			** PUBL	IC DISCLOSURE CO	PY **		
	0	00	Return of Orgai	nization Exempt I	From I	ncome Tax	OMB No. 1545-0047
Forr	n Y	90	Under section 501(c), 527, or 494	7(a)(1) of the Internal Revenue	Code (exc	ept private foundation	ns) 2022
				curity numbers on this form a			Open to Public
		of the Treasury nue Service	Go to www.irs.gov/	Form990 for instructions and	the latest in	formation.	Inspection
AF	or the	e 2022 calend	ar year, or tax year beginning	JUL 1, 2022 and	ending J	UN 30, 2023	
	heck if	C Name o	f organization			D Employer identifi	cation number
а	pplicabl	THE	UNITED WAY OF SOUT	HWESTERN			
	Addre	e PENN	SYLVANIA				
	Name chang	e Doing b	usiness as			25-10435	78
	Initial return	Number	and street (or P.O. box if mail is not de	elivered to street address)	Room/suite	E Telephone numbe	r
	Final return		PENN AVENUE, P.O.	BOX 735		(412)261	-6010
	termir ated	City or t	own, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	55,267,935.
	Amen	PIII	SBURGH, PA 15230-	0735		H(a) Is this a group r	eturn
	Applic tion	F Name a	nd address of principal officer: BOE	BBI WATT GEER, PH	HD	for subordinates	s? Yes X No
-	pendi	SAME	AS C ABOVE			H(b) Are all subordinates in	ncluded? Yes No
IT	ax-ex	empt status:) (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
	Vebsi		UWSWPA.ORG			H(c) Group exemption	
				ssociation Other	L Year	of formation: 1974	V State of legal domicile: PA
Pa	rt I	Summary					
Ð	1		be the organization's mission or mos				
Governance		PENNSYL	VANIA, SERVING ALL		And the second se	The second s	
erne	1.000	Check this bo	-	ontinued its operations or dispos	sed of more	than 25% of its net as	1
OVe			ting members of the governing body				71
ی م			lependent voting members of the go				71
Activities &			of individuals employed in calendar				112
iviti			of volunteers (estimate if necessary)				7021
Act			d business revenue from Part VIII, co			<u>7a</u>	0.
	b	Net unrelated	business taxable income from Form	990-T, Part I, line 11			0.
						Prior Year	Current Year
e	8					35,725,067.	30,361,243.
Revenue				х •		4,502,005.	5,000,770.
Rev			come (Part VIII, column (A), lines 3, 4			893,569.	1,240,747.
			e (Part VIII, column (A), lines 5, 6d, 8d			21,751.	4,744.
			- add lines 8 through 11 (must equa			41,142,392.	36,607,504.
			milar amounts paid (Part IX, column			22,413,655.	19,805,958.
			to or for members (Part IX, column (/	// /		0.7,178,681.	0.
ses			r compensation, employee benefits (1,170,001.	7,904,700.
ens	16a		undraising fees (Part IX, column (A),		07	<u> </u>	0.
Expen	b		ing expenses (Part IX, column (D), lin			0 116 220	6 010 000
-			es (Part IX, column (A), lines 11a-11d			8,416,328. 38,008,664.	6,919,988.
			s. Add lines 13-17 (must equal Part			3,133,728.	34,630,646.
_ v		Revenue less	expenses. Subtract line 18 from line	12		ginning of Current Year	1,976,858.
Net Assets or Fund Balances	20	Total assats /	Part V line 16)			71,821,513.	End of Year 78,228,919.
Asse Bala	20		Part X, line 16) ; (Part X, line 26)			18,737,630.	18,412,494.
let /	21 22		fund balances. Subtract line 21 from	lin - 00	······	53,083,883.	59,816,425.
1000	rt II	Signature		1 Ime 20		55,005,005.	,010,425.
			I declare that I have examined this return	including accompanying scheduler	e and stateme	ante and to the bast of m	v knowledge and helief, it is
			. Declaration of preparer (other than offic				y knowledge and beller, it is
<u></u>	001100	Ball		er) is based on an information of wi	non preparer	Non-second second s	23
Sigr		Signature of of	ficer			Date	
Here		BOBBI W		STDENT AND CEO			
nen	5	Type or print n					
		Print/Type pre		Preparer's signature	T	Date Check	PTIN
Paid			J. PETRELL	JEFFREY J. PETRI		2/05/23	
Prep		Firm's name	BAKER TILLY US, L				9-0859910
Use		Firm's address				THUISEIN J	<u> </u>
000	y	1 111 3 adule 55	PITTSBURGH, PA 15			Phone no 41	2.697.6400
May	the I	RS discuse this	s return with the preparer shown abo				X Yes No
·····			and property showing able				ICS NO

232001 12-13-22	LHA	For Paperwork Reduction Act Notice, see the separate instructions.
202001 12 10 22	hast to t	Tor Tupor none reduction Not notice, see the separate instructions,

X Yes No Form **990** (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	THE UNITED WAY OF SOUTHWESTERN 1990 (2022) PENNSYLVANIA 25-1043578 Page 2
	rt 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:
-	THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA, SERVING ALLEGHENY,
	BUTLER, WESTMORELAND, FAYETTE AND ARMSTRONG COUNTIES, LEADS AND
	MOBILIZES THE CARING POWER OF INDIVIDUALS, THE BUSINESS COMMUNITY AND
	ORGANIZATIONS TO HELP LOCAL PEOPLE IN NEED IMPROVE THEIR LIVES.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ?
~	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 \$ 6,722,861. including grants of \$ 3,266,500.) (Revenue \$
	MEETING BASIC NEEDS
	WHEN YOU CAN'T PUT FOOD ON THE TABLE OR BE CERTAIN WHERE YOUR FAMILY
	WILL LIVE TOMORROW, UNITED WAY OF SOUTHWESTERN PENNSYLVANIA IS THERE.
	WE HELP PEOPLE ACCESS BASIC HUMAN NEEDS SUCH AS SHELTER, SAFETY, AND
	NUTRITIOUS FOOD. THESE ARE THE CRITICAL ISSUES THAT DISPROPORTIONATELY
	AFFECT PEOPLE OF COLOR AND WIDEN OUR COMMUNITY'S RACIAL DIVIDE. FOR
	MANY FAMILIES, ALL IT TAKES IS A SUDDEN JOB LOSS OR AN UNEXPECTED
	MEDICAL EXPENSE TO SPIRAL INTO LONG-TERM FINANCIAL INSTABILITY AND
	DESPAIR. ACROSS OUR REGION, UNITED WAY RESPONDS TO PEOPLE'S CRITICAL
	NEEDS WHEN THEY DON'T KNOW WHERE ELSE TO TURN. WE WORK EVERY DAY TO
	PREVENT PERSONAL SUFFERING AND PRESERVE HUMAN DIGNITY.
4b	
	BUILDING FOR SUCCESS IN SCHOOL AND LIFE
	EVERY CHILD SHOULD HAVE THE OPPORTUNITY TO LEARN AND ACHIEVE TO THE
	BEST OF THEIR ABILITY. BUT WHILE MANY CHILDREN GROW UP WITH THE SUPPORT
	AND STRUCTURE NEEDED TO SUCCEED, NOT EVERY CHILD IS AS FORTUNATE.
	UNITED WAY OF SOUTHWESTERN PENNSYLVANIA WORKS TO ADDRESS DISPARITIES IN
	EDUCATIONAL AND SOCIAL OPPORTUNITIES THAT OFTEN FALL ALONG RACIAL
	LINES. WE ARE THERE TO HELP THE DAUGHTER OF A WORKING SINGLE MOTHER BE
	SCHOOL-READY GOING INTO KINDERGARTEN, AS WELL AS THE TEEN WHO NEEDS A
	SAFE SPACE AFTER SCHOOL AND A POSITIVE ROLE MODEL TO HELP HIM REACH HIS
	POTENTIAL, EARN A DIPLOMA, AND PLAN A CAREER.
4.0	(Code:) (Expenses \$4,919,558 • including grants of \$2,390,312 • _) (Revenue \$
40	(Code:) (Expenses \$4,919,558. including grants of \$2,390,312.) (Revenue \$ MOVING TO FINANCIAL STABILITY
	FOR MANY FAMILIES THEM MAKING ENDE MEEM EVERY MONMUL CAN FREE
	FOR MANY FAMILIES, JUST MAKING ENDS MEET EVERY MONTH CAN FEEL OVERWHELMING. LIKE THE SINGLE MOTHER WHO LIVES IN FEAR OF A MAJOR AUTO
	REPAIR BILL. OR THE FAMILY WHO CAN'T OVERCOME A SUDDEN REDUCTION OF
	WORK HOURS. UNITED WAY OF SOUTHWESTERN PENNSYLVANIA HELPS CREATE A PATH
	TO A MORE FINANCIALLY SECURE FUTURE WITH PRACTICAL TOOLS SUCH AS ACCESS
	TO CHILDCARE AND BUDGET PLANNING SO THEY CAN BETTER PROVIDE FOR
	THEMSELVES AND THEIR FAMILY LONG TERM. ALONG WITH OUR COMMUNITY
	PARTNERS, WE WORK TO REMOVE BARRIERS FOR PEOPLE OF ALL ABILITIES TO
	PARTNERS, WE WORK TO REMOVE BARRIERS FOR PEOPLE OF ALL ABILITIES TO SECURE MEANINGFUL EMPLOYMENT. WE HELP YOUNG MOTHERS ADJUST TO LIFE AS A
	PARTNERS, WE WORK TO REMOVE BARRIERS FOR PEOPLE OF ALL ABILITIES TO
4d	PARTNERS, WE WORK TO REMOVE BARRIERS FOR PEOPLE OF ALL ABILITIES TO SECURE MEANINGFUL EMPLOYMENT. WE HELP YOUNG MOTHERS ADJUST TO LIFE AS A
4d	PARTNERS, WE WORK TO REMOVE BARRIERS FOR PEOPLE OF ALL ABILITIES TO SECURE MEANINGFUL EMPLOYMENT. WE HELP YOUNG MOTHERS ADJUST TO LIFE AS A PARENT AND OLDER ADULTS WITH SUPPORT THEY NEED TO LIVE ALONE. IN Other program services (Describe on Schedule O.)
	PARTNERS, WE WORK TO REMOVE BARRIERS FOR PEOPLE OF ALL ABILITIES TO SECURE MEANINGFUL EMPLOYMENT. WE HELP YOUNG MOTHERS ADJUST TO LIFE AS A PARENT AND OLDER ADULTS WITH SUPPORT THEY NEED TO LIVE ALONE. IN Other program services (Describe on Schedule O.) (Expenses \$ 11,275,346. including grants of \$ 11,155,476.) (Revenue \$ 5,000,770.)
	PARTNERS, WE WORK TO REMOVE BARRIERS FOR PEOPLE OF ALL ABILITIES TO SECURE MEANINGFUL EMPLOYMENT. WE HELP YOUNG MOTHERS ADJUST TO LIFE AS A PARENT AND OLDER ADULTS WITH SUPPORT THEY NEED TO LIVE ALONE. IN Other program services (Describe on Schedule O.) (Expenses \$ 11,275,346. including grants of \$ 11,155,476.) (Revenue \$ 5,000,770.) Total program service expenses 29,079,109.
4e	PARTNERS, WE WORK TO REMOVE BARRIERS FOR PEOPLE OF ALL ABILITIES TO SECURE MEANINGFUL EMPLOYMENT. WE HELP YOUNG MOTHERS ADJUST TO LIFE AS A PARENT AND OLDER ADULTS WITH SUPPORT THEY NEED TO LIVE ALONE. IN Other program services (Describe on Schedule O.) (Expenses \$ 11,275,346. including grants of \$ 11,155,476.) (Revenue \$ 5,000,770.)
4e	PARTNERS, WE WORK TO REMOVE BARRIERS FOR PEOPLE OF ALL ABILITIES TO SECURE MEANINGFUL EMPLOYMENT. WE HELP YOUNG MOTHERS ADJUST TO LIFE AS A PARENT AND OLDER ADULTS WITH SUPPORT THEY NEED TO LIVE ALONE. IN Other program services (Describe on Schedule O.) (Expenses \$ 11,275,346. including grants of \$ 11,155,476.) (Revenue \$ 5,000,770.) Total program service expenses 29,079,109.

