

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

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.

A For the 2023 calendar year, or tax year beginning 07/01/23, and ending 06/30/24

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending
C Name of organization: COMMUNITY FOUNDATION OF GREATER JOHNSTOWN
Doing business as: COMMUNITY FOUNDATION FOR THE ALLEGH
Number and street (or P.O. box if mail is not delivered to street address): 216 FRANKLIN ST
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: JOHNSTOWN PA 15901
D Employer identification number: 25-1637373
E Telephone number: 814-536-7741
G Gross receipts \$: 30,548,742
F Name and address of principal officer: MICHAEL KANE, 216 FRANKLIN STREET, SUITE 400, JOHNSTOWN PA 15901
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: 501(c)(3), 501(c) () (insert no.), 4947(a)(1) or 527
J Website: WWW.CFALLEGHENIES.ORG
K Form of organization: Corporation, Trust, Association, Other
L Year of formation: 1990
M State of legal domicile: PA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... TO SERVE THE BEST INTEREST OF OUR DONORS IN PERPETUATING THEIR PHILANTHROPIC INTEREST...; 2-7 Governance and Activities; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

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.
Signature of officer: MICHAEL KANE, EXECUTIVE DIRECTOR
Date: 12/16/24
Print/Type preparer's name: JOHN J SARACENA, CPA
Preparer's signature: [Signature]
Date: 12/16/24
Check self-employed: []
PTIN: P00179820
Firm's name: BARNES SALY & COMPANY PC
Firm's EIN: 36-4775872
Firm's address: 637 FERNDAL AVENUE, SUITE 100, JOHNSTOWN, PA 15905-3999
Phone no.: 814-288-1544

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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

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

4a (Code:) (Expenses \$ 18,814,475 including grants of \$ 6,879,943) (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 18,814,475

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, W-2G forms, and backup withholding rules.

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	42		
b	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)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified 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 [X]

Section A. Governing Body and Management

Table with columns for line numbers (1a, 1b, 2-9), Yes, and No. Contains questions about governing body members, family relationships, and documentation.

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

Table with columns for line numbers (10a-16b), Yes, and No. Contains questions about local chapters, conflict of interest policies, whistleblower policies, and compensation.

Section C. Disclosure

Table with lines 17-20. Line 17: List states (PA). Line 18: Public inspection methods (Own website, Upon request). Line 19: Public availability of documents. Line 20: Name and address of person with books and records (MICHAEL KANE, 216 FRANKLIN STREET, SUITE 400, JOHNSTOWN, PA 15901).

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARK E PASQUERILLA	0.20									
CHAIRMAN	0.00	X		X			0	0	0	
(2) MICHAEL SAHLANEY, ESQ	0.20									
SECRETARY	0.00	X		X			0	0	0	
(3) MICHELLE TOKARSKY, ESQ	0.20									
SECRETARY	0.00	X		X			0	0	0	
(4) TERRY K DUNKLE	2.00									
TREASURER	0.00	X		X			0	0	0	
(5) ALLAN CASHAW	0.20									
DIRECTOR	0.00	X					0	0	0	
(6) CAROL STERN	0.20									
DIRECTOR	0.00	X					0	0	0	
(7) COLLEEN TRETTER	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)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes rows for LAUREN CASCINO PRESSER, MICHELE BEENER, RANDY STAGER, ROB FORCEY, ROBERT J EYER, ALLIE HOFFMAN, SARA ANN SARGENT, and MICHAEL KIEL.

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

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a total row at the bottom.

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns					
	1b Membership dues					
	1c Fundraising events					
	1d Related organizations					
	1e Government grants (contributions)					
	1f All other contributions, gifts, grants, and similar amounts not included above	24,723,659				
	1g Noncash contributions included in lines 1a-1f	\$				
	h Total. Add lines 1a-1f	24,723,659				
Program Service Revenue	2a AGENCY FUND ADMIN/MGMT FEE	246,224			246,224	
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	246,224				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	2,400,904			2,400,904	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties	56,759	56,759			
	6a Gross rents	(i) Real				
		(ii) Personal				
		6b Less: rental expenses				
	6c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	3,043,489			
		(ii) Other		1,387		
		7b Less: cost or other basis and sales exps.				
		7c Gain or (loss)	3,043,489		1,387	
	d Net gain or (loss)	3,044,876	3,043,489		1,387	
	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 MISCELLANEOUS INCOME	69,870	69,870			
	b GRANT FUNDS RETURNED	6,075	6,075			
	c OTHER INCOME	375	375			
	d All other revenue					
	e Total. Add lines 11a-11d	76,320				
	12 Total revenue. See instructions	30,548,742	3,176,568	0	2,648,515	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,836,368	6,836,368		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	43,575	43,575		
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	255,202	155,053	97,528	2,621
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	499,830	159,542	277,311	62,977
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	92,775	41,749	32,471	18,555
9 Other employee benefits	75,082	33,787	26,279	15,016
10 Payroll taxes	64,989	29,245	22,746	12,998
11 Fees for services (nonemployees):				
a Management				
b Legal	8,635	6,476	2,159	
c Accounting	61,050		61,050	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	516,493		495,703	20,790
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	100,941	26,674	29,080	45,187
12 Advertising and promotion	100,390			100,390
13 Office expenses	101,522	31,355	56,232	13,935
14 Information technology	48,713		48,713	
15 Royalties				
16 Occupancy	15,271	6,872	5,345	3,054
17 Travel	7,992		7,992	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,231	1,454	5,131	646
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,960	9,882	7,686	4,392
23 Insurance	36,440	16,398	12,754	7,288
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	4,831,517	4,831,517		
b OHIO RIVER VALLEY INSTITU	2,506,645	2,506,645		
c AIR QUALITY COLLABORATIVE	1,342,809	1,342,809		
d CONNECT FUND	680,067	680,067		
e All other expenses	2,118,856	2,055,007	44,375	19,474
25 Total functional expenses. Add lines 1 through 24e	20,374,353	18,814,475	1,232,555	327,323
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	11,542,962	1	13,012,855
	2 Savings and temporary cash investments	1,328,718	2	1,101,600
	3 Pledges and grants receivable, net	115,302	3	200,530
	4 Accounts receivable, net	5,548	4	2,594
	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	323,129	7	252,460
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	61,317	9	93,920
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 252,451		
	b Less: accumulated depreciation	10b 179,672	91,143	10c 72,779
	11 Investments—publicly traded securities	104,397,788	11	123,480,621
	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	188,872	15	320,956
16 Total assets. Add lines 1 through 15 (must equal line 33)	118,054,779	16	138,538,315	
Liabilities	17 Accounts payable and accrued expenses	791,934	17	1,205,005
	18 Grants payable	1,663,491	18	1,777,544
	19 Deferred revenue	288,751	19	279,909
	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	9,760,758	25	10,774,051
	26 Total liabilities. Add lines 17 through 25	12,504,934	26	14,036,509
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	3,221,204	27	3,350,827
	28 Net assets with donor restrictions	102,328,641	28	121,150,979
	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	105,549,845	32	124,501,806
33 Total liabilities and net assets/fund balances	118,054,779	33	138,538,315	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	30,548,742
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,374,353
3	Revenue less expenses. Subtract line 2 from line 1	3	10,174,389
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	105,549,845
5	Net unrealized gains (losses) on investments	5	8,777,572
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	124,501,806

