EVERETT 100 MECHANIC STREET EVERETT PA 15537	23-6002986	GOV	6,900				EVERETT RECREATION B
(2)	BOSWELL VOLUNTEER FIRE DEPARTMENT P.O. BOX 35 BOSWELL PA 15531	25-1627623	501C3	7,750				BOSWELL VFD TRAFFIC
(3)	BROWNSTOWN BOROUGH 350 HABICHT STREET JOHNSTOWN PA 15906	25-1125296	GOV	27,000				BLIGHT CONTROL - CAR
(4)	BYZANTINE CATHOLIC SEMINARY OF SS. 3605 PERRYSVILLE AVENUE PITTSBURGH PA 15214	25-1141842	501C3	10,230				TO SUPPORT STUDENTS
(5)	CAMBRIA COUNTY CHILD DEVELOPMENT CO 300 PRAVE STREET EBENSBURG PA 15931	25-1234936	501C3	20,000				PRESCHOOL WITHOUT WA
(6)	CAMBRIA COUNTY CONSERVATION & RECRE 401 CANDELIGHT DRIVE EBENSBURG PA 15931	25-1737641	501(C)	27,000				DUMAN LAKE BRIDGE GH
(7)	CAMBRIA COUNTY LIBRARY ASSOCIATION 248 MAIN STREET JOHNSTOWN PA 15901	25-0969448	501C3	26,250				ENHANCED EXTERIOR LI
(8)	CAMBRIA COUNTY PLANNING COMMISSION 401 CANDELIGHT DRIVE, SUITE 215 EBENSBURG PA 15931	25-1153702	GOV	80,000				DOWNTOWN MARKET-RATE
(9)	CAMBRIA COUNTY STUDENT HOCKEY LEAGU 241 BENTWOOD AVENUE JOHNSTOWN PA 15904	25-1446172	501C3	7,380				SEPTEMBER AND OCTOBE

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Schedule I (Form 990) (2021)

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
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Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

☐ Yes ☐ No
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CENTER FOR COALFIELD JUSTICE 184 SOUTH MAIN STREET WASHINGTON PA 15301	25-1781592	501C3	38,000				PEOPLE OVER PETRO
(2)	CENTER FOR METAL ARTS INC. 106 IRON STREET JOHNSTOWN PA 15906	81-3569982	501C3	8,500				CMA HOUSE PLUMBING R
(3)	CHAN SOON-SHIONG MEDICAL CENTER AT 600 SOMERSET AVENUE WINDBER PA 15963	25-1244202	501C3	54,800				UV ANGEL CLEAN AIRTM
(4)	CHILDREN'S AID HOME PROGRAMS OF SOM 1476 NORTH CENTER AVENUE SOMERSET PA 15501	25-1793697	501C3	5,200				FURNISHINGS FOR A HI
(5)	CHRIST THE SAVIOUR SEMINARY 225 CHANDLER AVENUE JOHNSTOWN PA 15906	25-1007930	501C3	5,795				ANNUAL DISTRIBUTION
(6)	CHURCH OF OUR MOTHER OF SORROWS 415 TIOGA STREET JOHNSTOWN PA 15905	25-0998167	501C3	6,160				ASSISTANCE MINISTRY
(7)	COMMUNITY ACTION PARTNERSHIP OF CAM LANDMARK BUILDING JOHNSTOWN PA 15901	25-1150439	501C3	68,000				ACCESSIBILITY FOR AL
(8)	COMMUNITY FOUNDATION OF FAYETTE COU 5 S. MT. VERNON AVENUE UNIONTOWN PA 15401	25-1851158	501C3	10,000				FAYETTE COUNTY HISTO
(9)	COMPUTER REACH 1 DRV DRIVE WILKINSBURG PA 15221	27-2196358	501C3	20,000				COMPUTERS FOR OLDER

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Schedule I (Form 990) (2021)