Form 990 (2022) PENNSYLVANIA
Part IV Checklist of Required Schedules

1 the organization described in section 501(k)0 or 4947(q)1 (other than a private foundation)? 1 X 2 the organization engage in direct in index political campage activities on behalf of or in oppositon to candidates for public office? If "Yes," complete Schedule 0, Part I 3 X 3 Sectors 501(k)3 organization. Did the organization asseed in 501(k) organization angage in tobbying activities, or have a section 501(k) election in effect 4 X 4 Sectors 501(k) organization. Did the organization asseed and 01(k), 501(k) 05 (c) 600 or organization that receives membership dues, assessments, or small and an organization activation and dos or any similar functs or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or associatin funds or associatin funds or accounts for which donors have the right to provide advice on the distribution or investment a amount in such funds or associatin funds or association funds or associati funds or associati funds or association funds or associa				Yes	No
2 Is the organization engage in direct o indirect policial campaign activities on behalf of or inopposition to candidates for public official 'th''ves,' complete Schedule C, Part I 3 X 3 Did the organization engage in direct on indirect policial campaign activities, on have a section 501(h) election in effect 3 X 4 Section 501(k)(k) organizations. Did the organization engage in kobying activities, or have a section 501(h) election in effect 4 X 5 Is the organization ascelina 61 (k)(k). 501(k)(k) or 501(k) or 501(k)(k) or 501(k)(k) or 501(k) or 501(k)(k) or 501(k)(k) or 501(k) or 501(k)(k) or 501(k) or 501	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
 3 Dit the organization regrege in direct or indirect positical campaign activities on behalf of or in opposition to candidates for public official "I "Yes," complete Schedule C, Part II 4 Section 501(b) organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect of uring the tax year? If "Yes," complete Schedule C, Part II 6 Did the organization assection 2016(b) egistration that receives membership dues, assessments, or animal arounds an edition to (Ves), 601(c)(b) effection or investment of anounts in such funds or any smith runds or accounts for which donors have the right to provide advice on the distribution or investment of anounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of anounts in such funds or accounts for which donors have the right to provide advice on the distribution arounds and art. Initiatorial treasures, or other similar assets? If "Yes," complete Schedule D, Part II 9 Did the organization negate an anount in Part X, line 21, for second or custodial account liability, serve as a custodian for amounts on tarking or the organization, need or ganization. Includ assets in donorrestricted endowments or of nuotas endowments? If "Yes," complete Schedule D, Part IV 9 Did the organization report an anount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part IV 10 Did the organization report an anount for investments - program related In Part X, line 119, If "Yes," complete Schedule D, Part VI 10 Did the organization report an anount for investments - program related In Part X, line 13, that is 5% or more of its total assets reported In Part X, line 17, If "Yes," complete Schedule D, Part VI 11 Did the organization report an anount for investments. Program related In Part X, line 16? If "Yes," complete Schedule D, Part VI 11 Did the	_				
public office // trys; "complete Schedule C, Part / 3 X 4 Section 501(c)(3) organizations. D dite organization engage in lobbying activities, or have a section 501(c)(6) disection in effect 4 X 5 Is the organization a section 501(c)(6), of 501(c)(6), organization that receives membership dues, assessments, or similar announts as defined in Nev. Proc. 59 197 /r vs; "complete Schedule C, Part II. 6 X 5 6 Did the organization annotin and annot in substants of anounts in such thad or accounts for which donors have the right to b provide active on the distribution or investment of anounts in such tudied organization. The reserve or hold a conservation essement, including essements to preserve open space, the environment, historic late association of anounts in such tudied organization. Figure 20, provide credit compare, or orgative association services? 7 X 8 Did the organization report an amount in Part X, line 21, for earcow or custodial account liability, serve as a custodian for amounts not listed in Part X, pres 2, complete Schedule D, Part II. 8 X 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes, "complete Schedule D, Part X. 10 X 11 the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes, "complete Schedule D, Part X. 11a X 12 Ub the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes, "complete Schedule D, Part X. 11a X </td <td></td> <td></td> <td>2</td> <td><u>X</u></td> <td></td>			2	<u>X</u>	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 4 X 5 Is the organization a section 501(h)(h, 501(a)(b), or 501(a)	3				v
during the tax year? If Yes, * complete Schedule C, Part II 4 X 5 is the organization a section S(10(4)),50(10(4),50(10(4)),50			3		<u> </u>
5 Is the organization a sector S01(c)(4), 501(c)(5), or S01(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 99-197 if "Yes," complete Schedule C, Part II 5 X 6 Did the organization market any domor advessed funds or any similar tonds or accounts? If "Yes," complete Schedule D, Part II 6 X 7 XX 8 Did the organization neeron of hold a conservation funding easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 9 Did the organization neither of through a related organization, hold assert or through a related organization, serve as a custodian for amounts not listed in Part X, ine 21, for secrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide cedit counseling, det management, credit repair, or det negolitation services? 9 X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "yes," complete Schedule D, Part VI 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 147 "Yes," complete Schedule D, Part VI 10 X 11 If the organization report an amount for rinvestments - other securities in Part X, line 12, that is 5% or more of its total assets reported i	4			v	
eminal amounts as defined in Rev. Proc. 98-197, #*xs*, complete Schedule Q, Part II 5 X 6 Did the organization maintain any domer advised funds or any similar funds or accounts? If **xs*, complete Schedule D, Part II 6 X 7 Did the organization releave or hold a conservation easement, including easements to preserve open space, the environment, historical treasures, or other similar assets? If *Ycs*, complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If *Ycs*, complete Schedule D, Part II 8 X 9 Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi endowments? if *Ycs*, complete Schedule D, Part IV 8 X 10 Id the organization answer to any of the following questions is *Ycs*, then complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - other securities in Part X, line 10? If *Ycs*, complete Schedule D, Part V 10 X 12 Ub the organization report an amount for investments - other securities in Part X, line 10? If *Ycs*, complete Schedule D, Part V 11 X 13 X Did the organization report an amount for investments - program related in Part X, line 10? If *Ycs*, complete Schedule D, Part V 11 <td>-</td> <td></td> <td>4</td> <td></td> <td></td>	-		4		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II B X 7 Did the organization receive on todia a conservation esament, including esaments in such funds or accounts? If "Yes," complete Schedule D, Part II R X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II R X 9 Did the organization maintain any donor adviced redit counseling, debt management, credit repair, or debt negotiation services? F X 9 Did the organization adviced or through a related organization. Includ assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11a X 11 Did the organization report an amount for investments - order securities in Part X, line 10? If "Yes," complete Schedule D, Part V 11a X 11 Did the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part X 11a X 111 Did the organization seport In Part X, line 10? If "Yes," complete Schedule	5		-		v
provide advice on the distribution or investment of amounts in such funds or account? If "Yes," complete Schedule D, Part I 6 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? II "Yes," complete Schedule D, Part II 6 X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts no listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 8 X 10 Did the organization directly or through a related organization, hold assets in doncr-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V 10 X 11 the organization indexity or through a related organization, hold assets in doncr-restricted endowments 10 X 12 Did the organization report an amount for investments - organize factority or through a related on part X, line 10? If 'Yes,' complete Schedule D, Part VI 10 X 13 X 10 X 11 X 14 X 11 X 11 X 15 Did the organization report an amount for investments - organize related in Part X, line 12? If 'Yes,' complete Schedule D, Part X	6		5		
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 8 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? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 11 It me organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11a X 12 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11a X 13 Did the organization report an amount for investments in Part X, line 27, If "Yes," complete Schedule D, Part VI 11a X 14 V Did the organization schedul encomplete Schedule D, Part VI 11a X	0		6	x	
the environment, historic at areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide crafts counseling, debt management, craft repair, or debt negotiation services? 8 X 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide crafts counseling, debt management, craft repair, or debt negotiation services? 9 X 10 Did the organization report an amount for link publicity, serve as a custodian for amounts not includy of the following questions is "Yes," then complete Schedule D, Part VI 10 X 11 If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 11 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11a X 11 Did the organization report an amount for investments - other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X 11 Did the organization separate, independent audited financial statements for the tax year? If "Yes," complete Sch	7		0		
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? #'Yes, 'complete Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrew 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? 9 X 10 Did the organization's answer to any of the following questions is "Yes," than complete Schedule D, Part V, UII, VIII, IX, or X, as applicable. 10 X 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16% if Yes, "complete Schedule D, Part VI 11 X 11 Did the organization report an amount for lond, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16% if Yes, "complete Schedule D, Part VI 11 X 11 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16% if Yes, "complete Schedule D, Part X 11 X 12 Did the organization schedule in Consolidated financial statements for the tax year include a footnot that addresses the organization schedule in Consolidated, independent audited financial statements for the tax year? If Yes, "complete Schedule D, Part X 11 X 12 <td>'</td> <td></td> <td>7</td> <td></td> <td>x</td>	'		7		x
Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodial or amounts on listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 9 Did the organization, directly or through a related organization, hold assets in donorrestrided endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 11 X 13 X Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 11 X 14 X Did the organization report an amount for there assets in Part X, line 27, If 'Yes,' complete Schedule D, Part X 116 X 15 Did the organization is biaity for uncertain tax positions under FIN 48 (ASC 740? If 'Yes,' complete Schedule D, Part X 116 X 14 Did the organization oncluded in consolidated, independent audited financial statements for the tax yea? 111 X <td>8</td> <td></td> <td></td> <td></td> <td></td>	8				
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? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? 10 X 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VIII, VII, VIII, VIIII, VIII, VIIII, VIIII, VIIII, VIIII, VIIII, VIII, VIIII, VIIII, VI	Ū		8		x
amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 9 X 11 If the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization, directly or through a related organization, should assets in donor-restricted endowments? 10 X 11 If the organization, directly or through a related organization, should assets in Part X, line 10? If "Yes," complete Schedule D, Part V 11 X 12 Did the organization report an amount for investments - other securits in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 X 13 Did the organization report an amount for investments - other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 114 X 14 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 114 X 15 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 114 X 16 Did the organi	9				
If "Yes," complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments" or in quasi endowments? 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VIII, VII, VI, VII, VII, VII, VII,	Ŭ				
10 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? If "res," complete Schedule D, Part V 10 X 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VII, VII, VII, VII, VII			9		х
or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, as applicable. 11a X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11b 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? If "Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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? If "Yes," complete Schedule D, Part VIII 11c X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X 12a Did the organization iscluded in consolidated financial statements for the tax year? 11f X 13 Is the organization included in consolidated, independent audited financial statements for the tax year? 12a X 14a Did the organization as achool described in section 170b(h(1)A(ii)? If "Yes," complete Schedule D, Part X 12a X 14a Did the organization oneport	10		<u> </u>		
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, as applicable. 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part VII 11a 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? If "Yes," complete Schedule D, Part VIII 11c X c Did the organization report an amount for other assets in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11d X d Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X e Did the organization separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11f X 12b Draw and VII Did the organization asset sector 40% (VIII) If "Yes," complete Schedule D, Part X XI as optional 11t X 12a Did the organization asset and XII Did the organization asset asset in CPOI(VIII) If "Yes," complete Schedule D, Part X XI and XIIII 11d X 12a			10	x	
