

Form 990
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

COPY 2022Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service**A For the 2022 calendar year, or tax year beginning 07/01/22, and ending 06/30/23**

B Check if applicable:	C Name of organization COMMUNITY FOUNDATION OF GREATER JOHNSTOWN	D Employer identification number 25-1637373
<input type="checkbox"/> Address change	Doing business as COMMUNITY FOUNDATION FOR THE ALLEGH	E Telephone number 814-536-7741
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) 216 FRANKLIN ST	F Gross receipts \$ 34,691,533
<input type="checkbox"/> Initial return	Room/suite	G
<input type="checkbox"/> Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code JOHNSTOWN PA 15901	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return	F Name and address of principal officer: MICHAEL KANE 216 FRANKLIN STREET, SUITE 400 JOHNSTOWN PA 15901	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	If "No," attach a list. See instructions
J Website: WWW.CFALLEGHENIES.ORG	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 1990 M State of legal domicile: PA

Part I Summary

- 1 Briefly describe the organization's mission or most significant activities:

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

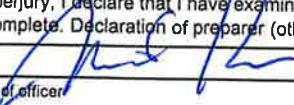
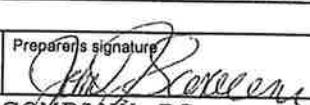
- 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.
3 Number of voting members of the governing body (Part VI, line 1a)
4 Number of independent voting members of the governing body (Part VI, line 1b)
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)
6 Total number of volunteers (estimate if necessary)
7a Total unrelated business revenue from Part VIII, column (C), line 12
b Net unrelated business taxable income from Form 990-T, Part I, line 11

3	21
4	21
5	38
6	125
7a	0
7b	0

		Prior Year	Current Year
		15,404,632	31,781,387
Revenue	8 Contributions and grants (Part VIII, line 1h)	217,792	243,551
	9 Program service revenue (Part VIII, line 2g)	3,963,739	2,399,059
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	143,745	267,536
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,729,908	34,691,533
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,011,499	4,742,313
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	801,436	889,965
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	300,518	
	b Total fundraising expenses (Part IX, column (D), line 25)	5,869,110	7,896,809
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	11,682,045	13,529,087
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	8,047,863	21,162,446
	19 Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	89,313,800	118,054,779
	21 Total liabilities (Part X, line 26)	11,900,689	12,504,934
	22 Net assets or fund balances. Subtract line 21 from line 20	77,413,111	105,549,845

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  MICHAEL KANE	Date 1/25/24
	Type or print name and title EXECUTIVE DIRECTOR	
Paid Preparer Use Only	Print/Type preparer's name JOHN J SARACENA, CPA	Preparer's signature 
	Firm's name BARNES SALY & COMPANY PC	Date 01/22/24
	Firm's address 637 FERNDALE AVENUE, SUITE 100 JOHNSTOWN, PA 15905-3999	Check <input type="checkbox"/> if self-employed PTIN P00179820
		Firm's EIN 36-4775872
		Phone no. 814-288-1544

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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

 Yes NoForm **990** (2022)

Part III Statement of Program Service AccomplishmentsCheck 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 \$ 12,050,750 including grants of \$ 4,742,313) (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 12,050,750

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Part IV Checklist of Required Schedules

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- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions
- 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
- 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
- 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
- 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
- 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
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 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
- 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
- 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
 - 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
 - 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
 - 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
 - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
 - f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
- 12b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
- 14b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV
- 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
- 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
- 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
- 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
- 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
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
- 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

	Yes	No
1	X	
2	X	
3		X
4		X
5		X
6	X	
7		X
8		X
9		X
10	X	
11a	X	
11b		X
11c		X
11d		X
11e	X	
11f		X
12a		X
12b	X	
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X
20a		X
20b		
21	X	

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Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

- 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 123
 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0
 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X

	Yes	No

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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	38
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4a	X
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).	7a	X
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?	7b	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
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?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:	11a	
a	Gross income from members or shareholders	11b	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	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.	13a	
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.		
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 or other person engage in any 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

- 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.
- 1b Enter the number of voting members included on line 1a, above, who are independent
 1a 21
 1b 21
- 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?
 b Each committee with authority to act on behalf of the governing body?
 8a X
 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.)

- 10a Did the organization have local chapters, branches, or affiliates?
 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?
 10a X
- 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?
 b Describe on Schedule O the process, if any, used by the organization to review this Form 990.
 11a X
- 12a Did the organization have a written conflict of interest policy? If "No," go to line 13
 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"
 describe on Schedule O how this was done
 12a X
 12b X
 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
 b Other officers or key employees of the organization
 If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.
 15a X
 15b X
- 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement
 with a taxable entity during the year?
 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?
 16a X
 16b X

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 STREET, 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, box 6 of 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
		Or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated			
(1) MARK E PASQUERILLA	2.00									
CHAIRMAN	0.00	X		X				0	0	0
(2) MICHAEL SAHLANEY, ESQ	2.00									
SECRETARY	0.00	X		X				0	0	0
(3) TERRY K DUNKLE	2.00									
TREASURER	0.00	X		X				0	0	0
(4) ALLAN CASHAW	0.20									
DIRECTOR	0.00	X						0	0	0
(5) CAROL STERN	0.20									
DIRECTOR	0.00	X						0	0	0
(6) COLLEEN TRETTER	0.20									
DIRECTOR	0.00	X						0	0	0
(7) DR. DONATO ZUCCO	0.20									
DIRECTOR	0.00	X						0	0	0
(8) GREG GLOSSER	0.20									
DIRECTOR	0.00	X						0	0	0
(9) JEFF STOPKO	0.20									
DIRECTOR	0.00	X						0	0	0
(10) JOHN BLACKBURN, III	0.20									
DIRECTOR	0.00	X						0	0	0
(11) JOHN KRIAK	0.20									
DIRECTOR	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
		Former or director	Individual trustee	Institutional trustee	Officer	Key employee			
(12) LAUREN CASCINO PRESSER	0.20								
DIRECTOR	0.00	X					0	0	0
(13) MICHELE BEENER	0.20								
DIRECTOR	0.00	X					0	0	0
(14) MICHELLE TOKARSKY, ESQ	0.20								
DIRECTOR	0.00	X					0	0	0
(15) RANDY STAGER	0.20								
DIRECTOR	0.00	X					0	0	0
(16) RAYMOND DIBATTISTA	0.20								
DIRECTOR	0.00	X					0	0	0
(17) RICHARD H MAYER	0.20								
DIRECTOR	0.00	X					0	0	0
(18) ROB FORCEY	0.20								
DIRECTOR	0.00	X					0	0	0
(19) ROBERT J EYER	0.20								
DIRECTOR	0.00	X					0	0	0
1b Subtotal									
c Total from continuation sheets to Part VII, Section A							242,461	90,299	
d Total (add lines 1b and 1c)							242,461	90,299	
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	1								