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**SCHEDULE I
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- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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(1)	CONEMAUGH TOWNSHIP ROTARY WISHES OF PO BOX 286 DAVIDSVILLE PA 15928	83-4011845	501C3	6,950				2021 CONEMAUGH TOWNS
(2)	CONEMAUGH VALLEY CONSERVANCY PO BOX 218 JOHNSTOWN PA 15907-0218	25-1756447	501C3	5,198				INCLINED PLANE TRAIL
(3)	COUNTY OF SOMERSET, PENNSYLVANIA 300 N CENTER AVENUE, SUITE 300 SOMERSET PA 15501	25-6001040	GOV	7,500				COMMUNITY & ECON DEV
(4)	CREEKSIDE VOLUNTEER FIRE COMPANY 440 NIN RIDDLE STREET CREEKSIDE PA 15732	25-6070408	501C3	6,380				BUILDING ENERGY EFFI
(5)	EAST HILLS RECREATION COMMISSION 101 COMMUNITY COLLEGE WAY JOHNSTOWN PA 15904	25-1366908	501C3	10,000				ADOBE BASKETBALL AND
(6)	EPIPHANY CATHEDRAL CATHOLIC CHURCH 310 SARASOTA STREET VENICE FL 34285	59-0905506	501C3	6,400				TO SUPPORT ADULT FAI
(7)	ERIE COUNTY CONSERVATION DISTRICT 1927 WAGER ROAD ERIE PA 16509	25-1225772	501C3	50,000				SOLAR ARRAY
(8)	FAITH UNITED METHODIST CHURCH 261 W. CHAPEL RIDGE ROAD PITTSBURGH PA 15238	25-1544985	501C3	25,000				2022 COMMUNITY RESIL
(9)	FAYETTE COUNTY COUNTY TREASURER UNIONTOWN PA 15401	25-6001029	GOV	20,000				TO SUPPORT REGISTER

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(1)	FIRST UNITED METHODIST CHURCH 200 E. THIRD STREET LEWISTOWN PA 17044	23-1484195	501C3	12,000				PITCAIRN ASCENSION W
(2)	FLOOD CITY BOXING ACADEMY INC. 200 LINCOLN STREET JOHNSTOWN PA 15901-1505	26-0375918	501C3	164,000				ROOF AND HVAC
(3)	FRACTRACKER ALLIANCE 216 FRANKLIN STREET JOHNSTOWN PA 15901	80-0844297	501C3	153,000				2022 ENVIRONMENTAL H
(4)	FRIENDS OF JOHNSTOWN FLOOD NATIONAL PO BOX 219 ST. MICHAEL PA 15951	25-1586990	501C3	25,000				NPS PATH OF THE FLOO
(5)	GALLERY ON GAZEBO 140 GAZEBO PLACE JOHNSTOWN PA 15901	83-4710552	501C3	11,267				DONOR REQUESTED DIST
(6)	GANNON UNIVERSITY GRANT PAYMENTS 109 UNIVERSITY SQUARE ERIE PA 16541	25-0496976	501C3	240,000				ADAPTIVE VIRTUAL FAU
(7)	GREATER JOHNSTOWN COMMUNITY YMCA 100 HAYNES STREET JOHNSTOWN PA 15901	25-0965623	501C3	5,375				CAPTURE AWARD: PRIOR
(8)	GREATER JOHNSTOWN SCHOOL DISTRICT 1091 BROAD STREET JOHNSTOWN PA 15906	25-1157791	GOV	18,600				READ, RETURN, REPEAT
(9)	HIGH POINT FOUNDATION / LUTHERAN HO 100 HIGH POINT DRIVE KANE PA 16735	31-1689657	501C3	10,000				ENERGY CONSERVATION

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(1)	HIGHLANDS HEALTH 315 LOCUST STREET JOHNSTOWN PA 15901	23-2922409	501C3	12,504				CLINIC SUSTAINABILIT
(2)	HILLMAN CANCER CENTER UPMC CANER PAVILION, SUITE 1B PITTSBURGH PA 15232	23-2919472	501C3	7,000				TO SUPPORT SARCOMA R
(3)	HISTORICAL AND GENEALOGICAL SOCIETY 10649 SOMERSET PIKE SOMERSET PA 15501	23-7322243	501C3	14,200				OUTDOOR INTERPRETIVE
(4)	HOMER CITY UNITED PRESBYTERIAN CHUR 40 EAST ELM STREET HOMER CITY PA 15748	25-1268412	501C3	6,000				ANNUAL DISTRIBUTION
(5)	HUNT OF A LIFETIME FOUNDATION, INC. 6297 BUFFALO ROAD HARBORCREEK PA 16421	25-1856277	501C3	6,000				TO SUPPORT A HUNT FO
(6)	HYNDMAN FOOD PANTRY 4303 HYNDMAN ROAD HYNDMAN PA 15545	20-1689517	501C3	23,600				HYNDMAN FOOD PANTRY
(7)	IN TOUCH HOSPICE PO BOX 1173 SOMERSET PA 15501	25-0965570	501C3	8,640				2022 BLOOMS OF HOPE
(8)	INCLINED PLANE, INC. 711 EDGEHILL DRIVE JOHNSTOWN PA 15905	25-1479221	501C3	23,362				COMMUNITY & ECON DEV
(9)	INDEPENDENT CATHOLIC FOUNDATION 3618 FIFTH AVENUE, SUITE 1 ALTOONA PA 16602	25-1625390	501C3	176,423				GENERAL SUPPORT