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input 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		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	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.	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?		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		

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

(A) Name and title	(B) Average hours per week per week for related organizations below dotted line	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) KYLE KUNKLE	0.20									
DIRECTOR	0.00	X					0	0	0	
(21) RICHARD MAYER	0.20									
DIRECTOR	0.00	X					0	0	0	
(22) BETTY SLAYTON	0.20									
DIRECTOR	0.00	X					0	0	0	
(23) JEFFREY WILSON	0.20									
DIRECTOR	0.00	X					0	0	0	
(24) MICHAEL KANE	40.00									
EXECUTIVE DIRECTOR	0.00			X			189,679	0	69,538	
(25) BARB CHARNEY	40.00									
ACCOUNTING ASSOCIATE	0.00			X			65,523	0	6,394	
(18)										
(19)										
1b Subtotal							255,202		75,932	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,383,674	11,321,125	15,404,632	31,781,387	24,723,659	95,614,477
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	12,383,674	11,321,125	15,404,632	31,781,387	24,723,659	95,614,477
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						95,614,477

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	12,383,674	11,321,125	15,404,632	31,781,387	24,723,659	95,614,477
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	956,370	1,237,767	1,515,358	2,084,049	2,400,904	8,194,448
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.)	132,503	192,064	217,792	243,551	246,224	1,032,134
11 Total support. Add lines 7 through 10						104,841,059
12 Gross receipts from related activities, etc. (see instructions)					12	1,236,131

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	91.20 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	91.61 %

16a 33 1/3% support test — 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test — 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test — 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests — 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support tests — 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their status, control, and reporting requirements.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows 2a, 2b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows 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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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 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—provide details in Part VI)	5
6	Other distributions (describe in Part VI). 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 (provide details in Part VI). 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

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 \$ 1,032,134

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

2023

Open 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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 contain numerical data for total number, aggregate value of contributions, grants, and end of year.

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

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

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

- Preservation of land for public use (for example, recreation or education) []
Preservation of a historically important land area []
Protection of natural habitat []
Preservation of a certified historic structure []
Preservation of open space []

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

Table with 2 columns: Description (2a-2d) and Held at the End of the Tax Year. Rows 2a-2d contain numerical data for conservation easements.

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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? [] Yes [] No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 \$
(ii) Assets included in Form 990, Part X \$

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

a Revenue included on Form 990, Part VIII, line 1 \$
b Assets included in Form 990, Part X \$

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

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

Part IV Escrow and Custodial Arrangements

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	72,118,237	49,853,826	55,492,294	43,710,742	43,630,329
b Contributions	8,964,368	18,999,369	5,054,398	2,363,469	1,141,839
c Net investment earnings, gains, and losses	11,002,545	6,976,993	-7,493,338	12,381,521	1,712,137
d Grants or scholarships	3,566,883	2,757,088	2,295,915	2,160,150	1,940,838
e Other expenditures for facilities and programs					
f Administrative expenses	1,183,584	954,863	903,613	803,288	832,725
g End of year balance	87,334,682	72,118,236	49,853,826	55,492,294	43,710,742

- 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 64.71 %
 - c Term endowment 35.29 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------|-----|----|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 3b Yes No
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		100,000	54,167	45,833
d Equipment		152,451	125,505	26,946
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				72,779

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, line 12, col. (B))		

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, line 13, col. (B))		

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, line 15, col. (B))	

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	10,737,641
(3) DUE TO BERKS FOUNDATION	36,410
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	10,774,051

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

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

Part XIII Supplemental Information *(continued)*

Area with horizontal dotted lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOUNDATION OF GREATER
JOHNSTOWN