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		0

Part VIII Statement of 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			
	1b Membership dues	1b			
	1c Fundraising events	1c			
	1d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	31,781,387		
	g Noncash contributions included in lines 1a-1f	1g	\$		
	h Total. Add lines 1a-1f		31,781,387		
Program Service Revenue	2a AGENCY FUND ADMIN/MGMT FEE	Business Code			
	b		243,551		243,551
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		243,551		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,084,049		2,084,049
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties		196,268	196,268	
	6a Gross rents	(i) Real			
	6a	(ii) Personal			
	b Less: rental expenses	6b			
	c Rental inc. or (loss)	6c			
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory	(i) Securities			
	7a	(ii) Other			
	315,010				
	b Less: cost or other basis and sales exps.	7b			
	c Gain or (loss)	7c	315,010		
	d Net gain or (loss)			315,010	
	8a Gross income from fundraising events (not including \$				
	of contributions reported on line 1c). See Part IV, line 18	8a			
	b Less: direct expenses	8b			
	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19	9a			
	b Less: direct expenses	9b			
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances	10a			
	b Less: cost of goods sold	10b			
	c Net income or (loss) from sales of inventory				
Miscellaneous Revenue	11a GRANT FUNDS RETURNED	Business Code			
	b		71,268	71,268	
	c				
	d All other revenue				
	e Total. Add lines 11a-11d		71,268		
	12 Total revenue. See instructions		34,691,533	582,546	0 2,327,600

**Form 990 (2022) COMMUNITY FOUNDATION OF GREATER
Part IX Statement of Functional Expenses**

25-1637373

Page 10

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	4,685,438	4,685,438		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	56,875	56,875		
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	242,461	55,676	172,333	14,452
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	432,827	105,353	256,741	70,733
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	68,392	30,777	23,937	13,678
9 Other employee benefits	90,849	40,882	31,797	18,170
10 Payroll taxes	55,436	24,946	19,403	11,087
11 Fees for services (nonemployees):				
a Management				
b Legal	4,807	3,605	1,202	
c Accounting	51,625		51,625	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	417,444		397,520	19,924
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	118,242	53,189	41,379	23,674
12 Advertising and promotion	79,783			79,783
13 Office expenses	100,516	32,718	53,256	14,542
14 Information technology	43,286		43,286	
15 Royalties				
16 Occupancy	11,790	5,305	4,127	2,358
17 Travel	8,099		8,099	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,514	1,984	4,648	882
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	24,785	11,153	8,675	4,957
23 Insurance	26,696	12,013	9,344	5,339
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	3,384,814	3,384,814		
b OHIO RIVER VALLEY ENVIR PR	2,370,079	2,370,079		
c AIR QUALITY COLLABORATIVE	810,238	810,238		
d CANCER & ENVIRONMENTAL NE	190,345	190,345		
e All other expenses	246,746	175,360	50,447	20,939
25 Total functional expenses. Add lines 1 through 24e	13,529,087	12,050,750	1,177,819	300,518
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	7,119,289	1	11,542,962
	2 Savings and temporary cash investments	1,246,020	2	1,328,718
	3 Pledges and grants receivable, net	256,902	3	115,302
	4 Accounts receivable, net	7,654	4	5,548
	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	401,669	7	323,129
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	66,675	9	61,317
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	248,856		
	b Less: accumulated depreciation	157,713	10b	97,583
	11 Investments—publicly traded securities	79,936,216	11	104,397,788
	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	181,792	15	188,872
16 Total assets. Add lines 1 through 15 (must equal line 33)	89,313,800	16	118,054,779	
Liabilities	17 Accounts payable and accrued expenses	632,002	17	791,934
	18 Grants payable	1,913,339	18	1,663,491
	19 Deferred revenue	259,024	19	288,751
	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	9,096,324	25	9,760,758
	26 Total liabilities. Add lines 17 through 25	11,900,689	26	12,504,934
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	2,550,940	27	3,221,204
	28 Net assets with donor restrictions	74,862,171	28	102,328,641
	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	77,413,111	32	105,549,845
	33 Total liabilities and net assets/fund balances	89,313,800	33	118,054,779

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	34,691,533
2 Total expenses (must equal Part IX, column (A), line 25)	2	13,529,087
3 Revenue less expenses. Subtract line 2 from line 1	3	21,162,446
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	77,413,111
5 Net unrealized gains (losses) on investments	5	6,950,914
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	23,374
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	105,549,845

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
2b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	X
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why 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
		Former or director	Individual trustee	Institutional trustee	Officer	Key employee			
(20) SARA ANN SARGENT	0.20								
DIRECTOR	0.00	X					0	0	0
(21) TOM OTIS	0.20								
DIRECTOR	0.00	X					0	0	0
(22) MICHAEL KANE	40.00								
EXECUTIVE DIRECTOR	0.00		X				180,647	0	84,057
(23) BARB CHARNEY	40.00								
ACCOUNTING ASSOCIATE	0.00		X				61,814	0	6,242
.....
.....
.....
.....
1b Subtotal							242,461		90,299
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? If "Yes," complete Schedule J for such individual	3	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

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)
Public Charity Status and Public Support

OMB No. 1545-0047

2022Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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.

Name of the organization	COMMUNITY FOUNDATION OF GREATER JOHNSTOWN	Employer Identification number 25-1637373
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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						

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

Schedule A (Form 990) 2022

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,036,242	12,383,674	11,321,125	15,404,632	31,781,387	78,927,060
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	8,036,242	12,383,674	11,321,125	15,404,632	31,781,387	78,927,060
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						78,927,060

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	8,036,242	12,383,674	11,321,125	15,404,632	31,781,387	78,927,060
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	465,230	956,370	1,237,767	1,515,358	2,084,049	6,258,774
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.)						
	183,906	132,503	192,064	217,792	243,551	969,816
11 Total support. Add lines 7 through 10						86,155,650
12 Gross receipts from related activities, etc. (see instructions)					12	1,267,512
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	91.61 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	90.32 %
16a 33 1/3% support test—2022. 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—2021. 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—2022. 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—2021. 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2022. 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		<input type="checkbox"/>
b 33 1/3% support tests—2021. 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		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

Part IV Supporting Organizations

(Complete only if you checked a box on 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? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- 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?
 - A family member of a person described on line 11a above?
 - 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).
- The organization satisfied the Activities Test. Complete line 2 below.
 - The organization is the parent of each of its supported organizations. Complete line 3 below.
 - The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

	Yes	No

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.

2a		
2b		

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.