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☐ Yes ☐ No

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(1)	JOHNSTOWN AREA HERITAGE ASSOCIATION 201 6TH AVENUE JOHNSTOWN PA 15907-1889	25-1247390	501C3	15,465				TO SUPPORT THE JOHNS
(2)	JOHNSTOWN AREA REGIONAL INDUSTRIES 245 MARKET STREET JOHNSTOWN PA 15901	25-1254617	501C3	39,250				DAYCARE AND PRESCHOO
(3)	JOHNSTOWN OLDTIMERS BASEBALL ASSOCI PO BOX 277 JOHNSTOWN PA 15907	25-6040906	501C3	8,175				2021 AAABA TOURNAMEN
(4)	JOHNSTOWN SYMPHONY ORCHESTRA 416 MAIN ST. JOHNSTOWN PA 15901	25-1100701	501C3	24,351				FOCUSING OUR DATA
(5)	LAUREL ARTS 214 S. HARRISON AVENUE SOMERSET PA 15501	25-1289972	501C3	55,858				FACILITY IMPROVEMENT
(6)	LAUREL VIEW VILLAGE 2000 CAMBRIDGE DRIVE DAVIDSVILLE PA 15928	25-1669290	501C3	6,760				ANNUAL DISTRIBUTION
(7)	LEE INITIATIVES, INC. & WALNUT MANA SEIFERT PROFESSIONAL BUILDING JOHNSTOWN PA 15901	25-1391882	501C3	40,000				CONEMAUGH VALLEY CON
(8)	LIGHT OF LIFE MINISTRIES, INC. 913 WESTERN AVENUE PITTSBURGH PA 15233	25-1056389	501C3	25,000				EXTRAVAGANT LOVE PRO
(9)	LIONS OF PENNSYLVANIA FOUNDATION 949 EAST PARK DRIVE HARRISBURG PA 17111-2810	25-1666417	501C3	5,750				TO SUPPORT THE EVERE

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

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

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

Schedule I (Form 990) (2021)

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021**Open to Public
Inspection**

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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.☐ Yes ☐ No**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	LITTLE DREAMERS DAYCARE AND PRESCHOOL 401 GEORGIAN PLACE SOMERSET PA 15501	82-2020704	501C3	11,000				DAYCARE RENOVATIONS
(2)	LITTLE SISTERS OF THE POOR PITTSBURGH 1028 BENTON AVENUE PITTSBURGH PA 15212	25-0974310	501C3	25,000				DONOR REQUESTED DIST
(3)	MAKE-A-WISH GREATER PA AND WV THE GULF TOWER PITTSBURGH PA 15219	25-1464177	501C3	6,675				HEALTH & HUMAN SERVS
(4)	MEYERSDALE AREA SCHOOL DISTRICT 309 INDUSTRIAL PARK ROAD MEYERSDALE PA 15552	25-6004155	GOV	63,409				EITC: K-12 STEM
(5)	MEYERSDALE PUBLIC LIBRARY 210 CENTER STREET MEYERSDALE PA 15552	25-1120679	501C3	10,733				ENERGY IMPROVEMENTS
(6)	MOM'S HOUSE, INC. OF JOHNSTOWN 1325 FRANKLIN STREET JOHNSTOWN PA 15905	25-1656657	501C3	10,485				ECE SCHOLARSHIP TUIT
(7)	MOONCREST NEIGHBORHOOD PROGRAMS / H 308 HEMLOCK DRIVE MOON TWP. PA 15108	20-0123458	501C3	20,000				SUMMER ENRICHMENT FO
(8)	NATIONAL CHRISTIAN FOUNDATION 11625 RAINWATER DRIVE ALPHARETTA GA 30009	58-1493949	501C3	57,899				DONOR REQUESTED DIST
(9)	NEW DAY, INC. 109 SOUTH STREET JOHNSTOWN PA 15901	25-1352414	501C3	28,483				OPERATION TRANSPORTA