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

2023

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

Yes No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	1889 FOUNDATION 4 VALLEY PIKE JOHNSTOWN PA 15905	25-1719695	501C3	5,137				
(2)	AH CLEAR PATHWAYS 510 HELDMAN STREET PITTSBURGH PA 15219	30-0609317	501C3	20,000				
(3)	ALLIANCE FOR REFUGEE YOUTH SUPPORT 6101 PENN AVENUE PITTSBURGH PA 15206	46-1802136	501C3	10,000				
(4)	ALTERNATIVE COMMUNITY RESOURCES PRO 131 MARKET STREET JOHNSTOWN PA 15901	25-1601146	501C3	8,200				
(5)	ANCHORPOINT COUNSELING MINISTRY, IN 800 MCKNIGHT PARK DRIVE PITTSBURGH PA 15237	25-1196957	501C3	30,000				
(6)	ARTIST-BLACKSMITH'S ASSOCIATION OF PO BOX 462 JOHNSTOWN PA 15901	58-1270027	501C3	7,500				
(7)	BAND OF BROTHERS SHAKESPEARE COMPAN 221 FAYETTE STREET JOHNSTOWN PA 15905	27-0031103	501C3	14,908				
(8)	BEATRICE INSTITUTE PO BOX 7126 PITTSBURGH PA 15213	82-4121313	501C3	25,000				
(9)	BEDFORD AMERICAN LEGION POST 113 3721 BUS RT 220 BEDFORD PA 15522-1123	81-4818733	501C7	10,000				

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

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

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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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	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	BEDFORD COUNTY PLAYERS INC. PO BOX 399 BEDFORD PA 15522	25-1506499	501C3	17,000				
(2)	BEDFORD COUNTY REGIONAL EDUCATION 18 NORTH RIVER LANE EVERETT PA 15537-1410	25-1707752	501C3	36,521				
(3)	BEGINNINGS, INC. 111 MARKET STREET JOHNSTOWN PA 15901	25-0984601	501C3	9,663				
(4)	BERLIN BROTHERSVALLEY SCHOOL DISTRI 1025 EAST MAIN STREET BERLIN PA 15530-1498	25-1213327		11,812				
(5)	BETH SHOLOM TEMPLE 700 INDIANA STREET JOHNSTOWN PA 15905	25-1306847	501C3	50,540				
(6)	BEVERLY'S BIRTHDAYS 11065 PARKER DRIVE N HUNTINGDON PA 15642	45-4248006	501C3	15,000				
(7)	BISHOP MCCORT CATHOLIC HIGH SCHOOL 25 OSBORNE STREET JOHNSTOWN PA 15905	25-0969456	501C3	331,499				
(8)	BLACK WOMEN RISING, INC 2144 FORDWAY STREET OTTAWA HILLS OH 43606	83-1904410	501C3	40,000				
(9)	BLAIRSVILLE LIBRARY ASSOCIATION 113 NORTH WALNUT STREET BLAIRSVILLE PA 15717	25-0990574	501C3	6,000				

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(Form 990)**

Department of the Treasury
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Part I General Information on Grants and Assistance

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

Yes No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	BLOODY RUN HISTORICAL SOCIETY 49 W 5TH STREET EVERETT PA 15537	02-0785819	501C3	5,500				
(2)	BOLIVAR VOLUNTEER FIRE COMPANY PO BOX 3 BOLIVAR PA 15923	25-1706891	501C3	7,500				
(3)	BOSWELL VOLUNTEER FIRE DEPARTMENT PO BOX 35 BOSWELL PA 15531	25-1627623	501C3	9,500				
(4)	BOTTLE WORKS ETHNIC ARTS CENTER 411 THIRD AVENUE JOHNSTOWN PA 15906-2705	25-1707386	501C3	8,500				
(5)	BRIDGES COOPERATIVE MINISTRY 510 LOCUST STREET JOHNSTOWN PA 15901	25-1630998	501C3	14,550				
(6)	BYZANTINE CATHOLIC SEMINARY OF SS. 3605 PERRYSVILLE AVENUE PITTSBURGH PA 15214	25-1141842	501C3	10,420				
(7)	CAMBRIA COUNTY BACKPACK PROJECT 2025 BEDFORD STREET JOHNSTOWN PA 15904	88-2531818	501C3	36,050				
(8)	CAMBRIA COUNTY CHILD DEVELOPMENT CO 300 PRAVE STREET EBENSBURG PA 15931	25-1234936	501C3	100,000				
(9)	CAMBRIA COUNTY DRUG COALITION, INC. 321 MAIN STREET JOHNSTOWN PA 15901	81-3590388	501C3	9,000				

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Department of the Treasury
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Part I General Information on Grants and Assistance

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

Yes No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CAMBRIA COUNTY LIBRARY ASSOCIATION 248 MAIN STREET JOHNSTOWN PA 15901	25-0969448	501C3	260,760				
(2)	CAMBRIA COUNTY WAR MEMORIAL AUTHORITY 326 NAPOLEON STREET JOHNSTOWN PA 15901	23-2934863		40,000				
(3)	CANCER BRIDGES 2816 SMALLMAN STREET PITTSBURGH PA 15222	25-1845284	501C3	17,000				
(4)	CARNEGIE MELLON UNIVERSITY PO BOX 371032 PITTSBURGH PA 15250-7032	25-0969449	501C3	71,250				
(5)	CC SWAT AUXILIARY INC. 1610 BEDFORD STREET JOHNSTOWN PA 15902	92-3995549	501C3	10,000				
(6)	CHARCOT-MARIE-TOOTH ASSOCIATION PO BOX 105 GLENOLDEN PA 19036	22-2480896	501C3	6,760				
(7)	CHESTER RESIDENTS CONCERNED FOR QUA PO BOX 101 CRUM LYNNE PA 19022	23-2786151	501C3	19,000				
(8)	CHRIST THE SAVIOUR SEMINARY 225 CHANDLER AVENUE JOHNSTOWN PA 15906	25-1007930	501C3	6,050				
(9)	CHURCH OF OUR MOTHER OF SORROWS 415 TIOGA STREET JOHNSTOWN PA 15905	25-0998167	501C3	10,160				