as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 11a 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? If "Yes," complete Schedule D, Part VII 11b 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? If "Yes," complete Schedule D, Part VII 11c 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? If "Yes," complete Schedule D, Part X 11c X e Did the organization report an amount for other assets in Part X, line 25? If "yes," complete Schedule D, Part X 11e X f Did the organization separate, independent audited financial statements for the tax year include a footnote that addresses the organization included in consolidated, independent audited financial statements for the tax year? 11f X b Did the organization included in consolidated, independent audited financial statements for the tax year? 12a X f Was, and if the organization ascelin 1700/U/(V/Wi)? "Yes," complete Schedule D, Part X and XII 2b X 14a X 14a X 14a X 15	11	If the organization's answer to any of the following questions is "Yes." then complete Schedule D. Parts VI. VII. VII. IX. or X.			
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a 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? If "Yes," complete Schedule D, Part VII 11b 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? If "Yes," complete Schedule D, Part VII 11c 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? If "Yes," complete Schedule D, Part X 11c X f Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d X 12a Did the organization report an amount for other lastifities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X 12a Did the organization islability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? 11f X 13 If Yes, " and XII Yes," and XII is optional 13s X					
Part VI 11a 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? If "Yes," complete Schedule D, Part VII 11b 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? If "Yes," complete Schedule D, Part VII 11c 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? If "Yes," complete Schedule D, Part X 11c X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization neluded in consolidated, independent audited financial statements for the tax year? 11f X 12a Did the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E 12a X 13 Is the organization neotion eport on Part X, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 14a X 14 Did the organization report on Part X, column (A), line 3, more than \$5,000 of grants or other as	а				
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? // *'yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for investments - orgam related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // *'yes," complete Schedule D, Part VIII 11c 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? // *'yes," complete Schedule D, Part X 11d X e Did the organization report an amount for other liabilities in Part X, line 25? // *'yes," complete Schedule D, Part X 11d X e Did the organization 's lability for uncertain tax positions under FIN 48 (ASC 740)? // *'yes," complete Schedule D, Part X 11d X 12a Did the organization obtain separate, independent audited financial statements for the tax year? 11f X 12a X If the organization aschool described in section 1700(b)(1)(A)(A)(P)? /f *'Yes," complete Schedule D, Part X 12a X 13 Ste organization nave agregate revenues or expenses of more than \$10,000 form grantmaking, fundraising, business, investment, and program service activities outside the United States? 14a X 14 Did the organization mapter AL, columm (A), line 3, more than			11a	Х	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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? If "Yes," complete Schedule D, Part X 11c X e Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11t X f Did the organization othin separate or consolidated financial statements for the tax year include a tootnote that addresses the organization bala separate, independent audited financial statements for the tax year? 11t X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? 11t X 13 Is the organization aschool described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule D, Part X and XII is optional 12a X 14a Did the organization naintain an office, employees, or agents outside of the United States? 14a X 14b X Old the organization report on Part IX, column (A), line 3, more than \$5,000 of garets or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 15 Did the organization report on Part IX, column (A), li	b				
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? /f "Yes," complete Schedule D, Part VIII 11t 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? /f "Yes," complete Schedule D, Part X 11t X e Did the organization report an amount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X 11t X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization in obtain separate, independent audited financial statements for the tax year? 11t X 12a Did the organization and the organization and the organization and the organization and the organization aschool described in section 170(b)(1)(A)(ii)? /f "Yes," complete Schedule D, Part X and XII is optional 12a X 13 Is the organization aschool described in section 170(b)(1)(A)(ii)? /f "Yes," complete Schedule E 13a X 14a Did the organization naintain an office, employees, or agents outside of the United States? 14a X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garats or other assistance to or for any foreign organization? /f "Yes," complete Schedule F, Parts I and IV 15 X 16			11b		х
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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? If "Yes," complete Schedule D, Part X 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? 11t X 12a Did the organization onclude in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Part X and XII is optional 12b X 14a Did the organization as chool described in section 170(b)(1)(A)(0)? If "Yes," complete Schedule E 13 X 14a Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of ggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II 16 <	с				
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? 11t X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12a 12a Did the organization aschool described in section 170(bi(1)/\0\(ii)? If "Yes," complete Schedule E 11a X 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gagregate grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of gagregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000			11c		х
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11e X 12a Did the organization bain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII 11e X 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If III X 13 Is the organization ascool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Parts X and XII is optional 13 X 14a X Did the organization maintain an office, employees, or agents outside of the United States? 14a X 14a 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule G, Part I and IV 16 X 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV	d				
 e Did the organization report an amount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? /f "Yes," complete Schedule D, Part X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? // f "Yes," and if the organization a school described in section 170(b)(11)(A)(ii)? /f "Yes," complete Schedule D, Parts XI and XII b Was the organization a school described in section 170(b)(11)(A)(ii)? /f "Yes," complete Schedule E. 13 X 14a Did the organization namatian an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 form grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued a \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 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 individual? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report more than \$15,000 total of fundraising services on Part IX, column (A), lines 6, and 11e? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a IX 20a IX 20b Id the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a IX 20a IX 20b Id the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a IX 20b Id the organization operate one or more hospital facilities			11d	Х	
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X 12b Was the organization included in consolidated, independent audited financial statements for the tax year? 12a X 13 Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization nave aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 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? If "Yes," complete Schedule G, Part II and IV 16 X	е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X 12b X 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete 12a X 13 Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 X 14a Did the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a X b Did the organization naintain an office, employees, or ageness outside of the United States? 14a X b 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report a total of more than \$10,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 18 Did the organization report on than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, P					
Schedule D, Parts XI and XII 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 X 13 Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 14b X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I 18 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 3 (f "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of		the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
b Was the organization included in consolidated, independent audited financial statements for the tax year? 12 if "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14 Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization nave aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States? 14a 5 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 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? If "Yes," complete Schedule G, Part I. 18 X 19 Did the organization report more than \$15,000 of gross income from graning activities on Part VIII, line 9a? If "Yes," 18 X 19 Did the organization report more than \$15,000 of gross income from graning activities on Part VIII, line 9a? If "Yes," 18 X	12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 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? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I. 18 X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines to and 8a? If "Yes		Schedule D, Parts XI and XII	12a	Х	
 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b 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 individuals? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report nore than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X 	b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
 14a Did the organization maintain an office, employees, or agents outside of the United States? 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</i> "Yes," <i>complete Schedule F, Parts I and IV</i> 14a 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 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</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 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</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 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</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of grants or other assistance to this return? 20a X 20b 21 X 		If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
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</i> "Yes," <i>complete Schedule F, Parts I and IV</i> 14b 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 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</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 15 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</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 16 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</i> "Yes," <i>complete Schedule G, Part I</i> . See instructions 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 18 X 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X 20a X 20a X 21 Did the organization report more than \$15,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), lin	13		13		
investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 14b 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? If "Yes," complete Schedule F, Parts II and IV 15 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? If "Yes," complete Schedule F, Parts II and IV 16 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? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule H 20a X 19 X 20a X	14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
or more? If "Yes," complete Schedule F, Parts I and IV 14b 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? If "Yes," complete Schedule F, Parts II and IV 15 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? If "Yes," complete Schedule F, Parts III and IV 16 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? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule H 20a X	b				
 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</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 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</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 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</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a 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</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 X 		investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 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? If "Yes," complete Schedule F, Parts III and IV 16 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? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 20a XX 20a X 20a X 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule H 20a X 21 X			14b		<u> </u>
 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</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 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</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a 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</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 X 	15				
or for foreign individuals? /f "Yes," complete Schedule F, Parts III and IV 16 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? /f "Yes," complete Schedule G, Part I. See instructions 17 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? /f "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes," 19 X 20a Did the organization operate one or more hospital facilities? /f "Yes," complete Schedule H 20a X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 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? /f "Yes," complete Schedule I. Parts I and II 20a X			15		<u> </u>
 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 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> 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 II</i> 18 X 19 Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 19 Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 20a X 20b 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> 	16				
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 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? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II 21 X			16		<u> </u>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 18 X 19 Did the organization operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 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</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 X	17				37
1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X			17		<u> </u>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	18			v	
complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II 21 X	40	Tc and var If "Yes," complete Schedule G, Part II	18	~	<u> </u>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II 21 X	19				v
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II 21 X					
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II 21 X					
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			200		
	21		04	v	
	00000				0000