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

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Schedule I (Form 990) (2021)

DAA

**SCHEDULE I
(Form 990)**Department of the Treasury
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	NEXT STEP CENTER, INC. 406 STOYSTOWN ROAD SOMERSET PA 15501	23-2898766	501C3	9,000				GAP PROGRAM (GENERAL
(2)	NORTH HILLS AFFORDABLE HOUSING INC 3724 MT. ROYAL BLVD GLENSHAW PA 15116	25-1605139	501C3	15,000				HEARTH: A SAFE PLACE
(3)	OCCIDENTAL ARTS & ECOLOGY CENTER 15290 COLEMAN VALLEY ROAD OCCIDENTAL CA 95465	68-0359676	501C3	33,250				OPERATING SUPPORT -
(4)	OUTDOOR ODYSSEY AT ROARING RUN, INC 450 BOY SCOUT ROAD BOSWELL PA 15531	23-2948570	501C3	10,000				DONOR REQUESTED DIST
(5)	PENNFUTURE 610 N. 3RD STREET HARRISBURG PA 17101	31-1607866	501C3	71,250				OPERATING SUPPORT
(6)	PENNSYLVANIA ENVIRONMENTAL COUNCIL 810 RIVER AVENUE, SUITE 201 PITTSBURGH PA 15212	23-7286159	501C3	23,100				2023 JOHNSTOWN TRAIL
(7)	PENNSYLVANIA HIGHLANDS COMMUNITY CO 101 COMMUNITY COLLEGE WAY JOHNSTOWN PA 15904	25-1721929	501C3	31,500				CULINARY PROGRAM SCH
(8)	PINE VALLEY BIBLE CONFERENCE AKA PI 504 CHAPEL DRIVE ELLWOOD CITY PA 16117	25-1270330	501C3	15,000				2022 RESIDENTIAL SUM
(9)	PORTAGE LIBRARY ASSOCIATION 704 MAIN STREET PORTAGE PA 15946	25-1158354	501C3	16,065				LIBRARY ELECTRICAL P

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Schedule I (Form 990) (2021)

DAA

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
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JOHNSTOWN

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(1)	PROTECT ELIZABETH TOWNSHIP 304 MOHAWK DRIVE MCKEESPORT PA 15135	81-1460923	501C3	24,000				COMMUNITY OUTREACH P
(2)	PROTECT PT 3344 ROUTE 130, SUITE D HARRISON CITY PA 15636	47-3795303	501C3	24,000				TOXIC FRACKING WASTE
(3)	REIMAGINE EVERETT 14280 LINCOLN HIGHWAY EVERETT PA 15537	83-1776033	501C3	12,500				THEATER PROJECT
(4)	REPAIR THE WORLD 6140 STATION STREET PITTSBURGH PA 15206	36-4524686	501C3	25,000				PITTSBURGH SERVICE &
(5)	RICHLAND SCHOOL DISTRICT 1 ACADEMIC AVENUE JOHNSTOWN PA 15904	25-6002642	GOV	38,634				2020-2021 RSDF INNOV
(6)	RICHLAND TOWNSHIP FIRE DEPARTMENT 1321 SCALP AVENUE JOHNSTOWN PA 15904	25-1300417	501C3	7,200				LIVE-IN SCHOLARSHIP
(7)	ROCKWOOD AREA SCHOOL DISTRICT 439 SOMERSET AVENUE ROCKWOOD PA 15557	25-6012591	GOV	11,875				EITC: DUAL ENROLLMEN
(8)	SAMARITAN COUNSELING CENTER OF WEST 202 BEAVER STREET SEWICKLEY PA 15143	25-1425598	501C3	20,000				SAMARITAN CARES PROG
(9)	SAXTON COMMUNITY LIBRARY PO BOX 34 SAXTON PA 16678	25-1395351	501C3	5,500				UPDATE NON-FICTION S