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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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(1)	CHURCH OF THE ASCENSION 4729 ELLSWORTH AVENUE PITTSBURGH PA 15213	25-1021782	501C3	18,000						
(2)	CLARA BARTON HOUSE AND GARDEN 201 SIXTH AVENUE JOHNSTOWN PA 15906	83-1502720	501C3	68,500						
(3)	CLEAN WATER FUND 100 FIFTH AVENUE, SUITE 1108 PITTSBURGH PA 15222	52-1043444	501C3	71,250						
(4)	COAL RUN MCINTYRE VFD 2049 COAL RUN ROAD CLUNE PA 15727	25-0690000	501C3	7,500						
(5)	COMMUNITY ARTS CENTER OF CAMBRIA CO 1217 MENOHER BOULEVARD JOHNSTOWN PA 15905	23-7059711	501C3	18,258						
(6)	COMMUNITY FOUNDATION FOR THE ALLEGH 216 FRANKLIN STREET JOHNSTOWN PA 15901-1911	25-1637373	501C3	52,000						
(7)	COMMUNITY FOUNDATION OF FAYETTE CO 5 S. MT. VERNON AVENUE UNIONTOWN PA 15401	25-1851158	501C3	6,000						
(8)	CONEMAUGH TOWNSHIP ROTARY WISHES OF PO BOX 286 DAVIDSVILLE PA 15928	83-4011845	501C3	5,750						
(9)	CONEMAUGH VALLEY CONSERVANCY PO BOX 218 JOHNSTOWN PA 15907-0218	25-1756447	501C3	37,986						

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
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Part I General Information on Grants and Assistance

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

Yes No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CONFLUENCE CREATIVE ARTS CENTER C/O 237 OLD FARM ROAD CONFLUENCE PA 15424	01-0932392	501C3	12,500				
(2)	CROP AND KETTLE 799 21ST STREET AMBRIDGE PA 15003	82-4840426	501C3	10,000				
(3)	DAYTON DISTRICT VOLUNTEER FIRE DEPA 204 S POPLAR STREET DAYTON PA 16222	25-1688415	501C3	7,500				
(4)	DOWNTOWN BEDFORD, INC. 124 SOUTH JULIANA STREET BEDFORD PA 15522	25-1893465	501C3	7,500				
(5)	EAST END COOPERATIVE MINISTRY 6140 STATION STREET PITTSBURGH PA 15206-3026	23-1722988	501C3	30,000				
(6)	EPIPHANY CATHEDRAL CATHOLIC CHURCH 310 SARASOTA STREET VENICE FL 34285	59-0905506	501C3	34,366				
(7)	EVERETT FREE LIBRARY 137 E. MAIN STREET EVERETT PA 15537	23-6236840	501C3	6,820				
(8)	FAIR SHAKE ENVIRONMENTAL LEGAL SERV 6425 LIVING PLACE PITTSBURGH PA 15206	46-2642901	501C3	40,000				
(9)	FAMILYLINKS 401 N HIGHLAND AVE. PITTSBURGH PA 15206	25-1209266	501C3	10,000				

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)**

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOUNDATION OF GREATER
JOHNSTOWN

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

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

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

OMB No. 1545-0047

2023

**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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	FLOOD CITY BOXING ACADEMY INC. 200 LINCOLN STREET JOHNSTOWN PA 15901-1505	26-0375918	501C3	36,410				
(2)	FOCUS ON RENEWAL 420 CHARTIERS AVENUE MCKEES ROCKS PA 15236	23-7181440	501C3	25,000				
(3)	FOOD AND WATER WATCH 1616 P. ST. NW WASHINGTON DC 20036	32-0160439	501C3	60,000				
(4)	FRACTRACKER ALLIANCE 216 FRANKLIN STREET JOHNSTOWN PA 15901	80-0844297	501C3	60,345				
(5)	GALLERY ON GAZEBO 140 GAZEBO PLACE JOHNSTOWN PA 15901	83-4710552	501C3	5,600				
(6)	GREATER CUMBERLAND COMMITTEE 208 N CENTRE ST CUMBERLAND MD 21502	52-2278016	501C3	6,250				
(7)	GREATER JOHNSTOWN CAREER AND TECHNO 445 SCHOOLHOUSE ROAD JOHNSTOWN PA 15904-2998	25-1180557		7,500				
(8)	GREATER JOHNSTOWN COMMUNITY YMCA 100 HAYNES ST. JOHNSTOWN PA 15901	25-0965623	501C3	107,942				
(9)	GREATER JOHNSTOWN SCHOOL DISTRICT 1091 BROAD STREET JOHNSTOWN PA 15906	25-1157791		19,250				

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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Name of the organization
COMMUNITY FOUNDATION OF GREATER
JOHNSTOWN

OMB No. 1545-0047
2023
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Employer identification number
25-1637373

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(1)	GREATER PITTSBURGH COMMUNITY FOOD 1 N. LINDEN ST. DUQUESNE PA 15110-1097	25-1420599	501C3	30,000				
(2)	GREEN BUILDING ALLIANCE 317 EAST CARSON STREET, SUITE 122 PITTSBURGH PA 15219	25-1832931	501C3	225,923				
(3)	GROUP AGAINST SMOG AND POLLUTION, 1133 S. BRADDOCK AVE. PITTSBURGH PA 15218	20-0011194	501C3	71,250				
(4)	GROWING UP GREENE 52 SOUTH CHURCH STREET WAYNESBURG PA 15370	35-2628402	501C3	6,000				
(5)	GUILD OF AMERICAN PAPER CUTTERS PO BOX 384 SOMERSET PA 15501	62-1353892	501C3	9,000				
(6)	HISTORICAL AND GENEALOGICAL SOCIETY 10649 SOMERSET PIKE SOMERSET PA 15501	23-7322243	501C3	12,600				
(7)	HOME NURSING AGENCY FOUNDATION 20 SHERATON DRIVE ALTOONA PA 16601	25-1467014	501C3	73,200				
(8)	HOSANNA HOUSE, INC. 807 WALLACE AVE. WILKINSBURG PA 15221	25-1627718	501C3	30,000				
(9)	HOSANNA INDUSTRIES, INC. PO BOX 719 GIBSONIA PA 15044	25-1626784	501C3	28,000				