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10
Section E – Distribution Allocations (see instructions)		(i) Excess Distributions
		(ii) Underdistributions Pre-2022
		(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6	
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required— <i>explain in Part VI</i>). See instructions.	
3	Excess distributions carryover, if any, to 2022	
a	From 2017	
b	From 2018	
c	From 2019	
d	From 2020	
e	From 2021	
f	Total of lines 3a through 3e	
g	Applied to underdistributions of prior years	
h	Applied to 2022 distributable amount	
i	Carryover from 2017 not applied (see instructions)	
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	
4	Distributions for 2022 from Section D, line 7: \$	
a	Applied to underdistributions of prior years	
b	Applied to 2022 distributable amount	
c	Remainder. Subtract lines 4a and 4b from line 4.	
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.	
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.	
7	Excess distributions carryover to 2023. Add lines 3j and 4c.	
8	Breakdown of line 7:	
a	Excess from 2018	
b	Excess from 2019	
c	Excess from 2020	
d	Excess from 2021	
e	Excess from 2022	

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 \$ 726,265

**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

2022Open 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	99	884
2 Aggregate value of contributions to (during year)	985,497	30,795,890
3 Aggregate value of grants from (during year)	506,269	4,236,043
4 Aggregate value at end of year	9,316,340	105,549,845

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
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register

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

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	49,853,826	55,492,294	43,710,742	43,630,329	41,116,612
b Contributions	18,999,369	5,054,398	2,363,469	1,141,839	2,646,782
c Net investment earnings, gains, and losses	6,976,993	-7,493,338	12,381,521	1,712,137	2,517,793
d Grants or scholarships	2,757,088	2,295,915	2,160,150	1,940,838	2,122,876
e Other expenditures for facilities and programs					
f Administrative expenses	954,863	903,613	803,288	832,725	527,982
g End of year balance	72,118,236	49,853,826	55,492,294	43,710,742	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 68.15 %

c Term endowment 31.85 %

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		100,000	44,167	55,833
d Equipment		148,856	113,546	35,310
e Other				

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

91,143

Schedule D (Form 990) 2022 COMMUNITY FOUNDATION OF GREATER 25-1637373 Page 3

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		9,706,226
(3) DUE TO BERKS FOUNDATION		54,532
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		9,760,758

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.

SCHEDULE I
(Form 990)
**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.

 Department of the Treasury
 Internal Revenue Service

2022
**Open to Public
Inspection**

OMB No. 1545-0047

Name of the organization

COMMUNITY FOUNDATION OF GREATER JOHNSTOWN

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 I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	25 CARRICK AVE PROJECT 25 CARRICK AVE PITTSBURGH PA 15210	84-2121534	501C3	15,000				BROADCASTING CAREERS
(2)	412 FOOD RESCUE 6140 STATION STREET PITTSBURGH PA 15206	47-3476140	501C3	20,000				GROWTH & SCALE
(3)	ACH CLEAR PATHWAYS 510 HELDMAN STREET PITTSBURGH PA 15219	30-0609317	501C3	30,000				OPERATING SUPPORT
(4)	ADMIRAL PEARY AVTS 948 BEN FRANKLIN HIGHWAY EBENSBURG PA 15931	25-1214168	GOV	55,000				NORTHWEST BANK AND S
(5)	AMACHI PITTSBURGH 1830 FORBES AVE. 2ND FLOOR PITTSBURGH PA 15219	45-3717455	501C3	20,000				HEAR4U MOBILE OUTREA
(6)	ARBUTUS PARK RETIREMENT COMMUNITY 207 OTTAWA STREET JOHNSTOWN PA 15904	23-7064174	501C3	37,539				ARBUTUS REVITALIZATI
(7)	BEAVER COUNTY MARCELLUS AWARENESS P.O. BOX 31 AMBRIDGE PA 15003	45-3670363	501C3	15,000				OPERATING SUPPORT
(8)	BEDFORD COUNTY LIBRARY 240 SOUTH WOOD STREET BEDFORD PA 15522	46-3019177	501C3	7,002				HYNDMAN LIBRARY LIGH
(9)	BEDFORD COUNTY PLAYERS INC. PO BOX 399 BEDFORD PA 15522	25-1506499	501C3	8,000				BEDFORD COUNTY PLAYH

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.

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Schedule I (Form 990) (2022)

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SCHEDULE I
(Form 990)
**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.

 Department of the Treasury
 Internal Revenue Service

**Open to Public
Inspection**

OMB No. 1545-0047

2022
**Open to Public
Inspection**

 Name of the organization
**COMMUNITY FOUNDATION OF GREATER
JOHNSTOWN**
 Employer identification number
25-1637373
Go to www.irs.gov/Form990 for the latest information.
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.

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	2	3	4	5	6	7	8	9	10
(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 18 NORTH RIVER LANE PA 15537	F 25-1707752	501C3	28,600						SCHOLARSHIPS
(2) BERKS COUNTY COMMUNITY FOUNDATION 237 COURT STREET PA 19601		501C3	180,000						2022 RODALE INSTITUT
(3) BERLIN BROTHERSVILLE SCHOOL DISTRICT 1025 EAST MAIN STREET BERLIN PA 15530	23-2769892	501C3							EITC: ENGINEERING IT
(4) BETH SHOLOM TEMPLE 700 INDIANA STREET JOHNSTOWN PA 15905	25-1213327	GOV	12,654						ANNUAL DESIGNATED DI
(5) BIBLE CENTER CHURCH - THE OASIS PROJECT 7238 FILEURY WAY PITTSBURGH PA 15208	25-1306847	501C3	40,810						COMMUNITY PLAYGROUND
(6) BIG BROTHERS BIG SISTERS OF GREATER 5989 CENTRE AVENUE SUITE 1 PITTSBURGH PA 15206	20-0801087	RELIGI	20,000						BIGS IN BLUE YOUTH M
(7) BIKE PITTSBURGH 188 43RD ST PITTSBURGH PA 15201	25-6074707	501C3	25,000						MYPLACES BIKE PROGRAM
(8) BISHOP MCCORT CATHOLIC HIGH SCHOOL 25 OSBORNE STREET JOHNSTOWN PA 15905	36-4491002	501C3	20,000						ANNUAL DISTRIBUTION
(9) BLACK WOMEN RISING, INC 2144 FORDWAY STREET OTTAWA HILLS OH 43606	25-0969456	GOV	46,540						BLACK APPALACHIAN CO

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

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 Schedule I (Form 990) (2022)
 For Paperwork Reduction Act Notice, see the Instructions for Form 990.
 DAA

SCHEDULE I
(Form 990)

2022
Open to Public
Inspection

OMB No. 1545-0047

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.COMMUNITY FOUNDATION OF GREATER
JOHNSTOWNEmployer identification number
25-16337373**Part I General Information on Grants and Assistance**