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Schedule I (Form 990) (2021)

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**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
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Part I General Information on Grants and Assistance

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

☐ Yes ☐ No
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SCALP LEVEL - PAINT VOLUNTEER FIRE PO BOX 363 WINDBER PA 15963	23-7386893	501C3	9,500				PERSONAL PROTECTIVE
(2)	SIPESVILLE VOLUNTEER FIRE COMPANY # 1036 SCHOOL HOUSE ROAD SIPESVILLE PA 15561	25-1438676	501C3	5,400				DONOR REQUESTED DIST
(3)	SMALL TOWN HOPE, INC. 2214 BIGLER AVENUE NORTHERN CAMBRIA PA 15714	47-1959142	501C3	33,000				PRE-SCHOOL PROGRAM
(4)	SOCIETY TO PRESERVE THE MILLVALE MJ 24 MARYLAND AVE PITTSBURGH PA 15209	25-1659238	501C3	50,000				ROOF REPAIR -- ST. N
(5)	SOJOURNER HOUSE 5907 PENN AVENUE PITTSBURGH PA 15206	25-1737004	501C3	20,000				A JOURNEY OF RECOVER
(6)	SOMERSET AREA SCHOOL DISTRICT 645 SOUTH COLUMBIA AVENUE SOMERSET PA 15501	25-6004139	GOV	8,240				EITC: SCIENCE! IT'S
(7)	SOMERSET COUNTY LIBRARY 6022 GLADES PIKE SOMERSET PA 15501	25-0969486	501C3	6,000				9/11 NATIONAL MEMORI
(8)	SOMERSET COUNTY MOBILE FOOD BANK 1686 COXES CREEK ROAD SOMERSET PA 15501	46-5579966	501C3	11,500				FEEDING OUR NEIGHBOR
(9)	SOUTHWEST PENNSYLVANIA ENVIRONMENTA 2001 WATERDAM PLAZA DRIVE MCMURRAY PA 15317	47-2505177	501C3	117,000				HIGH TIDES - PROJECT

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Schedule I (Form 990) (2021)

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**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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25-1637373

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ST. BERNARD CHURCH 148 BEAVER STREET HASTINGS PA 16646	25-1038810	501C3	10,000				SUPPORT FOR NEEDY PA
(2)	ST. CLARE SISTERS RETREAT MINISTRY, PO BOX 1559 PALM HARBOR FL 34682	59-3724904	501C3	10,000				RELIGION
(3)	ST. FRANCES XAVIER CABRINI PARISH 12001 69TH STREET EAST PARRISH FL 34219	65-0497870	501C3	25,000				DONOR REQUESTED DIST
(4)	ST. JUDE'S CHILDREN'S RESEARCH HOSP 501 ST. JUDE PLACE MEMPHIS TN 38105	62-0646012	501C3	6,048				ANNUAL DESIGNATED DI
(5)	ST. PAUL OF THE CROSS MONASTERY 148 MONASTERY AVE. PITTSBURGH PA 15203-1498	25-0965310	501C3	10,000				PARKING LOT RESURFAC
(6)	ST. VINCENT DE PAUL SOCIETY ALTOONA/JOHNSTOWN DIOCESE ALTOONA PA 16603	25-0965567	501C3	5,675				2021 CHRISTMAS DONAT
(7)	STACKHOUSE PARK INC. 998 LUZERNE ST JOHNSTOWN PA 15905	25-1512111	501C3	27,250				TALL TIMBERS BRIDGE
(8)	STONYCREEK-QUEMAHONING INITIATIVE PO BOX 218 JOHNSTOWN PA 15907-0218	26-1999591	501C3	11,000				QUEMAHONING TRAILS P
(9)	STRONG WOMEN STRONG GIRLS 1620 MURRAY AVENUE PITTSBURGH PA 15217	20-2321377	501C3	25,000				AFTER-SCHOOL MENTORI

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Schedule I (Form 990) (2021)

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**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
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Name of the organization