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Department of the Treasury
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COMMUNITY FOUNDATION OF GREATER
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Employer identification number

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OMB No. 1545-0047
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Part I General Information on Grants and Assistance

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

Yes No

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

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(1)	HUMANE SOCIETY OF CAMBRIA COUNTY 743 GALLERIA DRIVE EXTENSION JOHNSTOWN PA 15904	25-1310808	501C3	6,750				
(2)	HUMANE SOCIETY OF SOMERSET COUNTY PO BOX 182 SOMERSET PA 15501	25-1258608	501C3	50,279				
(3)	IMANI CHRISTIAN ACADEMY 2150 EAST HILLS DRIVE PITTSBURGH PA 15221	25-1816131	501C3	15,000				
(4)	INDEPENDENT CATHOLIC FOUNDATION 3618 FIFTH AVENUE, SUITE 1 ALTOONA PA 16602	25-1625390	501C3	192,203				
(5)	INSIDE CLIMATE NEWS 26 COURT STREET BROOKLYN NY 11242	56-2451141	501C3	55,000				
(6)	JEREMIAH'S PLACE 6435 FRANKSTOWN AVENUE PITTSBURGH PA 15206	45-1866754	501C3	25,000				
(7)	JOHNSTOWN AREA HERITAGE ASSOCIATION 201 6TH AVENUE JOHNSTOWN PA 15907-1889	25-1247390	501C3	228,369				
(8)	JOHNSTOWN OLDTIMERS BASEBALL ASSOCIATION PO BOX 277 JOHNSTOWN PA 15907	25-6040906	501C3	9,300				
(9)	JOHNSTOWN REDEVELOPMENT AUTHORITY 416 MAIN STREET JOHNSTOWN PA 15901	25-6004112	501C2	233,510				

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Department of the Treasury
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**Grants and Other Assistance to Organizations,
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2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes No

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

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(1)	JOHNSTOWN SYMPHONY ORCHESTRA 416 MAIN ST. JOHNSTOWN PA 15901	25-1100701	501C3	48,341				
(2)	JUBILEE ASSOCIATION, INC. 2005 WYANDOTTE STREET PITTSBURGH PA 15219	25-1394229	501C3	10,000				
(3)	KEYSTONE FAMILY ALLIANCE PO BOX 255 MILLHELM PA 16854	87-2252011	501C3	7,500				
(4)	LATINO COMMUNITY CENTER 5750 BAUM BOULEVARD PITTSBURGH PA 15206	82-0647985	501C3	25,000				
(5)	LAUGHLINTOWN COMMUNITY CENTER PO BOX 453 LAUGHLINTOWN PA 15655	25-6067695	501C3	10,000				
(6)	LAUREL ARTS 214 S. HARRISON AVENUE SOMERSET PA 15501	25-1289972	501C3	19,450				
(7)	LAUREL VIEW VILLAGE 2000 CAMBRIDGE DRIVE DAVIDSVILLE PA 15928	23-2299089	501C3	26,570				
(8)	LEE INITIATIVES, INC. SEIFERT PROFESSIONAL BUILDING JOHNSTOWN PA 15901	25-1391882	501C3	110,500				
(9)	LIGONIER VALLEY SCHOOL DISTRICT 339 WEST MAIN STREET LIGONIER PA 15658	25-1157797		10,000				

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Part I General Information on Grants and Assistance

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

Yes No

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

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(1)	LIVING STONES PO BOX 13077 PITTSBURGH PA 15243	80-0848269	501C3	15,000				
(2)	LIVING WATERS CAMP AND CONFERENCE 300 CAMP LIVING WATER ROAD SCHELLSBURG PA 15559	80-0513722	501C3	6,600				
(3)	MAYA ORGANIZATION 7451 WASHINGTON AVENUE SWISSVALE PA 15218	26-4406956	501C3	15,000				
(4)	MEYERSDALE AREA SCHOOL DISTRICT 309 INDUSTRIAL PARK ROAD MEYERSDALE PA 15552	25-6004155		34,082				
(5)	MEYERSDALE VOLUNTEER FIRE DEPARTMENT 202 MAIN STREET MEYERSDALE PA 15552	25-6059935	501C3	7,100				
(6)	MIKROWORKS FOUNDATION 1207 4TH STREET, PH 3 SANTA MONICA CA 90401	26-4324338	501C3	7,895				
(7)	MOM'S HOUSE, INC. OF JOHNSTOWN 1325 FRANKLIN STREET JOHNSTOWN PA 15905	25-1656657	501C3	10,495				
(8)	MT. CALVARY LUTHERAN CHURCH 1000 SCALP AVENUE JOHNSTOWN PA 15904-3035	25-1014568	501C3	7,334				
(9)	NEW CENTERVILLE & RURAL VOLUNTEER 3054 KINGWOOD ROAD ROCKWOOD PA 15557	25-1287203	501C3	9,700				

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(1)	NEW DAY, INC. 109 SOUTH STREET JOHNSTOWN PA 15901	25-1352414	501C3	6,510				
(2)	NEXT STEP CENTER, INC. 406 STOYSTOWN ROAD SOMERSET PA 15501	23-2898766	501C3	6,500				
(3)	OFF THE FLOOR PITTSBURGH 901 ALLEGHENY AVENUE PITTSBURGH PA 15233	45-5436414	501C3	20,256				
(4)	OPEN HAND MINISTRIES 616 NORTH HIGHLAND AVENUE PITTSBURGH PA 15206	41-2264760	501C3	25,000				
(5)	PENIEL RESIDENTIAL DRUG/ALCOHOL TR 760 COOPER AVENUE JOHNSTOWN PA 15907-0250	23-2216297	501C3	19,500				
(6)	PENNSYLVANIA ASSOCIATION FOR SUSTAI 1631 N. FRONT STREET HARRISBURG PA 17102	25-1685497	501C3	6,651				
(7)	PENNSYLVANIA COUNCIL ON THE ARTS COMMONWEALTH AND NORTH STREETS HARRISBURG PA 17120	10-6617570	501C3	15,000				
(8)	PENNSYLVANIA HUMANITIES COUNCIL 230 S. BROAD ST. PHILADELPHIA PA 19102	23-2007911	501C3	12,500				
(9)	PENNSYLVANIA RURAL ARTS ALLIANCE PO BOX 1410 INDIANA PA 15701	25-1591599	501C3	155,000				