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

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(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BLACKLICK VALLEY FOUNDATION AND AMB 1077 FIRST STREET NANTY GLO	25-1366982	501C3	7,500				NEW AMBULANCE AIR CO
(2) BLOOMSBURG UNIVERSITY OF PENNSYLVAN 22 WALLER ADMINISTRATION BUILDING BLOOMSBURG PA 17815	23-2657495	501C3	13,640				MEMORIAL HOSPITAL OF
(3) BOSWELL VOLUNTEER FIRE DEPARTMENT P.O. BOX 35 BOSWELL PA 15531	25-1627623	501C3	5,500				AED REPLACEMENT
(4) BOYS & GIRLS CLUBS OF WESTERN PENNS 317 EAST CARSON STREET SUITE 238 PITTSBURGH PA 15219	25-1206970	501C3	5,317				TO SUPPORT THE BOYS
(5) BYZANTINE CATHOLIC SEMINARY OF SS. 3605 PERRYSVILLE AVENUE PITTSBURGH PA 15214	25-1141842	501C3	10,230				TO SUPPORT SEMINARY
(6) CAMBRIA AND SOMERSET COUNTIES CONSE 110 FRANKLIN STREET, SUITE 200 JOHNSTOWN PA 15901	25-1848465	501C3	7,500				QUEMAHONING FAMILY R
(7) CAMBRIA COUNTY CHILD DEVELOPMENT CO 300 PRAVE STREET SUITE 101 EBENSBURG PA 15931	25-1234936	501C3	50,000				PRESCHOOL WITHOUT WA
(8) CAMBRIA COUNTY LIBRARY ASSOCIATION 248 MAIN STREET JOHNSTOWN PA 15901	25-0969448	501C3	153,500				CCL OUTDOOR PLACEMAK
(9) CAMBRIA COUNTY STUDENT HOCKEY LEAGUE 241 BENTWOOD AVENUE JOHNSTOWN PA 15904	25-1446172	501C3	8,198				JOHNSTOWN WARRIORS

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

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Schedule I (Form 990) (2022)

SCHEDULE I
(Form 990)
**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

 Department of the Treasury
 Internal Revenue Service

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

Attach to Form 990.

 COMMUNITY FOUNDATION OF GREATER
 JOHNSTOWN
Go to www.irs.gov/Form990 for the latest information.
2022
Open to Public
Inspection

OMB No. 1545-0047

 Name of the organization
 JOHNSTOWN
 Employer identification number
 25-1637373
Part I General Information on Grants and Assistance

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1	2	3	4	5	6	7	8	9
(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) CARNEGIE MELLON UNIVERSITY PO BOX 371032 PA 15250	25-0969449	501C3	70,000				RESEARCH ON ECONOMIC	
(2) CATAWLT GREATER PITTSBURGH 100 N SHERRIDAN SQUARE 4TH FLOOR PITTSBURGH PA 15206	82-5271900	501C3	25,000				CULINARY ENTREPRENEU	
(3) CATHOLIC CHARITIES, DIOCESE OF VENICE 1000 PINEBROOK ROAD VENICE FL 34285	59-2473176	501C3	10,000				1000 PINEBROOK ROAD.	
(4) CHARCOT-MARIE-TOOTH ASSOCIATION PO BOX 105 GLENOLDEN PA 19036	22-2480896	501C3	11,740				TO SUPPORT CAMP FOOT	
(5) CHILDREN'S AID HOME PROGRAMS OF SOMERSET 1476 NORTH CENTER AVENUE PA 15501	25-1793697	501C3	6,000				DONOR REQUESTED DIST	
(6) CHRIST THE SAVIOR SEMINARY 225 CHANDLER AVENUE JOHNSTOWN PA 15906	25-1007930	RELIGI	5,814				ANNUAL DISTRIBUTION	
(7) CHURCH OF OUR MOTHER OF SORROWS 415 TIoga STREET JOHNSTOWN PA 15905	25-0998167	RELIGI	6,180				ASSISTANCE MINISTRY	
(8) CIRCLE OF SUPPORT CHILD ADVOCACY C 117 WORK DRIVE JOHNSTOWN PA 15904	47-4411272	501C3	5,985				STRATEGIC OPERATIONA	
(9) CITY OF JOHNSTOWN 401 MAIN STREET JOHNSTOWN PA 15901	25-6000865	GOV	55,760				ROXBURY PARK SKATE R	

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DAA Schedule I (Form 990) (2022)

**SCHEDULE I
(Form 990)**
**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

 Department of the Treasury
 Internal Revenue Service

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

[Go to www.irs.gov/Form990 for the latest information.](http://www.irs.gov/Form990)
**Open to Public
Inspection**

 Employer identification number

 25-1637373

2022

OMB No. 1545-0047

Part I General Information on Grants and Assistance

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c)IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CLEAN AIR COUNCIL 135 S. 19TH STREET, SUITE 300 PHILADELPHIA PA 19103	23-1683461	501C3	26,250				OPERATING SUPPORT FO
(2)	COMMUNITY ACTION PARTNERSHIP OF CAM 516 MAIN ST JOHNSTOWN PA 15901	25-1150439	501C3	15,000				SENSORY WELLNESS ROO
(3)	CONFLUENCE CREATIVE ARTS CENTER C/O 237 OLD FARM ROAD CONFLUENCE PA 15424	01-0932392	501C3	7,500				ECO-ART CAMP
(4)	DOWNTOWN BEDFORD, INC. 124 SOUTH JULIANA STREET BEDFORD PA 15522	25-1893465	501C3	9,750				NEW CHRISTMAS DECORA
(5)	DUQUESNE UNIVERSITY 600 FORBES AVENUE PITTSBURGH PA 15264	25-1035663	501C3	13,675				DONOR REQUESTED DIST
(6)	EAST HILLS RECREATION COMMISSION 101 COMMUNITY COLLEGE WAY SUITE 118 JOHNSTOWN PA 15904	25-1366908	501C3	6,900				WINDBER 7TH GRADE BA
(7)	EDWARD VIA COLLEGE OF OSTEOPATHIC 2265 KRAFT DRIVE BLACKSBURG VA 24060	54-2052107	501C3	8,000				PROFESSIONAL SCHOLAR
(8)	EPIPHANY CATHEDRAL CATHOLIC CHURCH 310 SARASOTA STREET VENICE FL 34285	59-0905506	RELIGI	9,000				TO SUPPORT OF THE EV
(9)	FLOOD CITY BOXING ACADEMY INC. 200 LINCOLN STREET JOHNSTOWN PA 15901	26-0375918	501C3	6,000				AFTER SCHOOL COUNSEL

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

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SCHEDULE I
(Form 990)
**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.
Department of the Treasury
Internal Revenue Service**Open to Public
Inspection**