COMMUNITY FOUNDATION OF GREATER
JOHNSTOWN

OMB No. 1545-0047

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Inspection**

Employer identification number

25-1637373

Part I General Information on Grants and Assistance

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

☐ Yes
 ☐ No
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	TACOMA COMMUNITY COLLEGE FOUNDATION 6501 SOUTH 19TH STREET TACOMA WA 98466	91-6073780	501C3	9,000				ANNUAL SCHOLARSHIPS
(2)	THE JOHNSTOWN STATE THEATER FOUNDATION 222 PHILLIPS STREET JOHNSTOWN PA 15904	84-3963985	501C3	20,000				THEATER REVITALIZATI
(3)	THE LEARNING LAMP 2025 BEDFORD STREET JOHNSTOWN PA 15904	20-0306745	501C3	87,876				ADVANCING IN STARS T
(4)	THE NEIGHBORHOOD ACADEMY 709 NORTH AIKEN AVENUE PITTSBURGH PA 15206	25-1816609	501C3	31,000				2021-22 ACADEMIC YEA
(5)	THE SALVATION ARMY 700 NORTH BELL AVENUE CARNEGIE PA 15106	13-5562351	501C3	20,500				OPERATION WARM HEART
(6)	TURKEYFOOT VALLEY HISTORICAL SOCIETY PO BOX 44 CONFLUENCE PA 15424	14-1857617	501C3	9,000				OPERATING SUPPORT
(7)	UNITED JEWISH APPEAL 362 SWANK ROAD HOLLSOPPLE PA 15935	13-1624240	501C3	154,200				ANNUAL DESIGNATED DI
(8)	UNITED METHODIST CHURCH OF STRONGST 14771 RT 422 HIGHWAY E STRONGSTOWN PA 15957	25-1450686	501C3	6,000				ANNUAL DISTRIBUTION
(9)	UNITED METHODIST HUMAN SERVICES 510 LOCUST STREET JOHNSTOWN PA 15901	25-1630998	501C3	27,300				BRIDGES TO SUCCESS

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Schedule I (Form 990) (2021)

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Internal Revenue Service**Grants and Other Assistance to Organizations,
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(1)	UNITED SCHOOL DISTRICT 10780 ROUTE 56 HIGHWAY EAST ARMAGH PA 15920	25-6004045	GOV	5,200				TO PROVIDE ASSISTANC
(2)	UNITED WAY OF THE LAUREL HIGHLANDS 422 MAIN STREET JOHNSTOWN PA 15901	25-0965383	501C3	12,350				IMAGINATION LIBRARY
(3)	UNIVERSITY OF PITTSBURGH - BRADFORD 300 CAMPUS DRIVE BRADFORD PA 16701	25-0965591	501C3	230,000				SOLAR POWERED BUILDI
(4)	URBAN IMPACT FOUNDATION 801 UNION PLACE PITTSBURGH PA 15212	25-1752269	501C3	25,000				URBAN IMPACT: JOB IN
(5)	VERLAND FOUNDATION 212 IRIS ROAD SEWICKLEY PA 15143	25-1344230	501C3	26,000				CAROL B. MITCHELL LE
(6)	VETERAN COMMUNITY INITIATIVES, INC. 727 GOUCHER STREET JOHNSTOWN PA 15905-3025	25-1710318	501C3	8,500				VETERANS PARK UPKEEP
(7)	VISION TOGETHER 2025 416 MAIN STREET JOHNSTOWN PA 15901	86-2457287	501C3	71,469				EARLY CHILDHOOD INIT
(8)	WESTERN PENNSYLVANIA CONSERVANCY 800 WATERFRONT DRIVE, FLOOR 2 PITTSBURGH PA 15222	25-1053485	501C3	83,105				WALTER CONSERVATION
(9)	WESTMONT HILLTOP SCHOOL DISTRICT 200 FAIR OAKS DRIVE JOHNSTOWN PA 15905	25-6010578	GOV	9,420				ANNUAL DESIGNATED DI

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

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Schedule I (Form 990) (2021)

**SCHEDULE I
(Form 990)**Department of the Treasury
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	WOMEN FOR A HEALTHY ENVIRONMENT 401 N HIGHLAND AVENUE PITTSBURGH PA 15206	47-2651553	501C3	18,000				2022 ENVIRONMENTAL H
(2)	YOUNG PEOPLES COMMUNITY CENTER, INC 300 PRAVE STREET EBENSBURG PA 15931	25-1840584	501C3	5,500				YPCC XC SKI RENTAL
(3)	YWCA OF GREATER JOHNSTOWN 526 SOMERSET STREET JOHNSTOWN PA 15901	25-0965636	501C3	38,000				FLOORING UPDATE AT K
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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Schedule I (Form 990) (2021)

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	456	625,343			
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.					