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(1)	PENNSYLVANIA WOMEN WORK 5607 BAUM BLVD. PITTSBURGH PA 15026	25-1705976	501C3	15,000				
(2)	PHYSICIANS FOR SOCIAL RESPONSIBILITY 1735 MARKET STREET PHILADELPHIA PA 19103	23-2153775	501C3	60,000				
(3)	PITTSBURGH CONSERVATION CORPS 201 N BRADDOCK AVE RM 230 PITTSBURGH PA 15208-2598	81-0878020	501C3	25,000				
(4)	PITTSBURGH GATEWAYS CORP. C/O ENERGY INNOVATION CENTER, LP PITTSBURGH PA 15219	23-2939083	501C3	301,000				
(5)	PORTAGE AREA AMBULANCE ASSOCIATION 655 NORTH RAILROAD AVENUE PORTAGE PA 15946-0237	25-1220659	501C3	10,200				
(6)	PORTAGE AREA JOINT RECREATION COMM PO BOX 293 PORTAGE PA 15946	25-1663857	501C3	18,000				
(7)	PORTAGE VOLUNTEER FIRE COMPANY 721 MAIN ST. PORTAGE PA 15946	25-6061910	501C3	5,160				
(8)	PROTECT ELIZABETH TOWNSHIP 304 MOHAWK DRIVE MCKEESPORT PA 15135	81-1460923	501C3	12,667				
(9)	PROTECT PT 3344 ROUTE 130, SUITE D HARRISON CITY PA 15636	47-3795303	501C3	112,667				

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Name of the organization: **COMMUNITY FOUNDATION OF GREATER JOHNSTOWN**
Employer identification number: **25-1637373**

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(1)	REIMAGINE EVERETT 14280 LINCOLN HIGHWAY EVERETT PA 15537	83-1776033	501C3	8,500				
(2)	RICHLAND SCHOOL DISTRICT 1 ACADEMIC AVENUE JOHNSTOWN PA 15904	25-6002642		26,455				
(3)	RICHLAND TOWNSHIP VOLUNTEER FIRE DE 1321 SCALP AVENUE, SCALP AVENUE JOHNSTOWN PA 15904	25-1300417	501C3	40,250				
(4)	ROCKWOOD AREA SCHOOL DISTRICT 439 SOMERSET AVENUE ROCKWOOD PA 15557	25-6012591		8,100				
(5)	SAINTE FRANCES XAVIER CABRINI PARISH 12001 69TH STREET EAST PARRISH FL 34219	65-0497870	501C3	30,000				
(6)	SAINTE JUDE'S CHILDREN'S RESEARCH HO 501 ST. JUDE PLACE MEMPHIS TN 38105	62-0646012	501C3	15,816				
(7)	SAINTE VINCENT DE PAUL SOCIETY ALTOONA/JOHNSTOWN DIOCESE ALTOONA PA 16603	25-0965567	501C3	5,700				
(8)	SAMARITAN COUNSELING CENTER OF WEST 202 BEAVER STREET SEWICKLEY PA 15143	25-1425598	501C3	16,000				
(9)	SANDYVALE CEMETERY ASSOCIATION, INC PO BOX 41 JOHNSTOWN PA 15907	25-1638369	501C3	8,500				

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(1)	SCALP LEVEL - PAINT VOLUNTEER FIRE 807 MAIN ST WINDBER PA 15963	23-7386893	501C3	8,900				
(2)	SIPESVILLE VOLUNTEER FIRE COMPANY 1036 SCHOOL HOUSE ROAD SIPESVILLE PA 15561	25-1438676	501C3	5,850				
(3)	SKYLINE RECOVERY PITTSBURGH 623 BROOKLINE BLVD PITTSBURGH PA 15226	85-1462661	501C3	10,000				
(4)	SMALL TOWN HOPE, INC. 2214 BIGLER AVENUE NORTHERN CAMBRIA PA 15714	47-1959142	501C3	21,500				
(5)	SOJOURNER HOUSE 5907 PENN AVENUE PITTSBURGH PA 15206	25-1737004	501C3	25,000				
(6)	SOMERSET COUNTY LIBRARY 6022 GLADES PIKE SOMERSET PA 15501	25-0969486		7,500				
(7)	SOMERSET COUNTY MOBILE FOOD BANK 1686 COXES CREEK ROAD SOMERSET PA 15501	46-5579966	501C3	8,000				
(8)	SOMERSET COUNTY TECHNOLOGY CENTER 281 TECHNOLOGY DRIVE SOMERSET PA 15501-4309	25-1667191	501C5	7,050				
(9)	SOMERSET, INC. 124 N. CENTER AVENUE, SUITE 203 SOMERSET PA 15501-0876	25-1721501	501C3	7,500				

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Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