OMB No. 1545-0047

2022**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? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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1	1 (a) Name and address of organization or government	1 (b) EIN	1 (c) IRC section (if applicable)	1 (d) Amount of cash grant	1 (e) Amount of noncash assistance	1 (f) Method of valuation (book, FMV, appraisal, other)	1 (g) Description of noncash assistance	1 (h) Purpose of grant or assistance
(1)	FOCUS ON RENEWAL 420 CHARTIERS AVENUE MCKEEES ROCKS	23-7181440	501C3	25,000				COMMUNITY CRITICAL N
(2)	FRACTRACKER ALLIANCE 216 FRANKLIN STREET SUITE 400 JOHNSTOWN PA 15901	80-0844297	501C3	121,196				2023 ENVIRONMENTAL H
(3)	FRATERNAL ORDER OF POLICE LODGE 86 PO BOX 582 JOHNSTOWN PA 15907	25-6079467	501C8	8,000				DONOR REQUESTED DIST
(4)	FRIENDS OF THE PORT ST LUCIE BOTANIC GARDEN 2410 SE WESTMORELAND BLVD PORT ST LUCIE FL 34952	26-1431561	501C3	11,500				DONOR REQUESTED DIST
(5)	GREATER JOHNSTOWN CAMBRIA COUNTY CH 416 MAIN STREET SUITE 201 JOHNSTOWN PA 15901	20-4185300	501C3	13,200				JTM MAYER TRAIL PARK
(6)	GREATER JOHNSTOWN SCHOOL DISTRICT 1091 BROAD STREET JOHNSTOWN PA 15906	25-1157791	501C3	19,297				EITC FUNDING: DUAL E
(7)	GREATER PITTSBURGH COMMUNITY FOOD BANK 1 N. LINDEN ST. DUQUESNE PA 15110	25-1420599	501C3	62,500				FOR GENERAL PROGRAM
(8)	GROVE CITY COLLEGE SCHOLARSHIP PAYMENT 100 CAMPUS DRIVE GROVE CITY PA 16127	25-1065148	501C3	16,800				SCHOLARSHIPS
(9)	HABITAT FOR HUMANITY OF GREATER PITTSBURGH 6435 FRANKSTOWN AVE. SUITE 100 PITTSBURGH PA 15206	25-1529652	501C3	20,000				LARIMER TOWNHOME DEV

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

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Schedule I (Form 990) (2022)



SCHEDULE I
(Form 990)

2022
Open to Public
Inspection

OMB No. 1545-0047

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.
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COMMUNITY FOUNDATION OF GREATER JOHNSTOWN

Name of the organization
Employer identification number
25-16337373**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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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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(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) HIGHLANDS HEALTH 315 LOCUST STREET 2ND FLOOR JOHNSTOWN PA 15901	23-2922409	501C3	5,820				DONOR REQUESTED DIST			
(2) HISTORICAL AND GENEALOGICAL SOCIETY 10649 SOMERSET PIKE SOMERSET PA 15501	23-7322243	501C3	5,750				GOEB PRINTING EDUCAT			
(3) HOSANNA HOUSE, INC. 807 WALLACE AVE. WILKINSBURG PA 15221	25-1627718	501C3	60,000				SUPPORT HOPE GROUP E			
(4) HOSANNA INDUSTRIES, INC. PO BOX 719 GIBSONIA PA 15044	25-1626784	501C3	7,500				JOHNSTOWN RESURRECTI			
(5) INDEPENDENT CATHOLIC FOUNDATION 3618 FIFTH AVENUE, SUITE 1 ALTOONA PA 16602	25-1625390	501C3	186,163				ANNUAL DESIGNATED DI			
(6) INDIANA AREA SCHOOL DISTRICT 501 EAST PIKE INDIANA PA 15701	25-1146346	GOV	26,350				EITC DUAL ENROLLMENT			
(7) INDIANA COUNTY PUBLIC SAFETY ACADEMY 85 HAVEN ROAD INDIANA PA 15701	42-1530345	501C3	5,400				ICPSA OPERATING SUPP			
(8) INDIANA UNIVERSITY OF PENNSYLVANIA 1090 SOUTH DRIVE INDIANA PA 15705	25-1470695	501C3	49,050				SCHOLARSHIPS			
(9) INTERFAITH COMMUNITY FOOD PANTRY 1128 SHOEMAKER STREET NANTY GLO PA 15943	35-2516182	501C3	8,325				RENOVATE OUR NEW HOM			

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

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**SCHEDULE I
(Form 990)**
**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

 Department of the Treasury
 Internal Revenue Service

 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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 OMB No. 1545-0047
2022
**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

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(1)	JOHNSTOWN AREA HERITAGE ASSOCIATION 201. 6TH AVENUE JOHNSTOWN PA 15907	25-1247390	501C3	10,655				TO SUPPORT THE FLOOD
(2)	JOHNSTOWN OLDTIMERS BASEBALL ASSOCIATION PO. BOX. 277 PA 15907	25-6040906	501C3	14,025				2022 AAABA TOURNAMENT
(3)	JOHNSTOWN REDEVELOPMENT AUTHORITY 416 MAIN STREET SUITE 200 JOHNSTOWN PA 15901	25-6004112	501C3	50,000				DALE BOROUGH & EAST
(4)	JOHNSTOWN SYMPHONY ORCHESTRA 416 MAIN ST. SUITE 202 JOHNSTOWN PA 15901	25-1100701	501C3	18,523				ANNUAL DESIGNATED DI
(5)	LAUREL ARTS 214. S. HARRISON AVENUE SOMERSET PA 15501	25-1289972	501C3	7,500				DONOR REQUESTED DIST
(6)	LAUREL VIEW VILLAGE 2000 CAMBRIDGE DRIVE DAVIDSVILLE PA 15928	23-2299089	501C3	14,340				CERTIFIED NURSE AID
(7)	MELTING POT MINISTRIES 5811 CURRY ROAD PITTSBURGH PA 15236	14-1942636	501C3	12,500				OUT-OF-SCHOOL PROGRAM
(8)	MEYERSDALE AREA SCHOOL DISTRICT 309 INDUSTRIAL PARK ROAD MEYERSDALE PA 15552	25-6004155	501C3	16,726				MAEF MINI-GRANT PROJ
(9)	MOM'S HOUSE, INC. OF JOHNSTOWN 1325 FRANKLIN STREET JOHNSTOWN PA 15905	25-1656657	501C3	40,485				MOM'S HOUSE, INC. OF

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

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SCHEDULE I
(Form 990)
**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.