3

232003 12-13-22

PENNSYLVANIA

Part IV Checklist of Required Schedules (continued)

Form 990 (2022)

			Yes	No					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on								
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current								
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete								
	Schedule J	23	Х						
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the								
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete								
	Schedule K. If "No," go to line 25a	24a		X					
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b							
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease								
	any tax-exempt bonds?	24c		<u> </u>					
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>					
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit								
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X					
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and								
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete								
	Schedule L, Part I	25b		X					
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current								
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%								
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X					
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,								
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v					
~~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X					
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,								
-	instructions for applicable filing thresholds, conditions, and exceptions):								
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>								
Ь	Yes," complete Schedule L, Part IV								
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		X					
C		28c		x					
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20							
	contributions? If "Yes," complete Schedule M	30		x					
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete								
	Schedule N, Part II	32		x					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations								
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and								
	Part V, line 1	34		x					
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X					
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity								
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b							
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?								
	If "Yes," complete Schedule R, Part V, line 2	36		X					
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization								
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X					
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?								
Der	Note: All Form 990 filers are required to complete Schedule O	38	Х						
Par									
	Check if Schedule O contains a response or note to any line in this Part V		• •						
			Yes	No					
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 34 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4.5	х						
22200	(gambling) winnings to prize winners?	Eorm		(2022)					
202004		1 0111		(2022)					

4

15401205 144198 296157

THE ONTIED WAT OF SOUTHWESTERI	THE	UNITED	WAY	OF	SOUTHWESTERN
--------------------------------	-----	--------	-----	----	--------------

Form	<u>990 (2022)</u> PENNSYLVANIA 25–1043	578	P	_{age} 5							
Par	t 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 112										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х								
	b If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O										
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3b									
	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).										
52		5a		х							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		<u> </u>							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		<u> </u>							
Ua		60		x							
Ь	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch									
-	were not tax deductible?	6b		<u> </u>							
7	Organizations that may receive deductible contributions under section 170(c).	7.	Х								
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	<u> </u>							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	~	<u> </u>							
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v							
_	to file Form 8282?	7c		X							
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			37							
е	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		┝───							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>							
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		X							
9	Sponsoring organizations maintaining donor advised funds.			x							
а	a Did the sponsoring organization make any taxable distributions under section 4966?										
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X							
10	Section 501(c)(7) organizations. Enter:										
а	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:										
а	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.)										
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.										
а	Is the organization licensed to issue qualified health plans in more than one state?	13a									
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans 13b										
с	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?	15		X							
	If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х							
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, or 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?	17									
	If "Yes," complete Form 6069.										
232005	12-13-22	Form	990	(2022)							

PENNSYLVANIA

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

Form 990 (2022)

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. X

						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		71			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		71			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		nv other				
-	officer, director, trustee, or key employee?				2		x
3	Did the organization delegate control over management duties customarily performed by or under the				~		
3	of officers, directors, trustees, or key employees to a management company or other person?				3		x
					4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99				4 5		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse				-		X
6	Did the organization have members or stockholders?				6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approved more members of the governing body?	-			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto						
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?		•		8a	Х	
	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac						
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		x
ec.	tion B. Policies (This Section B requests information about policies not required by the Internal Rev				<u> </u>		
	tion 211 onoices (This Section B requests information about policies not required by the internal Rev	<u>/enue (</u>	<i>Joue.)</i>			Yes	N
0-	Did the exercitation have lead charters branches ar affiliated			1	10-	162	N X
	Did the organization have local chapters, branches, or affiliates?				10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	•					
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	e filing the f	orm?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	'es," de	scribe				
	on Schedule O how this was done				12c	Х	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	by ind	ependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	Х	
	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent wit	ha				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi		-				
	exempt status with respect to such arrangements?				16b		
bec [.]	tion C. Disclosure				100		I
17	List the states with which a copy of this Form 990 is required to be filed PA						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	4 000 -	T (agation F	01(0)(2)0	o nhuì i		
0		u 990-		01(0)(0)5	Unity)	avalla	JIE
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain		,		~		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor	nflict of	interest po	blicy, and	tinano	cial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records				
	LEONARD HAWKINS - (412)261-6010	<u> </u>					
	1250 PENN AVENUE, PO BOX 735, PITTSBURGH, PA 15230	-07	35				
						990	

THE UNITED WAY OF SOUTHWESTERN		
Form 990 (2022) PENNSYLVANIA	25-1043578	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Con	npensated	
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 wi	th or within the organization's	s tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regains 	rdless of amount of compens	ation.
Enter -0- in columns (D) (E) and (E) if no compensation was paid.		

a ottesti amport

• List all of the organization's current key employees, if any. See the 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)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Position (do not check more than one				ane	Reportable	Estimated		
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week		cer an	aaa	recto	r/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation from the
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	ruste	l trus		/ee	npen		1099-NEC)	1033-NEO)	and related
	below	dual t	Institutional trustee	-	Key employee	st co	Ŀ			organizations
	line)	Indivi	Institu	Officer	Key el	Highest compensated employee	Former			5
(1) BOBBI WATT GEER, PHD.	40.00									
PRESIDENT & CEO				Х				296,320.	0.	92,730.
(2) LINDA JONES	40.00									
SVP & SECRETARY		1		Х				170,748.	Ο.	34,404.
(3) LEONARD HAWKINS	40.00									
CFO & TREASURER		1		Х				162,570.	Ο.	42,298.
(4) TRACY GROSS	40.00									
CHIEF MARKETING OFFICER						Х		149,328.	0.	41,333.
(5) ALYSSA CHOLODOFSKY	40.00									
CHIEF PROGRAM & POLICY OFF						X		144,444.	0.	33,819.
(6) NEIL DIBIASE	40.00									
CHIEF STRATEGY OFFICER						Х		137,503.	0.	21,258.
(7) AMY FRANZ	40.00									
REGIONAL VICE PRESIDENT						X		108,170.	0.	24,878.
(8) JOE WELSH	40.00									
ASSISTANT SECRETARY & SENIOR DIRECTO				Х				99,062.	0.	32,324.
(9) WILL ALLEN	1.00									
BOARD MEMBER (UNTIL 12/31/22)		Х						0.	0.	0.
(10) KENNETH J. ALTEMUS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) STEPANIE APOSTOLOU	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) JOSIE BADGER, DHCE, CRC	1.00									
BOARD MEMBER (UNTIL 12/31/22)		Х						0.	0.	0.
(13) LEROY M. BALL	1.00									
BOARD MEMBER (UNTIL 3/3/23)		Х						0.	0.	0.
(14) KENYON R. BONNER, ED.D.	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) KENNY BONUS, CPA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) BROOKS BROADHURST	1.00									
BOARD MEMBER		Х						0.	0.	0.
(17) KERI BROWN	1.00									
BOARD MEMBER		Х						0.	0.	0.
232007 12 13 22										Form 990 (2022)

232007 12-13-22

Form 990 (2022)