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation InformationFor 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

2021Open to Public
InspectionCOMMUNITY FOUNDATION OF GREATER
JOHNSTOWNEmployer identification number
25-1637373**Part I Questions Regarding Compensation****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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as 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**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?**3** Indicate which, if any, of the following the 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"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <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?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 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?
- b** Any related organization?

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?
- b** Any related organization?

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 on lines 5 and 6? If "Yes," describe in Part III**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**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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 aren't 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 and/or 1099-NEC 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				
MICHAEL KANE							
1 EXECUTIVE DIRECTOR	(i) 166,494	(ii) 0	(iii) 0	0	87,586	254,080	0
2	(i)	(ii)	(iii)	0	0	0	0
3	(i)	(ii)	(iii)				
4	(i)	(ii)	(iii)				
5	(i)	(ii)	(iii)				
6	(i)	(ii)	(iii)				
7	(i)	(ii)	(iii)				
8	(i)	(ii)	(iii)				
9	(i)	(ii)	(iii)				
10	(i)	(ii)	(iii)				
11	(i)	(ii)	(iii)				
12	(i)	(ii)	(iii)				
13	(i)	(ii)	(iii)				
14	(i)	(ii)	(iii)				
15	(i)	(ii)	(iii)				
16	(i)	(ii)	(iii)				

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.

Area with horizontal dotted lines for supplemental information.

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021**Open to Public
Inspection**Name of the organization COMMUNITY FOUNDATION OF GREATER
JOHNSTOWNEmployer identification number
25-1637373

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

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 CENTER

CHAIRMAN

BUSINESS RELATED

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE AUDIT COMMITTEE REVIEWS AND APPROVES THE IRS FORM 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

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

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.

Name of the organization

Employer identification number

COMMUNITY FOUNDATION OF GREATER

25-1637373

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE FOUNDATION'S EXECUTIVE COMMITTEE PERFORMS AN ANNUAL AND INDEPENDENT
REVIEW AND APPROVAL OF COMPENSATION FOR THE EXECUTIVE DIRECTOR AND ALL
STAFF MEMBERS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE FOUNDATION'S EXECUTIVE COMMITTEE PERFORMS AN ANNUAL AND INDEPENDENT
REVIEW AND APPROVAL OF COMPENSATION FOR ALL STAFF MEMBERS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
AVAILABLE UPON REQUEST.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOUNDATION OF GREATER
JOHNSTOWN

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2021

Open to Public
Inspection

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
(1)						
(2)						
(3)						
(4)						
(5)						

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?
							YesNo
(1)	FOUNDATION OF PA WATERSHEDS 216 FRANKLIN STREET, SUITE 400 20-8746105 JOHNSTOWN PA 15901	CHARITY	PA	501C3	12A	N/A	X
(2)	FRACTRACKER ALLIANCE 216 FRANKLIN STREET, SUITE 400 80-0844297 JOHNSTOWN PA 15901	CHARITY	PA	501C3	12A	N/A	X
(3)	SOUTHWEST PA ENVIRONMENTAL HEALTH 216 FRANKLIN STREET, SUITE 400 47-2505177 JOHNSTOWN PA 15901	CHARITY	PA	501C3	12A	N/A	X
(4)	THE JOHN P. MURTHA FOUNDATION 216 FRANKLIN STREET, SUITE 400 27-2240516 JOHNSTOWN PA 15901	CHARITY	PA	501C3	12A	N/A	X
(5)	REGIONAL PROPERTY HOLDING COMPANY 216 FRANKLIN STREET, SUITE 400 82-4854729 JOHNSTOWN PA 15901	REAL PROP	PA	501C2		N/A	X

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

DAA

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 alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
(1)											
(2)											
(3)											
(4)											

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
(1)									
(2)									
(3)									
(4)									

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

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

(a) Name of related organization				(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
SCHEDULE R PART II				0		ACTUAL
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners 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	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII **Supplemental Information.**
Provide additional information for responses to questions on Schedule R. See instructions.