Department of the Treasury
Internal Revenue Service**2022**
**Open to Public
Inspection**Name of the organization COMMUNITY FOUNDATION OF GREATER JOHNSTOWN
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047	2022
	Open to Public Inspection

Part I General Information on Grants and Assistance

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1	2	3	4	5	6	7	8	9
(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) MOUNT ALOYSIUS COLLEGE SCHOLARSHIP 7373 ADMIRAL PEARY HIGHWAY CRESSION PA 16630	25-1114320	501C3	70,683				SCHOLARSHIPS	
(2) NEW CENTERVILLE & RURAL VOLUNTEER F 3054 KINGWOOD ROAD ROCKWOOD PA 15557	25-1287203	501C3	7,900				DONOR REQUESTED DIST	
(3) NEW DAY , INC. 109 SOUTH STREET JOHNSTOWN PA 15901	25-1352414	501C3	5,983				SUPPORT OUR COURT	
(4) NEXT STEP CENTER, INC. PO BOX 850 SOMERSET PA 15501	23-2898766	501C3	8,000				TRANSITIONS PROGRAM	
(5) OFF THE FLOOR PITTSBURGH 901 ALLEGHENY AVENUE PITTSBURGH PA 15233	45-5436414	501C3	35,000				SUPPORT FOR ITS FURN	
(6) OUTDOOR ODYSSEY AT ROARING RUN, INC 450 BOY SCOUT ROAD BOSWELL PA 15531	23-2948570	501C3	10,000				DONOR REQUESTED DIST	
(7) PENN STATE ALTOONA 3000 IVYSIDE PARK ALTOONA PA 16601	24-6000376	501C3	11,650				SCHOLARSHIPS	
(8) PENN STATE DUBOIS 1. COLLEGE PLACE SWIFT BUILDING, RO DUBOIS PA 15801	24-6000376	501C3	10,500				SCHOLARSHIPS	
(9) PENN STATE 109 SHIELDS BUILDING UNIVERSITY PARK PA 16802	24-6000376	501C3	60,425				SCHOLARSHIPS	

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.
DAA

Schedule I (Form 990) (2022)

**SCHEDULE I
(Form 990)**

2022
Open to Public
Inspection

OMB No. 1545-0047

**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.

Department of the Treasury
Internal Revenue Service

Name of the organization COMMUNITY FOUNDATION OF GREATER JOHNSTOWN

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

Attach to Form 990.

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? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	2	3	4	5	6	7	8	9
(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) PLEASANT HILL BAPTIST CHURCH 205 PEELOR STREET JOHNSTOWN PA 15901	90-0634927	RELIGI	6,000				PARKING LOT EXPANSIO	
(2) POINT PARK UNIVERSITY 201 WOOD STREET BURSAR OFFICE PITTSBURGH PA 15219	25-1094922	501C3	6,425				SCHOLARSHIPS	
(3) PORTAGE AREA JOINT RECREATION COMM PO. BOX 293 PORTAGE PA 15946	25-1663857	501C3	63,000				TO SUPPORT THE PURCH	
(4) PORTAGE VOLUNTEER FIRE COMPANY 721 MAIN ST. PORTAGE PA 15946	25-6061910	501C3	10,000				SCENE LIGHT REPLACEM	
(5) POTOMAC STATE COLLEGE 101 FORT AVENUE KEYSER WV 26726	55-6000842	501C3	12,500				SCHOLARSHIPS	
(6) PROTECT ELIZABETH TOWNSHIP 304 MOHAWK DRIVE MCKEEESPORT PA 15135	81-1460923	501C3	15,000				OPERATING SUPPORT	
(7) PROTECT PT 3344 ROUTE 130, SUITE D HARRISON CITY PA 15636	47-3795303	501C3	15,000				OPERATING SUPPORT	
(8) REIMAGINE EVERETT 14280 LINCOLN HIGHWAY EVERETT PA 15537	83-1776033	501C3	15,700				EVERETT THEATRE PHAS	
(9) RICHLAND ACADEMY 420 GALLERIA DRIVE JOHNSTOWN PA 15904	25-1442401	501C3	20,000				STAFF EDUCATION & TE	

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) (2022)

SCHEDULE I
(Form 990)
**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.
Department of the Treasury
Internal Revenue ServiceName of the organization
**COMMUNITY FOUNDATION OF GREATER
JOHNSTOWN**Go to www.irs.gov/Form990 for the latest information.
 OMB No. 1545-0047
2022
**Open to Public
Inspection**
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? 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.

(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) RICHLAND TOWNSHIP BOARD OF SUPERVISORS 322 SCHOOLHOUSE RD., STE 110 JOHNSTOWN PA 15904	25-6002639	GOV		6,000			ALPR SYSTEMS
(2) RIVER VALLEY ORGANIZING 506 WALNUT ST. EAST LIVERPOOL OH 43920	85-4007712	501C3		40,000			OPERATING SUPPORT FO
(3) ROBERT MORRIS UNIVERSITY 6001 UNIVERSITY BLVD. MOON TOWNSHIP PA 15108	25-1120678	501C3		6,100			SCHOLARSHIPS
(4) ROCKWOOD AREA SCHOOL DISTRICT 439 SOMERSET AVENUE ROCKWOOD PA 15557	25-6012591	GOV		8,100			EITC: HIGH SCHOOL DU
(5) SAINT FRANCIS UNIVERSITY PO BOX 600 LORETO PA 15940	25-1024358	501C3		74,450			SCHOLARSHIPS
(6) SAINT VINCENT COLLEGE 300 FRASER PURCHASE ROAD LATROBE PA 15650	25-0964126	501C3		10,550			DONOR REQUESTED DIST
(7) SETON HILL UNIVERSITY 1. SETON HILL DRIVE GREENSBURG PA 15601	25-0965557	501C3		8,325			SCHOLARSHIPS
(8) SHADE CREEK WATERSHED ASSOCIATION 1221 NO. 1 ROAD CAIRN BROOK PA 15924	27-0006407	501C3		6,100			2022 FIELD EQUIPMENT
(9) SHADYSIDE PRESBYTERIAN CHURCH 5121 WESTMINSTER PLACE PITTSBURGH PA 15232	25-0965562	RELIGI		75,000			RESTRUCTURING PROCES

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)
**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.