7

ГНЕ	UNITED	WAY	OF	SOUTHWESTERN

DENNOVIUANTA

Form 990 (2022) PENING I LIVE									20-10	45	
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	ploye	ees,	and	Hig	hest	С	ompensated Employee	s (continued)		
(A)	(B)			(C				(D)	(E)		(F)
Name and title	Average	(do		Posit		han on		Reportable	Reportable		Estimated
	hours per	box,	unles	s pers	son is	both a	an	compensation	compensation	۱ I	amount of
	week		cer an	a a aire	ector/	'trustee	e)	from	from related		other
	(list any hours for	recto						the	organizations		compensation
	related	or di	ee		10400	sated		organization	(W-2/1099-MISC	/ز	from the
	organizations	ustee	trust		96	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		organization and related
	below	lual ti	tiona		yold r	st cor yee	<u> </u>	1000 NEO			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	(ey employee	Highest compensated employee _	Former				organizationio
(18) CHRISTINE BRYANT	1.00	_	_	_	-		_			\neg	
BOARD MEMBER		х						0.		0.	0.
(19) RAYMOND W. BUEHLER, JR.	1.00									-	
BOARD MEMBER		х						0.		0.	0.
(20) JAYME L. BUTCHER	1.00				-			•••			
BOARD MEMBER		х						0.		0.	0.
(21) FRANCINE B. CAMERON, CPA, MBA	1.00				+	_				<u> </u>	
BOARD MEMBER	1.00	х						0.		0.	0.
(22) FRANKLIN CARDENAS	1.00	23								<u> </u>	``
BOARD MEMBER	1.00	x						0.		0.	0.
(23) LOUIS R. CESTELLO	1.00	Δ			+			0.			0.
BOARD MEMBER (UNTIL 12/31/22)	1.00	x						0.		0.	0.
(24) JEFFERY P. CRAFT	1.00	23			+					<u> </u>	<u> </u>
BOARD MEMBER	1.00	х						0.		0.	0.
(25) MARIS DAUER	1.00										
BOARD MEMBER		х						0.		0.	0.
(26) VINCENT J. DELIE, JR.	1.00										
BOARD MEMBER		х						0.		0.	0.
1b Subtotal								1,268,145.		0.	323,044.
c Total from continuation sheets to Part VI								0.		0.	0.
d Total (add lines 1b and 1c)								1,268,145.		0.	323,044.
2 Total number of individuals (including but no							re		000 of reportable	t	•
compensation from the organization					,						7
											Yes No
3 Did the organization list any former officer,	director. truste	ee. k	ev e	olam	ovee.	. or h	nial	hest compensated empl	ovee on	ſ	
line 1a? If "Yes," complete Schedule J for su			•	•			Ŭ		-	- 1	3 X
4 For any individual listed on line 1a, is the su										F	
and related organizations greater than \$150	•		•					•	•	- F	4 X
5 Did any person listed on line 1a receive or a										····	-
rendered to the organization? If "Yes." com	-				-			-		- 1	5 X
Section B. Independent Contractors		201	21 00		0100						<u> </u>
1 Complete this table for your five highest cor	npensated ind	lepei	nder	nt cor	ntrac	ctors	; th	at received more than \$	100,000 of compe	ensat	ion from
the organization. Report compensation for t											
(A)	· · · · · · · · · · · · · · · · · · ·			0				(B)			(C)
Name and business	address							Description of s	ervices	C	ompensation
PEOPLE SHARE, 100 SPRINGH	OUSE DR	IV	Е,	SU	JIT	ĿΕ					
200, COLLEGEVILLE, PA 194	26							TEMPORARY ST	AFFING		842,774.
THE BUNCHER COMPANY											
P.O. BOX 768, PITTSBURGH,	PA 152	30					C	OCCUPANCY			400,781.
JUST HARVEST, 317 E. CARS	ON STRE	EΤ	, ;	SUI	TE	2					
153, PITTSBURGH, PA 15219							_	PROGRAM SERV	ICES		282,911.
IDEAL INTEGRATIONS							1	INFORMATION			
800 REGIS AVENUE, PITTSBU	<u>RGH, P</u> A	_1	<u>52</u> :	36			_	FECHNOLOGY			234,816.
ACTION HOUSING, 611 WILLI	AM PENN	P	LA	CE,			T				
SUITE 800, PITTSBURGH, PA	15219						I	PROGRAM SERV	ICES		200,000.
2 Total number of independent contractors (ir	cluding but no	ot lin	nited	to th	nose	e liste	ed	above) who received mo	ore than		

\$100,000 of compensation from the organization 11 SEE PART VII, SECTION A CONTINUATION SHEETS 11

Form 990 (2022)

232008 12-13-22

THE	UNITED	WAY	OF	SOUTHWESTERN
PENN	ISYLVAN	ΓA		

Form 990 PENNSYLV2			25-1043578							
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, a	nd H	lighe	est (Compensated Employe	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	irecto				emp		organization	(W-2/1099-MISC)	from the
	hours for	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	related organizations	ustee	trus		ee	u pen:				organizations
	below	lual tr	tiona		nploy	stcor	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former			
(27) ROBERT A. DEMICHIEI	1.00		_	_						
BOARD MEMBER		х						0.	0.	0.
(28) MICHAEL R. DENOVE	1.00									
BOARD MEMBER		х						0.	0.	0.
(29) PATRICK D. DUGAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(30) GEORGE J. FARAH	1.00									
BOARD MEMBER		Х						0.	0.	0.
(31) SYLVIA V. FIELDS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(32) KIM TILLOTSON FLEMING	1.00									
BOARD MEMBER		Х						0.	0.	0.
(33) PETER J. GERMAIN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(34) REVEREND GLENN G. GRAYSON, SR.	1.00									
BOARD MEMBER (UNTIL 12/31/22)		х						0.	0.	0.
(35) GRETCHEN R. HAGGERTY	1.00								•	
BOARD MEMBER	1 00	Х						0.	0.	0.
(36) HAYLEY A. HALDEMAN BOARD MEMBER	1.00	x						0.	0.	0.
(37) RICHARD J. HARSHMAN	1.00	Δ						0.	0.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
(38) DAVID B. HEATON	1.00								0.	U
BOARD MEMBER	1.00	х						0.	0.	0.
(39) DIANE P. HOLDER	1.00									<u>```</u>
BOARD MEMBER		x						0.	0.	0.
(40) AARON HORSFIELD	1.00									
BOARD MEMBER		х						0.	0.	0.
(41) KATHY W. HUMPHREY, PHD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(42) CYNTHIA HUNDORFEAN	1.00									
BOARD MEMBER (UNTIL 12/31/22)		Х						0.	0.	0.
(43) ERIN ISLER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(44) STACY M. JUCHNO	1.00								-	
BOARD MEMBER		Х			<u> </u>			0.	0.	0.
(45) JUSTIN KAUFMAN	1.00									
BOARD MEMBER		Х			<u> </u>			0.	0.	0.
(46) REBEKAH BYERS KCEHOWSKI	1.00									
BOARD MEMBER		Х						0.	0.	0.
Total to Part VII, Section A, line 1c										

ጥሀው		WY Y V	ᄉᢑ	SOUTHWESTERN
11117	ONTIGD	WAI	OI.	200 IIIME 2 I EKM

Form 990 PENNSYLVA		25-1043578								
Part VII Section A. Officers, Directors, Tru		nplo	yee			lighe	est (```	
(A) Name and title	(B) Average hours	(cl	(C) Position (check all that apply)				ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(47) KATHARINE EAGAN KELLEMAN BOARD MEMBER	1.00	x						0.	0.	0.
(48) DARRIN KELLY	1.00								••	
BOARD MEMBER	1.00	x						0.	0.	0.
(49) JOHN P. KLINE	1.00									• •
BOARD MEMBER		x						0.	0.	0.
(50) TIMOTHY M. KNAVISH	1.00									•••
BOARD MEMBER		x						0.	0.	0.
(51) ELIZABETH E. KRISHER, CPA, CGFM	1.00									
BOARD MEMBER		х						0.	0.	0.
(52) KAREN L. LARRIMER	1.00									
BOARD MEMBER		x						0.	0.	0.
(53) DAN LAVALLEE	1.00									
BOARD MEMBER		х						0.	0.	0.
(54) MICHAEL T. LORDI	1.00									
BOARD MEMBER (UNTIL 12/31/22)		х						0.	Ο.	0.
(55) JEFF MALLORY, ED.D.	1.00									
BOARD MEMBER		Х						0.	0.	0.
(56) DAVID J. MALONE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(57) JAMES J. MCQUADE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(58) LAURA N.K. MILLER, ESQ.	1.00									
BOARD MEMBER		Х						0.	0.	0.
(59) TAMRA E. MINNIER, RN, MSN, FACH	1.00									
BOARD MEMBER		Х						0.	0.	0.
(60) DEL MISENHEIMER	1.00									_
BOARD MEMBER (UNTIL 8/10/22)		Х						0.	0.	0.
(61) JAMES D. NEWELL	1.00									
BOARD MEMBER	1	Х						0.	0.	0.
(62) DANIEL A. ONORATO	1.00									•
BOARD MEMBER	1 0 0	Х						0.	0.	0.
(63) RONALD H. OTT, MPH	1.00								0	0
BOARD MEMBER	1 0 0	Х						0.	0.	0.
(64) DAVID A. PANNETON	1.00								_	•
BOARD MEMBER (UNTIL 12/31/22)	1 00	X						0.	0.	0.
(65) JULIE A. PATTER	1.00	x						0.	0.	0
BOARD MEMBER (UNTIL 6/21/23)	1.00							· · ·	0.	0.
(66) JAKE PLOEGER BOARD MEMBER	L	x						0.	0.	0.
	I	Λ		I					0.	0.
Total to Part VII, Section A, line 1c					<u></u>					

232201 04-01-22

THE	UNITED	WAY	OF	SOUTHWESTERN								

Form 990 PENNSYLV	ANIA		25-1043578									
	ustees, Key Er	nplo	yee	s, a	nd F	ligh	est (Compensated Employees (continued)				
(A) Name and title	(B) Average hours	(cl	(C) Position (check all that apply)				ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of		
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
(67) DEBORAH L. RICE-JOHNSON BOARD MEMBER	1.00	x						0.	0.	0.		
(68) ARTHUR J. ROONEY II BOARD MEMBER	1.00	x						0.	0.	0.		
(69) KARA RUBIO BOARD MEMBER	1.00	x						0.	0.	0.		
(70) CATHERINE RYAN BOARD MEMBER	1.00	x						0.	0.	0.		
(71) HARI SASTRY BOARD MEMBER	1.00	x						0.	0.			
(72) SHANNON SCHREIB	1.00									0.		
BOARD MEMBER (UNTIL 12/31/22) (73) STEPHANIE L. SCIULLO	1.00	X						0.	0.	0.		
BOARD MEMBER (74) JAMES R. SEGERDAHL	1.00	X						0.	0.	0.		
BOARD MEMBER (75) STEVEN D. THOMPSON, CPA	1.00	X						0.	0.	0.		
BOARD MEMBER (76) MARK TWERDOK	1.00	X						0.	0.	0.		
BOARD MEMBER		x						0.	0.	0.		
(77) TOM VANKIRK BOARD MEMBER	1.00	x						0.	0.	0.		
(78) MARC WILLIAMS BOARD MEMBER	1.00	x						0.	0.	0.		
(79) MOST REVEREND DAVID A. ZUBIK BOARD MEMBER	1.00	x						0.	0.	0.		
		-										
		-										
Total to Part VII, Section A, line 1c												
								1				