2023

**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.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SOMERSET VOLUNTEER FIRE DEPARTMENT 340 W. UNION STREET SOMERSET PA 15501	25-6039305	501C3	8,700				
(2)	SOUTHWEST PENNSYLVANIA ENVIRONMENTAL 4165 BLAIR STREET PITTSBURGH PA 15207	47-2505177	501C3	19,845				
(3)	STACKHOUSE PARK INC. 998 LUZERNE ST JOHNSTOWN PA 15905	25-1512111	501C3	68,250				
(4)	STEVENS MEMORIAL HOLY CHURCH 314 WILLIAM PENN AVENUE JOHNSTOWN PA 15901	84-4154395	501C3	18,000				
(5)	STONYPREEK-QUEMAHONING INITIATIVE PO BOX 218 JOHNSTOWN PA 15907-0218	26-1999591	501C3	9,000				
(6)	TACOMA COMMUNITY COLLEGE FOUNDATION 6501 SOUTH 19TH STREET TACOMA WA 98466	91-6073780	501C3	9,000				
(7)	THE INCLINED PLANE, INC. 711 EDGEHILL DRIVE JOHNSTOWN PA 15905	25-1479221	501C3	8,020				
(8)	THE LEARNING LAMP 2025 BEDFORD STREET JOHNSTOWN PA 15904	20-0306745	501C3	181,879				
(9)	THE NEIGHBORHOOD ACADEMY 709 NORTH AIKEN AVENUE PITTSBURGH PA 15206	25-1816609	501C3	26,000				

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)**

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOUNDATION OF GREATER
JOHNSTOWN

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047
2023
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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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	THE OPEN DOOR PRESBYTERIAN CHURCH/ 801 NORTH NEGLEY AVE. PITTSBURGH PA 15206	80-0251543	501C3	15,000				
(2)	THE PENNSYLVANIA STATE UNIVERSITY 200 INNOVATION BLVD. UNIVERSITY PARK PA 16802	24-6000376	501C3	24,000				
(3)	THE PITTSBURGH PROJECT 2801 N CHARLES ST. PITTSBURGH PA 15214	25-1594578	501C3	15,000				
(4)	THE SALVATION ARMY 700 NORTH BELL AVENUE CARNEGIE PA 15106	13-5562351	501C3	23,250				
(5)	THE WATERSMITH GUILD 20 BROMLEY CIR CHESWICK PA 15024	86-3688682	501C3	11,500				
(6)	TORRANCE STATE HOSPITAL STATE ROUTE 1014 TORRANCE PA 15779	03-0462322		6,920				
(7)	TURKEYFOOT VALLEY HISTORICAL SOCIETY PO BOX 44 CONFLUENCE PA 15424	14-1857617	501C3	9,000				
(8)	UNION PROJECT 801 NORTH NEGLEY AVENUE PITTSBURGH PA 15206	71-0890471	501C3	10,000				
(9)	UNITED JEWISH APPEAL 362 SWANK ROAD HOLLSOPPLE PA 15935	13-1624240	501C3	147,100				

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)**

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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	UNITED WAY OF THE SOUTHERN ALLEGHEN 422 MAIN STREET JOHNSTOWN PA 15901	25-0965383	501C3	42,000				
(2)	UNIVERSITY OF PITTSBURGH PO BOX 640458 PITTSBURGH PA 15264-0458	25-0965591	501C3	25,750				
(3)	UNIVERSITY OF PITTSBURGH AT JOHNSTO 450 SCHOOLHOUSE ROAD JOHNSTOWN PA 15904	25-0965591	501C3	51,460				
(4)	URBAN IMPACT FOUNDATION 801 UNION PLACE PITTSBURGH PA 15212	25-1752269	501C3	25,000				
(5)	VERLAND FOUNDATION, INC. 212 IRIS ROAD SEWICKLEY PA 15143	25-1440761	501C3	60,000				
(6)	VETERAN COMMUNITY INITIATIVES, INC. 727 GOUCHER STREET JOHNSTOWN PA 15905-3025	25-1710318	501C3	5,250				
(7)	VICTIM SERVICES INC. 638 FERNDAL AVE JOHNSTOWN PA 15905	25-1509595	501C3	71,270				
(8)	VIRGINIA ORGANIZING, INC. 703 CONCORD AVENUE CHARLOTTESVILLE VA 22903-5208	54-1674992	501C3	74,580				
(9)	VISION TOGETHER 2025 416 MAIN STREET JOHNSTOWN PA 15901	86-2457287	501C3	50,500				

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)**

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOUNDATION OF GREATER
JOHNSTOWN

**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.

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OMB No. 1545-0047

2023

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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	WESTERN PENNSYLVANIA DIAPER BANK 201 N. BRADDOCK AVE., #124 PITTSBURGH PA 15208	35-2461923	501C3	10,000				
(2)	WESTMONT HILLTOP SCHOOL DISTRICT 200 FAIR OAKS DRIVE JOHNSTOWN PA 15905	25-6010578		20,322				
(3)	WEST VIRGINIA RIVERS COALITION, INC 3501 MACCORKLE AVE. CHARLESTON WV 25304	52-1736621	501C3	40,000				
(4)	WEST VIRGINIA UNIVERSITY FOUNDATION PO BOX 1650 MORGANTOWN WV 26507-1650	55-6017181	501C3	50,000				
(5)	WINDBER AREA SCHOOL DISTRICT 2301 GRAHAM AVENUE WINDBER PA 15963	25-6003541		15,100				
(6)	WINDBER BOROUGH MUNICIPAL AUTHORITY 1605 GRAHAM AVENUE WINDBER PA 15963	27-2171575		16,800				
(7)	WOMANSPACE EAST, INC. PO BOX 53009 PITTSBURGH PA 15219	25-1314836	501C3	11,790				
(8)	WOMEN FOR A HEALTHY ENVIRONMENT 401 N HIGHLAND AVENUE PITTSBURGH PA 15206	47-2651553	501C3	71,250				
(9)	WOMEN'S HELP CENTER 809 NAPOLEON STREET JOHNSTOWN PA 15901	25-1475092	501C3	17,773				