Department of the Treasury
Internal Revenue Service**Open to Public
Inspection****2022**

OMB No. 1545-0047

COMMUNITY FOUNDATION OF GREATER JOHNSTOWN

Name of the organization
Employer identification number
25-1637373Go to www.irs.gov/Form990 for the latest information.**Part I****General Information on Grants and Assistance**

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

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

1	2	3	4	5	6	7	8	9
(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) SHIPPENSBURG UNIVERSITY 1871 OLD MAIN DRIVE SHIPPENSBURG PA 17257	23-2500361	501C3	10,625				SCHOLARSHIPS	
(2) SLIPPERY ROCK UNIVERSITY PO BOX 6250 HERMITAGE PA 16057	25-1513539	501C3	23,150				SCHOLARSHIPS	
(3) SMALL TOWN HOPE, INC. 2214 BIGLER AVENUE NORTHERN CAMBRIA PA 15714	47-1959142	501C3	17,000				TOD-POD THE SMALL TO	
(4) SOMERSET AREA SCHOOL DISTRICT 645 SOUTH COLUMBIA AVENUE SUITE 110 SOMERSET PA 15501	25-6004139	501C3	11,643				EITC: SCIENCE! IT'S	
(5) SOMERSET COUNTY 300 N CENTER AVENUE, SUITE 300 SOMERSET PA 15501	25-6001040	GOV					SOMERSET LAKE NATURE	
(6) SOMERSET COUNTY MOBILE FOOD BANK 1686 COXES CREEK ROAD SOMERSET PA 15501	46-5579966	501C3	12,000				FEEDING OUR NEIGHBOR	
(7) SOMERSET COUNTY RECREATION AND TRAIL 300 N. CENTER AVE. SOMERSET PA 15501	25-1672664	501C3	6,000				TO SUPPORT THE YOUGH	
(8) SOMERSET VOLUNTEER FIRE DEPARTMENT 340 W. UNION STREET SOMERSET PA 15501	25-6039305	501C3	7,900				AUTOMATED EXTERNAL D	
(9) SOMERSET, INC. 124 N. CENTER AVENUE, SUITE 203 SOMERSET PA 15102	25-1721501	501C3	8,000				TO SUPPORT THE KIWANIS	

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) (2022)

**SCHEDULE I
(Form 990)**

2022
**Open to Public
Inspection**

OMB No. 1545-0047

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.

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? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments

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

1	2	3	4	5	6	7	8	9
(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) SOUTH HILLS INTERFAITH MOVEMENT 5301 PARK AVE BETHEL PARK	PA 15207	25-1213332	501C3	15,000			HELPING NEIGHBORS TH	
(2) SOUTHWEST PENNSYLVANIA ENVIRONMENTA 4165 BLAIR STREET PITTSBURGH	PA 15207	47-2505177	501C3	90,196			2023 ENVIRONMENTAL H	
(3) ST. JUDE'S CHILDREN'S RESEARCH HOSP 501 ST. JUDE PLACE MEMPHIS	TN 38105	62-0646012	501C3	6,158			ANNUAL DESIGNATED DI	
(4) ST. VINCENT DE PAUL SOCIETY PO BOX 231	PA 15905	25-0965567	501C3	5,530			ANNUAL JOHNSTOWN FOO	
(5) STACKHOUSE PARK INC.							PARK EXPENSES	
998 LUZERNE ST JOHNSTOWN	PA 15901	25-1512111	501C3	40,250				
(6) STEVENS MEMORIAL HOLY CHURCH 314 WILLIAM PENN AVENUE JOHNSTOWN	PA 15217	84-4154395	RELIGI	6,500			KOLORFUL KIDS DAYCAR	
(7) STRONG WOMEN STRONG GIRLS 1620 MURRAY AVENUE 3RD FLOOR PITTSBURGH	PA 15217	20-2321377	501C3	20,000			EMPOWERING GIRLS AND	
(8) TACOMA COMMUNITY COLLEGE FOUNDATION 6501 SOUTH 19TH STREET BUILDING 6 TACOMA	WA 98466	91-6073780	501C3	9,000			ANNUAL SCHOLARSHIPS	
(9) THE ENERGY EFFICIENCY ALLIANCE 614 S. 4TH STREET #307 PHILADELPHIA	PA 19147	23-3007497	501C3	100,000			CATALYZING CLEAN EN	

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) (2022)

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**SCHEDULE I
(Form 990)**

2022
**Open to Public
Inspection**

OMB No. 1545-0047

**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.

Department of the Treasury
Internal Revenue Service

Name of the organization COMMUNITY FOUNDATION OF GREATER JOHNSTOWN

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

Employer identification number
25-1637373

Attach to Form 990.

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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? Yes No

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110</th
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SCHEDULE I
(Form 990)
**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.

 OMB No. 1545-0041
2022
**Open to Public
Inspection**

 Department of the Treasury
 Internal Revenue Service

 Name of the organization COMMUNITY FOUNDATION OF GREATER
 JOHNSTOWN
Go to www.irs.gov/Form990 for the latest information.
 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? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	2	3	4	5	6	7	8	9
(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) UNIVERSITY OF PITTSBURGH AT GREENSBORO 150 FINOLI DRIVE GREENSBURG PA 15601	25-0965591	501C3	12,750				SCHOLARSHIPS	
(2) UNIVERSITY OF PITTSBURGH AT JOHNSTOWN 450 SCHOOLHOUSE ROAD JOHNSTOWN PA 15904	25-0965591	501C3	151,222				SCHOLARSHIPS	
(3) UNIVERSITY OF PITTSBURGH 139 UNIVERSITY PLACE PITTSBURGH PA 15260	25-0965591	501C3	18,637				SCHOLARSHIPS	
(4) UPMC WESTERN PSYCHIATRIC HOSPITAL 3811 O'HARA STREET PITTSBURGH PA 15213	25-0965480	501C3	25,000				CHAPEL PROJECT	
(5) VERLAND FOUNDATION, INC. 212 IRIS ROAD SEWICKLEY PA 15143	25-1440761	501C3	120,000				SENSORY GARDEN FOR I	
(6) VETERAN COMMUNITY INITIATIVES, INC. 727 GOUCHER STREET JOHNSTOWN PA 15905	25-1710318	501C3	5,975				TO SUPPORT THE PURCH	
(7) VETERANS MEMORIAL AMBULANCE SERVICE 202 JUNIPER ST NORTHERN CAMBRIA PA 15714	25-1293280	501C3	5,710				EMS PERSONAL PROTECT	
(8) VISION TOGETHER 2025 416 MAIN STREET SUITE 201 JOHNSTOWN PA 15901	86-2457287	501C3	90,000				VISION TOGETHER 2025	
(9) VISIT JOHNSTOWN 416 MAIN STREET SUITE 100 JOHNSTOWN PA 15901	25-1118465	501C4	7,500				JOHNSTOWN BRAND STYL	

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

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

Schedule I (Form 990) (2022)

**SCHEDULE I
(Form 990)**

2022
**Open to Public
Inspection**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue ServiceName of the organization
**COMMUNITY FOUNDATION OF GREATER
JOHNSTOWN**

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.Employer identification number
25-16337373**Part I General Information on Grants and Assistance**