232201 04-01-22

			2022) PENNSYLVAN	IA				25-1043	578 Page 9
Pa	rt \	/111							
			Check if Schedule O contains a resp	onse	or note to any lin	e 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
tts tt	1	а	Federated campaigns 1a		211,026.				
Srar our			Membership dues 1b						
Am (Fundraising events 1c		148,780.				
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations 1d						
ns, Simi			Government grants (contributions) 1e		1,128,139.				
er S		f	All other contributions, gifts, grants, and		20 072 200				
d Đ Đ			similar amounts not included above 1f	¢	28,873,298. 874,774.				
h di		-	Noncash contributions included in lines 1a-1f 1g Total. Add lines 1a-1f	Φ	0/1,//1.	30,361,243.			
0 0			Total. Add lines fa fi		Business Code				
	2	а	2-1-1 COMMUNITY IMPACT SERVICES	3	900099	3,635,357.	3,635,357.		
Program Service Revenue	-	b	DESIGNATION COST RECOVERY		900099	1,365,413.	1,365,413.		
Ser		c							
		d							
Beg		е							
Pre		f	All other program service revenue						
		g	Total. Add lines 2a-2f			5,000,770.			
	3		Investment income (including dividends,	intere	st, and				
			other similar amounts)			1,304,673.			1304673.
	4		Income from investment of tax-exempt b	ond p	roceeds				
	5		Royalties	<u></u>	(1) –				
			(i) Rea	al	(ii) Personal				
	6		Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
	-		Net rental income or (loss) Gross amount from sales of (i) Secur	 ities	(ii) Other				
	'	а	assets other than inventory 7a 18, 546,						
		h	Less: cost or other basis	• • • •					
θ		U	and sales expenses	601.					
evenue		c	Gain or (loss) $7c -63$,						
			Net gain or (loss)			-63,926.			-63,926.
Other R	8		Gross income from fundraising events (not						
đ			including \$ 148,780. of						
			contributions reported on line 1c). See						
			Part IV, line 18	8a	49,830.				
		b	Less: direct expenses	8b	49,830.				
		с	Net income or (loss) from fundraising even	nt <u>s</u>		0.			
	9	а	Gross income from gaming activities. Se						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming activitie	es					
	10	а	Gross sales of inventory, less returns	10-					
		L	and allowances						
			Less: cost of goods sold		,				
		U	Net income or (loss) from sales of invento	יע	Business Code				
sno	11	а	OTHER INCOME		900099	4,744.			4,744.
Miscellaneous Revenue	• •	b				- , · •			, · · ·
ella ella		c							
lis B			All other revenue						
≥			Total. Add lines 11a-11d			4,744.			
	12		Total revenue. See instructions			36,607,504.	5,000,770.	0.	1245491.
23200	9 12	-13-	22						Form 990 (2022)

232009 12-13-22

12

THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

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

Secu	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respor		V	ipiele column (A).	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			general experieee	expenses
-	and domestic governments. See Part IV, line 21	19,805,958.	19,805,958.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
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,				
J	trustees, and key employees	824,241.	428,222.	144,124.	251,895.
6	Compensation not included above to disqualified	011/1110	120,1221		
U	persons (as defined under section 4958(f)(1)) and				
	1000(a)(0)(D)				
7	Other salaries and wages	5,267,120.	2,725,645.	894,988.	1,646,487.
	-	5,207,120.	2,125,015.	094,900.	1,010,1070
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	444,718.	234,450.	85,950.	124,318.
0		933,564.	492,163.	180,429.	260,972.
9 10	Other employee benefits	435,057.	229,132.	70,604.	135,321.
11	Payroll taxes Fees for services (nonemployees):	455,057.	225,152.	70,004.	155,521.
a ⊾	Management	2,780.	875.	580.	1,325.
b		117,341.	36,952.	24,460.	55,929.
c	Accounting	35,374.	35,374.	24,400.	55,929.
d	Lobbying	55,574.	55,574.		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		1,060,730.	325,494.	238,874.	496,362.
	column (A), amount, list line 11g expenses on Sch O.)	1,000,750.	525,494.	230,074.	490,302.
12	Advertising and promotion	29,752.	19,310.	3,848.	6 50/
13	Office expenses	383,106.	232,545.	69,534.	<u>6,594</u> . 81,027.
14	Information technology	303,100.	252,545.	09,554.	01,027.
15	Royalties	464,671.	197,192.	119,878.	147,601.
16			31,802.		
17	Travel	48,972.	51,002.	2,263.	14,907.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	695,444.	510,905.	5,906.	178,633.
19	Conferences, conventions, and meetings	095,444.	510,905.	5,900.	1/0,033.
20	Interest	306,178.	152,144.	82,664.	71 270
21	Payments to affiliates	45,257.	24,642.	9,554.	71,370.
22	Depreciation, depletion, and amortization	45,257. 104,356.	<u> </u>	23,137.	<u>11,061.</u> 42,082.
23		104,330.	39,137.	23,137.	42,002.
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 0.)	2 120 660	2 120 660		
a	COMMUNITY INITIATIVES	3,438,668. 49,116.	3,438,668.	4,235.	7 100
b	SUBSCRIPTIONS & MEMBERS		37,391.	-	7,490.
c	POSTAGE	31,828.	16,936.	6,895.	7,997.
d	UW PA DUES	31,500.	31,500.	10 517	22 22
	All other expenses	74,915.	32,672.	19,517.	22,726.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	34,630,646.	29,079,109.	1,987,440.	3,564,097.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				- 000
23201	0 12-13-22	13			Form 990 (202)

13

Form 990 (2022)

Part IX Statement of Functional Expenses

THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

	990 (2	THE UNITED WAY OF SOUTHWESTERN 2022) PENNSYLVANIA		25-	1043578 Page 11
Par	tΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	12,328,754.	1	8,938,879.
	2	Savings and temporary cash investments	6,257,106.	2	11,105,053.
	3	Pledges and grants receivable, net	14,017,055.	3	11,698,691.
	4	Accounts receivable, net	1,561,587.	4	1,615,715.
	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	
ŝ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	59,479.	9	111,406.
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b 4,117,849.	99,230.	10c	105,216.
	11	Investments - publicly traded securities	31,453,632.	11	105,216. 36,160,852.
	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	6,044,670.	15	8,493,107.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	71,821,513.	16	78,228,919.
	17	Accounts payable and accrued expenses	3,216,400.	17	1,608,472.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
s	22	Loans and other payables to any current or former officer, director,			
itie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Ľ	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	15,521,230.	25	16,804,022.
	26	Total liabilities. Add lines 17 through 25	18,737,630.	26	16,804,022. 18,412,494.
		Organizations that follow FASB ASC 958, check here			
sec		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	33,476,071.	27	40,346,803.
Bal	28	Net assets with donor restrictions	19,607,812.	28	19,469,622.
pu		Organizations that do not follow FASB ASC 958, check here			
μ		and complete lines 29 through 33.			
s or	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	53,083,883.	32	59,816,425.
-	33	Total liabilities and net assets/fund balances	71,821,513.	33	78,228,919.

Form 990 (2022)

232011 12-13-22

THE ONTIED WAT OF SOOTHWESTER	THE	UNITED	WAY	OF	SOUTHWESTERN
-------------------------------	-----	--------	-----	----	--------------

Form	1 990 (2022) PENNSYLVANIA	25-1	043578	3 Р	_{age} 12				
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI				X				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	36,6						
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,6						
3	Revenue less expenses. Subtract line 2 from line 1	3	1,9						
4	······································								
5									
6									
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,7	92,4	<u>463.</u>				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	59,83	16,4	<u>125.</u>				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>							
				Yes	s No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2t	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		20	X					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	1	X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3t						

Form 990 (2022)