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)**

Department of the Treasury
Internal Revenue Service

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

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

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

OMB No. 1545-0047

2023

**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.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	YWCA OF GREATER JOHNSTOWN 526 SOMERSET STREET JOHNSTOWN PA 15901	25-0965636	501C3	30,445				
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 SCHOLARSHIPS	63	43,575			
2					
3					
4					
5					
6					
7					

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

SCHEDULE J
(Form 990)

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

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATION OF GREATER JOHNSTOWN

Employer identification number
25-1637373

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/>	First-class or charter travel		
<input type="checkbox"/>	Travel for companions		
<input type="checkbox"/>	Tax indemnification and gross-up payments		
<input type="checkbox"/>	Discretionary spending account		
<input type="checkbox"/>	Housing allowance or residence for personal use		
<input type="checkbox"/>	Payments for business use of personal residence		
<input type="checkbox"/>	Health or social club dues or initiation fees		
<input type="checkbox"/>	Personal services (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"/>	Independent compensation consultant		
<input type="checkbox"/>	Form 990 of other organizations		
<input type="checkbox"/>	Written employment contract		
<input type="checkbox"/>	Compensation survey or study		
<input checked="" type="checkbox"/>	Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?		X
c	Participate in or receive payment from an equity-based compensation arrangement?		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?		X
b	Any related organization?		X
	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?		X
b	Any related organization?		X
	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		X
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		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

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

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

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	MICHAEL KANE EXECUTIVE DIRECTOR	1,896,679	0	0	0	69,538	2,596,217	0
2								0
3								0
4								0
5								0
6								0
7								0
8								0
9								0
10								0
11								0
12								0
13								0
14								0
15								0
16								0

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.

Lined area for supplemental information with horizontal dotted lines.

**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

2023**Open to Public
Inspection**

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

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.

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.

Name of the organization COMMUNITY FOUNDATION OF GREATER	Employer identification number 25-1637373
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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.

FORM 990, PART IX, LINE 24E - OTHER EXPENSES

DESCRIPTION

TOT/PROG SERVICE	MGT & GENERAL	FUNDRAISING
REIMAGINE APPALACHIA FUND		
\$ 668,451	\$ 0	\$ 0
COGO FUND		
\$ 559,165	\$ 0	\$ 0
CANCER & ENVIRONMENTAL		
\$ 252,227	\$ 0	\$ 0
SOUTHWESTERN PA MUNICIPAL		
\$ 251,859	\$ 0	\$ 0
TRUE TRANSITION FUND		
\$ 211,369	\$ 0	\$ 0
ACCAN FUND		
\$ 57,103	\$ 0	\$ 0
MEMBERSHIPS		
\$ 14,609	\$ 11,362	\$ 6,493
BAD DEBT EXPENSE		
\$ 22,415	\$ 0	\$ 0

Name of the organization

Employer identification number

COMMUNITY FOUNDATION OF GREATER

25-1637373

ANNUITY PAYMENT EXPENSE

\$ 6,415 \$ 4,989 \$ 2,851

MEALS & ENTERTAINMENT

\$ 6,387 \$ 4,968 \$ 2,839

TRAINING EXPENSES

\$ 0 \$ 9,225 \$ 0

MISCELLANEOUS

\$ 3,402 \$ 2,646 \$ 1,512

SOMERSET COUNTY OUTREACH

\$ 0 \$ 3,140 \$ 3,140

CAPITAL EXPENDITURES

\$ 0 \$ 4,871 \$ 0

BEDFORD CO ENDOW EXPENSES

\$ 0 \$ 1,925 \$ 1,925

URS REGISTRATION

\$ 1,605 \$ 1,249 \$ 714

TOTAL

\$ 2,055,007 \$ 44,375 \$ 19,474

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue Service

**Open to Public
Inspection**

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

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

COMMUNITY FOUNDATION OF GREATER
JOHNSTOWN

Employer identification number
25-1637373

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

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(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?	
							Yes	No
(1)	FOUNDATION OF PA WATERSHEDS 216 FRANKLIN STREET, SUITE 400 20-8746105 JOHNSTOWN PA 15901	CHARITY	PA	501C3	12A	N/A		X
(2)	FRACTRACKER ALLIANCE 216 FRANKLIN STREET, SUITE 400 80-0844297 JOHNSTOWN PA 15901	CHARITY	PA	501C3	12A	N/A		X
(3)	SOUTHWEST PA ENVIRONMENTAL HEALTH 216 FRANKLIN STREET, SUITE 400 47-2505177 JOHNSTOWN PA 15901	CHARITY	PA	501C3	12A	N/A		X
(4)	THE JOHN P. MURTHA FOUNDATION 216 FRANKLIN STREET, SUITE 400 27-2240516 JOHNSTOWN PA 15901	CHARITY	PA	501C3	12A	N/A		X
(5)	REGIONAL PROPERTY HOLDING COMPANY 216 FRANKLIN STREET, SUITE 400 82-4854729 JOHNSTOWN PA 15901	REAL PROP	PA	501C2	12A	N/A		X

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

**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.

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATION OF GREATER
JOHNSTOWN

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

Employer identification number
25-1637373

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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?	
							Yes	No
(1)	PITTSBURGH FOOD POLICY COUNCIL 216 FRANKLIN STREET, SUITE 400 JOHNSTOWN PA 15901 87-4829271	CHARITY	PA	501C3	12A	N/A		X
(2)								
(3)								
(4)								
(5)								

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

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.

Table with 10 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate alloc.; (i) Code V-UJI amount; (j) General or managing partner?; (k) Percentage ownership.

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

Table with 8 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership; (i) Section 512(b)(13) controlled entity?.

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		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		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-e)	(c) Amount involved	(d) Method of determining amount involved
(1)	SCHEDULE R PART II	0		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?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
					Yes	No			Yes	No		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														

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

Lined area for supplemental information.