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

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

(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) WEST HILLS RECREATION COMMISSION, 1000 EDGEHILL DRIVE JOHNSTOWN PA 15905	46-5034925	501C3	12,002				DONOR REQUESTED DIST
(2) WEST VIRGINIA UNIVERSITY PO BOX 6003 MORGANTOWN	55-6000842	501C3	15,200				SCHOLARSHIPS
(3) WESTMONT HILLTOP SCHOOL DISTRICT 200 FAIR OAKS DRIVE JOHNSTOWN PA 15905	25-6010578	GOV	13,510				ANNUAL DESIGNATED DI
(4) WESTMORELAND COUNTY COMMUNITY COLLEGE 145 PAVILION LANE YOUNGWOOD PA 15697	25-1208182	501C3	5,250				SCHOLARSHIPS
(5) WINDBER AREA SCHOOL DISTRICT 2301 GRAHAM AVENUE WINDBER PA 15963	25-6003541	GOV	9,400				SOFTBALL BATTING CAG
(6) WINDBER BOROUGH MUNICIPAL AUTHORITY 1605 GRAHAM AVENUE WINDBER PA 15963	27-2171575	501C3	7,500				WINDBER RECREATION P
(7) WINDBER PUBLIC LIBRARY ASSOCIATION 1909 GRAHAM AVENUE WINDBER PA 15963	25-6053807	501C3	5,700				ILLUMINATED THINKING
(8) WISCONSIN 4-H FOUNDATION, INC. 702 LANGDON STREET MADISON WI 53706	39-0914868	501C3	10,000				ILLUMINATED THINKING
(9) WOMEN FOR A HEALTHY ENVIRONMENT 401 N HIGHLAND AVENUE PITTSBURGH PA 15206	47-2651553	501C3	20,196				2023 ENVIRONMENTAL H

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) (2022)

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**SCHEDULE I
(Form 990)**
**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.

Department of the Treasury
Internal Revenue Service**2022**
**Open to Public
Inspection**

OMB No. 1545-0047

Name of the organization

COMMUNITY FOUNDATION OF GREATER JOHNSTOWN

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.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? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	WOMEN'S HELP CENTER, INC. 809 NAPOLEON STREET JOHNSTOWN PA 15901	25-1475092	501C3	11,635				ENERGY EFFICIENCY PR
(2)	YOUR SAFE HAVEN, INC. 342 S. RICHARD STREET SUITE 1 BEDFORD PA 15522	25-1755570	501C3	100,200				OPERATING EXPENSES
(3)	YWCA OF GREATER JOHNSTOWN 526 SOMERSET STREET JOHNSTOWN PA 15901	25-0965636	501C3	6,000				GROWTH AND RENOVATIO
(4)	ZION LUTHERAN CHURCH 100 WEST MAIN ST. EVERETT PA 15537	25-1449048	RELIGI	5,400				DONOR REQUESTED DIST
(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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
DAA**Schedule I (Form 990) (2022)**

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.

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	81	56,875			
2					
3					
4					
5					
6					

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

SCHEDULE J
(Form 990)

 Department of the Treasury
 Internal Revenue Service
 Name of the organization

Compensation Information
 For certain Officers, Directors, Trustees, Key Employees, and Highest
 Compensated Employees
 Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022Open 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.

	Yes	No
1b		
2		
4a	X	
4b	X	
4c	X	
5a	X	
5b	X	
6a	X	
6b	X	
7	X	
8	X	
9		

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)?

Schedule J (Form 990) 2022 COMMUNITY FOUNDATION OF GREATER
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Page 2

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) as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MICHAEL KANE 1. EXECUTIVE DIRECTOR	(i) 180,647 (ii) 0 (iii) 0	(i) 0 (ii) 0 (iii) 0	(i) 0 (ii) 0 (iii) 0	(i) 0 (ii) 0 (iii) 0	(i) 84,057 (ii) 0 (iii) 0	(i) 264,704 (ii) 0 (iii) 0	(i) 0 (ii) 0 (iii) 0
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

Schedule J (Form 990) 2022 COMMUNITY FOUNDATION OF GREATER 25-1637373**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.

**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

2022Open 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.

Schedule O (Form 990) 2022

Page 2

Name of the organization

COMMUNITY FOUNDATION OF GREATER

Employer identification number

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.

**Open to Public
Inspection**

 Go to www.irs.gov/Form990 for instructions and the latest information
 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?
(1)	FOUNDATION OF PA WATERSHEDS 216 FRANKLIN STREET, SUITE 400 JOHNSTOWN PA 15901	20-8746105	CHARITY PA	501C3	12A	N/A	No
(2)	FRACTRACKER ALLIANCE 216 FRANKLIN STREET, SUITE 400 JOHNSTOWN PA 15901	80-0844297	CHARITY PA	501C3	12A	N/A	X
(3)	SOUTHWEST PA ENVIRONMENTAL HEALTH 216 FRANKLIN STREET, SUITE 400 JOHNSTOWN PA 15901	47-2505177	CHARITY PA	501C3	12A	N/A	X
(4)	THE JOHN P. MURTHA FOUNDATION 216 FRANKLIN STREET, SUITE 400 JOHNSTOWN PA 15901	27-2240516	CHARITY PA	501C3	12A	N/A	X
(5)	REGIONAL PROPERTY HOLDING COMPANY 216 FRANKLIN STREET, SUITE 400 JOHNSTOWN PA 15901	82-4854729	REAL PROP PA	501C2	N/A	N/A	X

**SCHEDULE R
(Form 990)**
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.

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATION OF GREATER
JOHNSTOWN

**Open to Public
Inspection**

2022

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?
(1)	PITTSBURGH FOOD POLICY COUNCIL 216 FRANKLIN STREET, SUITE 400 JOHNSTOWN PA 15901	CHARITY	PA	501C3	12A	N/A	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(2)							
(3)							
(4)							
(5)							

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?

		Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X	
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d	X	
e Loans or loan guarantees by related organization(s)	1e	X	
f Dividends from related organization(s)	1f	X	
g Sale of assets to related organization(s)	1g	X	
h Purchase of assets from related organization(s)	1h	X	
i Exchange of assets with related organization(s)	1i	X	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p	X	
q Reimbursement paid by related organization(s) for expenses	1q	X	
r Other transfer of cash or property to related organization(s)	1r	X	
s Other transfer of cash or property from related organization(s)	1s	X	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SCHEDULE R PART II	O		ACTUAL
(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? <input type="checkbox"/> Yes <input type="checkbox"/> No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? <input type="checkbox"/> Yes <input type="checkbox"/> No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? <input type="checkbox"/> Yes <input type="checkbox"/> No	(k) Percentage ownership
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										

Schedule R (Form 990) 2022 COMMUNITY FOUNDATION OF GREATER 25-1637373 Page 5

Part VII Supplemental Information.

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