232012 12-13-22

SC	HEC	DULE A		Dublic Obe						OMB No. 1545-0047		
(Fo	rm 99	0)			rity Status an					2022		
				• •	nization is a section 501 47(a)(1) nonexempt cha			or a section		ZUZZ		
		f the Treasury nue Service		A	ttach to Form 990 or Fo	rm 990-E	Ζ.			Open to Public		
		the organization			Form990 for instruction OF SOUTHWEST		latest inf	ormation.	Employor	Inspection identification number		
Man		ine organizatio		SYLVANIA	OF SOUTHWES	LEKN				5-1043578		
Pa	rt I	Reason			(All organizations must c	omplete th	nis part.) S	ee instruction		5 1015570		
The	organ				For lines 1 through 12, cl							
1	Ŭ		•	,	on of churches described		,	I)(A)(i).				
2					Attach Schedule E (Form							
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).				
4		A medical res	earch organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state	-									
5		-	-		llege or university owned	or operate	ed by a go	overnmental u	nit describe	ed in		
~				Complete Part II.)	e a set e la constitución e a subject de la constitución de la constitución de la constitución de la constitución			4.5				
6 7	 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 											
'	- 23	•		complete Part II.)	Intial part of its support if	on a gove	mmentai		ie general j			
8		-		-	(1)(A)(vi). (Complete Parl	: 11.)						
9		-			in section 170(b)(1)(A)(i		ed in conju	inction with a	land-grant	college		
		or university of	or a non-land-g	rant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or		
		university:										
10		An organizati	on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from		
					t to certain exceptions; a	.,				•		
					(less section 511 tax) fro	m busines	ses acqui	rea by the org	anization a	aπer June 30, 1975.		
11				mplete Part III.) and operated exclusion	ively to test for public sat	etv See	section 50)9(a)(4)				
12	\square	-	-	-	ively for the benefit of, to	•			rrv out the	purposes of one or		
		-	-	-	ed in section 509(a)(1) o				•			
				-	f supporting organizatior							
а		Type I. A su	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving		
			-		gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	upporting		
		¬ -		complete Part IV, Se								
b				-	l or controlled in connect			-		•		
			-	at complete Part IV,	anization vested in the sa	ame perso	ns that co	ntroi or mana	je i le supp	Joned		
с		¬ ~	. ,	•	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,		
		its supporte	d organizatio	n(s) (see instructions). You must complete F	Part IV, Se	ctions A,	D, and E.	, 0	,		
d		Type III no	n-functionally	y integrated. A supp	porting organization oper	ated in cor	nnection w	vith its suppor	ted organiz	zation(s)		
		that is not f	unctionally int	egrated. The organiz	zation generally must sati	isfy a distr	ibution rec	quirement and	an attentiv	/eness		
		7			nplete Part IV, Sections							
е			•		written determination from			Туре I, Туре	II, Type III			
f	Ente	er the number of		reconizations	nally integrated supportir		ation.					
q				n about the supporte	ed organization(s).							
	(i) Name of suppo		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount of	-	(vi) Amount of other		
		organization			above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)		
Tota												

THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

25-1043578 Page 2

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	<u>35851320.</u>	40466179.	47689680.	35725067.	30361643.	190093889
2	Tax revenues levied for the organ-						
	ization'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	35851320.	40466179.	47689680.	35725067.	30361643.	190093889
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)						969,979.
6	Public support. Subtract line 5 from line 4.						189123910
Sec	ction B. Total Support	•	•	•	•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	35851320.	40466179.	47689680.	35725067.	30361643.	190093889
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	754,358.	692,731.	762,586.	905,203.	1304673.	4419551.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	49,705.		13,763.	15,618.		79,086.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	9,513.	8,983.	3,982.	6,133.	4,744.	33,355.
11	Total support. Add lines 7 through 10		•		-		194625881
	Gross receipts from related activities,	etc. (see instruction	ons)		•	12 21	,321,966.
	First 5 years. If the Form 990 is for the	•	,	fourth, or fifth tax	year as a section 5		
	organization, check this box and sto	-			, 		
Sec	ction C. Computation of Publi						
14	Public support percentage for 2022 (I	line 6, column (f), d	ivided by line 11,	column (f))		14	97.17 %
	Public support percentage from 2021					15	98.12 %
	33 1/3% support test - 2022. If the					ore, check this bo	x and
	stop here. The organization qualifies						V
b	33 1/3% support test - 2021. If the	organization did no	t check a box on				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-			
b	10% -facts-and-circumstances test	-		• • • •			
	more, and if the organization meets th	-					
	organization meets the facts-and-circ						
18	Private foundation. If the organization		•				s
							(Form 990) 2022

232022 12-09-22

Schedule A (Form 990) 2022

Part II

THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

Schedule A (Form 990) 2022 PE

25-1043578 Page 3

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	1			1		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
	Amounts from line 6						
108	dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section \$	501(c)(3) orgai	nization,
_	check this box and stop here						
	ction C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			(n)		47	0/
	Investment income percentage for 20					17	<u> </u>
	Investment income percentage from a 33 1/3% support tests - 2022. If the			on line 14 and lin		18	//////////////////////////////////////
196							
F	more than 33 1/3%, check this box an 33 1/3% support tests - 2021. If the	-	•		•		
C.	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization						
	23 12-09-22	an alla not check a	<u>557 on inte 14, 18</u>				dule A (Form 990) 2022
-020			18	3		Jonet	

THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

Yes No

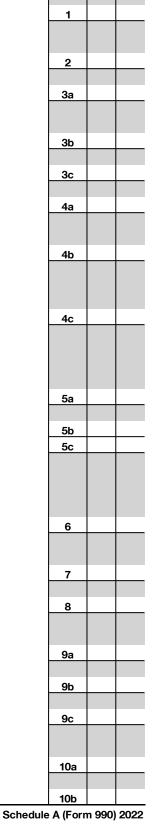
Schedule A (Form 990) 2022 PENI Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

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

232024 12-09-22



19

	THE ONTIED WAT OF SOOTHWESTERN			
Sche	dule A (Form 990) 2022 PENNSYLVANIA 2	25-104357	8 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		_	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or	ne or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offi	cers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		•	<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	uctions).		
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ty (see instruction	10)	

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

За

Yes No

15401205 144198 296157

20

	dule A (Form 990) 2022 PEINNSYLVANIA			25-1043578 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
Sect	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		
Sect	ion 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		
е	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		
Sect	ion 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).

Schedule A (Form 990) 2022

232026 12-09-22

Sche Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizatione / //		5-1043578 Page 7
		allo Supporting Orga	nizations (continu	uea)	Current Veer
	on D - Distributions	matauraaaa			Current Year
1 2	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp		1		
2	organizations, in excess of income from activity	it purposes of supported		2	
3	Administrative expenses paid to accomplish exempt purpose	<u></u>	3		
4	Amounts paid to acquire exempt-use assets	es of supported organizations	>	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	avida dataila in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
•	(provide details in Part VI). See instructions.	le organization le responence		8	
9	Distributable amount for 2022 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

232027 12-09-22

THE UNITED WAY OF SOUTHWESTERN Schedule A (Form 990) 2022 PENNSYLVANIA Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 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 a, 11c; 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additionary (See instructions.)	and 2; Part IV, Section C, Section B, line 1e; Part V,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:	
MISCELLANEOUS INCOME	
2018 AMOUNT: \$ 9,513.	
2019 AMOUNT: \$ 8,983.	
2020 AMOUNT: \$ 3,982.	
2021 AMOUNT: \$ 6,133.	
2022 AMOUNT: \$ 4,744.	
	Schedule A (Form 990) 2022
232028 12-09-22 23 01205 144108 206157 2022 05010 THE INTERD WAY	

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

zauc					
	THE	UNITED	WAY	OF	SOUTHWESTERN
	PENI	ISYLVAN	ΓA		

Organization type (check one):

25-1043578

Filers of:	Section:
Form 990 or 990-EZ	X 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

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% 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 for an *exclusively* set is the set of the parts unless totaling the year for an *exclusively* for the parts unless totaling \$5,000 or more during the year for an *exclusively* set is the set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set of the parts unless the set of the parts unless total set

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).

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

Schedule B (Form 990) (2022)

PENNS	YLVANIA	25	-1043578
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>765,131.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$705,724.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>3</u>		\$ <u>775,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>1,131,009.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>800,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA Employer identification number

223452 11-15-22

2022.05010 THE UNITED WAY OF SOUTHWE 296157_1

25

15401205 144198 296157

	B (Form 990) (2022)		Page 3
	rganization NITED WAY OF SOUTHWESTERN		Employer identification number
	YLVANIA		25-1043578
Part II	Noncash Property (see instructions). Use duplicate copies of Part	t II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	

223453 11-15-22

Schedule B (Form 990) (2022)

15401205 144198 296157

Schedule I	B (Form 990) (2022)			Page 4			
Name of o	rganization			Employer identification number			
THE U	NITED WAY OF SOUTHWESTED	RN					
	YLVANIA			25-1043578			
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	ons to organizations described in se	ection 501(c)(7), (8), or (10)	that total more than \$1,000 for the year			
	completing Part III, enter the total of exclusively religious, of	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info	. once.) \$			
	Use duplicate copies of Part III if additional	space is needed.					
(a) No. from	(b) Purpose of gift	(a) Line of gift	(d) Da	corintian of how sift is hold			
Part I	(b) Fulpose of gift	(c) Use of gift		scription of how gift is held			
		(e) Transfer of gi	ŕt				
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ransferor to transferee			
(a) No.							
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, a	ransferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	gift (d) Description of how gift is hel				
Part I	(2)	(-,					
		(e) Transfer of gi	π				
	Transferee's name, address, a		Polotionship of t	ransferor to transferee			
-							
(a) No. from							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held			
		(e) Transfer of gi	ft				
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ransferor to transferee			
223454 11-15	5-22			Schedule B (Form 990) (2022)			

15401205 144198 296157

SCHEDULE C	Po	litical Campaign a	and Lobbyin	g Activities		OMB No. 1545	5-0047
(Form 990) For Organizations Exempt From Income Tax Under section 501(c) and section 527							2
	Open to Public						
Department of the Treasury Internal Revenue Service							
If the organization answ	vered "Yes," on	Form 990, Part IV, line 3, or Fo	rm 990-EZ, Part V, lir	ne 46 (Political Camp	aign Acti	ivities), then	
		plete Parts I-A and B. Do not con	•				
() (11(c)(3)) organizations: Complete I	Parts I-A and C below.	Do not complete Par	t I-B.		
 Section 527 organization 	•	Part I-A only. I Form 990, Part IV, line 4, or Fo l	rm 990-E7 Part VI li	ne 47 (Lobbying Act	ivitios) th) en	
		nave filed Form 5768 (election und					
		nave NOT filed Form 5768 (election		•			
If the organization answ	vered "Yes," on	Form 990, Part IV, line 5 (Proxy	r Tax) (See separate i	nstructions) or Form	n 990-EZ,	Part V, line 35c ((Proxy
Tax) (See separate inst							
 Section 501(c)(4), (5) Name of organization 		ions: Complete Part III.			Employe	er identification r	
Name of organization	PENNSYL	TED WAY OF SOUTHW VANTA	IESTERN			25–104357	
Part I-A Comple		anization is exempt unde	r section 501(c) o	or is a section 52			<u> </u>
		•			•		
1 Provide a description	on of the organiz	ation's direct and indirect politica	l campaign activities i	n Part IV.			
2 Political campaign a							
3 Volunteer hours for	political campai	gn activities					<u> </u>
Part I-B Comple	ete if the ora	anization is exempt unde	r section 501(c)(3)			
		incurred by the organization unde			\$		
		incurred by organization manager					
		n 4955 tax, did it file Form 4720 f					No
4a Was a correction m	ade?					Yes	No
b If "Yes," describe in							
		anization is exempt unde				-	
		by the filing organization for sec			\$		
	0 0	ization's funds contributed to oth	0		¢		
		. Add lines 1 and 2. Enter here an			\$		
			,		\$		
		1120-POL for this year?				Yes	No
		ployer identification number (EIN					วท
		tion listed, enter the amount paid					
		omptly and directly delivered to a additional space is needed, provide			eparate se	egregated fund or	а
(a) Name		(b) Address	(c) EIN	(d) Amount paid	from	(e) Amount of po	
(a) Hame			(0) 2.11	filing organizatio		ontributions receiv	ved and
				funds. If none, ent		promptly and dir delivered to a sep	
						political organiza	ation.
						If none, enter	-0
For Paperwork Reducti	on Act Notice,	see the Instructions for Form 99	90 or 990-EZ.	1	Sch	edule C (Form 99	90) 2022

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

232041 11-08-22

Schedule C (Form 990) 2022	THE UNITED N PENNSYLVANIZ	A			043578 Page	e 2				
Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).										
	ation belongs to an affil	iated aroun (and list in	Part IV each affiliated	aroup member's name	address FIN					
•••	re of excess lobbying e	• • •	1 art IV each anniated	group member s name	, address, Env,					
	ation checked box A an	• •	visions apply.							
Limits on Lobbying Expenditures (a) Filing (b) Affiliated group (The term "expenditures" means amounts paid or incurred.) totals totals										
1a Total lobbying expenditures to influ	uence public opinion (g	rassroots lobbying)								
b Total lobbying expenditures to infl	uence a legislative bod	y (direct lobbying)		35,374.						
c Total lobbying expenditures (add li	nes 1a and 1b)			35,374.						
d Other exempt purpose expenditure				34,595,272.						
e Total exempt purpose expenditure				34,630,646. 1,000,000.						
f Lobbying nontaxable amount. Entr If the amount on line 1e, column (a) of		bying nontaxable amo		1,000,000.						
Not over \$500,000		the amount on line 1e.								
Over \$500,000 but not over \$1,000		0 plus 15% of the exce	ess over \$500.000.							
Over \$1,000,000 but not over \$1,5		0 plus 10% of the exce	· · · · · · · · · · · · · · · · · · ·							
Over \$1,500,000 but not over \$17										
Over \$17,000,000	\$1,000,0	000.								
g Grassroots nontaxable amount (er	,			250,000.						
h Subtract line 1g from line 1a. If zer				0.						
i Subtract line 1f from line 1c. If zero				0.						
j If there is an amount other than ze	â			Г		Na				
reporting section 4911 tax for this		raging Period Under	Section 501(b)	L		No				
(Some organizations t	hat made a section 50		nave to complete all o	of the five columns be	low.					
	Lobbying Exper	ditures During 4-Yea	r Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total					
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000	0.				
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000	0.				
c Total lobbying expenditures	60,096.	30,820.	26,904.	35,374.	153,194	<u>4.</u>				
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000	0.				
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000	0.				

141.

10,150.

Schedule C (Form 990) 2022

10,291.

232042 11-08-22

f Grassroots lobbying expenditures

Schedule C (Form 990) 2022

THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(1)
	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	n 501(c)(5)	or sec	tion	
	501(c)(6).		0.000		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
	t III-B Complete if the organization is exempt under section 501(c)(4), section		-	tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '	'No" OR (b)	Part I	II-A, line	3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
	Total		2c		
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditures next year?		4		
	Taxable amount of lobbying and political expenditures. See instructions		5		
	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A, I	ines 1 a	nd 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2022

232043 11-08-22

SC	HEDULE D	Supplementa	al Financial Statements	;	OMB No. 1545-0047			
(Forn	Form 990) 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.							
Depart	epartment of the Treasury Attach to Form 990.							
Interna	ernal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							
Nam	e of the organization	on THE UNITED WAY OF & PENNSYLVANIA	SOUTHWESTERN		r identification number 25-1043578			
Par	t I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds					
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.		·			
			(a) Donor advised funds	(b) Funds ar	nd other accounts			
1	Total number at er	nd of year	9					
2		f contributions to (during year)	454,075.					
3	Aggregate value of	f grants from (during year)	513,440.					
4	Aggregate value at	t end of year	132,023.					
5	-	on inform all donors and donor advisors in v	-					
	are the organizatio	n's property, subject to the organization's	exclusive legal control?		X Yes No			
6	•	on inform all grantees, donors, and donor a		•				
		oses and not for the benefit of the donor o		•				
Der	impermissible priva	ate benefit?			X Yes No			
Par		ation Easements. Complete if the org		Part IV, line 7.				
1		servation easements held by the organization	· · · · ·					
		of land for public use (for example, recrea		a historically impo				
		f natural habitat	Preservation of	a certified historic	structure			
-		of open space						
2	Complete lines 2a day of the tax year	through 2d if the organization held a qualif	ried conservation contribution in the form of		easement on the last			
_	5							
a L		onservation easements						
b	•		unturo included in (o)					
	c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after July 25,2006, and not on a 2c							
d				2d				
3								
Ū	year		cased, exangaished, or commuted by the	organization dann				
4		where property subject to conservation easies	sement is located					
5		tion have a written policy regarding the per						
	•	orcement of the conservation easements it			Yes No			
6	Staff and voluntee	r hours devoted to monitoring, inspecting,						
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	ion easements du	ring the year			
8	Does each conserv	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h	n)(4)(B)(i)				
	and section 170(h)	(4)(B)(ii)?			Yes No			
9	In Part XIII, describ	be how the organization reports conservation	on easements in its revenue and expense s	statement and				
	balance sheet, and	d include, if applicable, the text of the footn	note to the organization's financial stateme	nts that describes	the			
Dee	organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.							
Par		_		her Similar As	sets.			
		the organization answered "Yes" on Form						
1 a	•	elected, as permitted under FASB ASC 95						
		easures, or other similar assets held for pub		-	2			
	· •	Part XIII the text of the footnote to its finar						
b		elected, as permitted under FASB ASC 95						
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,							
		ng amounts relating to these items:		¢				
		ded on Form 990, Part VIII, line 1						
0	 (ii) Assets included in Form 990, Part X \$\$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 							
2		ints required to be reported under FASB A		gain, provide				
-	-	on Form 990, Part VIII, line 1	-	¢				
	Assets included in			<u> </u>				
		eduction Act Notice, see the Instructions		······	edule D (Form 990) 2022			
	09-01-22			Cont				
_02001			31					

15401205 144198 296157

Schedule priorn 990 2022 PENNSYLVANIA 205-1043578 Page 2 PartIIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets [continued] a Using the organizations distribution, accusation, and other records, check any of the following that make significant use of its collection tens (check all that apply): a b b b b check and the organization's accusation, and other records, check any of the following that make significant use of its collection for thuice generations c b check and the organization's escent purpose in Part XIII. b Definition year, did the organization solide of roceive donations of all the organization's escent purpose in Part XIII. Ves No PartIV Excent and the organization's escent purpose in Part XIII. Ves No PartIV Excent and the organization or the intermediary tor contributions or other assets not included on form 9800, Part X, line 21. Ves No b If Yes, ''explain the arrangement in Part XIII and complets the following table: Ves No b If Yes, ''explain the arrangement in Part XIII and complets the following table: Ves No b If Yes, ''explain the arrangement in Part XIII and complets the following tabla: If Amount If Amoun			TED WAY OF	SOUTHWEST	ERN						
3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection mes (check all that apply): Collection terms (check all that apply): Collection terms (check all that apply):<td></td><td colspan="9"></td>											
collection time (check all that apply): Collection time (check all that apply): Collection time (check all that apply):	Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or O	ther S	Similar	Assets	contin	ued)	
a Public exhibition d Can or exchange program b Scholdry research e Other	3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
b Scholarly research c Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization's double discontrol of the organization's double of the organization in cluster of the organization's double of the organization included on form 300, Part X, line 21. Is the organization include an amount on form 990, Part X, line 21, for escrow or outstodial account liability? Ves No b If 'Ves,' explain the arrangement in Part XIII and complete the following table: C Beginning balance deditions during the year the organization include an amount on form 990, Part X, line 21, for escrow or outstodial account liability? Ves No b If 'Ves,' explain the arrangement in Part XIII. Check here If the explanation has been provided on Part XII Beginning of year balance de diverse tables de Corrent year de) Control year (b) Prov year de) To years bank (e) four years bank de) four years de) four years											
c Preservation for future generations 4 Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be and to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part XI. No Part VI Excove and Custofial Arrangements. Compute a manual on Form 990, Part X, line 21. Is the organization answered 'Yes' on Form 990, Part M, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization and part of the intermediary for contributions or other assets not included on Form 990, Part XY. Yes No b if 'Yes,' explain the anangement in Part XIII and complete the following table: Immonthetic treatment in the state custofial arrangement in Part XIII and complete the following table: Amount Immonthetic treatment in Part XIII and complete the following table: Immonthetic treatment in Part XIII and complete the following table: Immonthetic treatment in Part XIII and complete the following table: Immonthetic treatment in Part XIII and complete the following table: Immonthetic treatment in Part XIII and complete the organization answered 'Yes' on Form 990, Part X, line 21. No b If 'Yes' analine anangement in Part XIII and complete the organization answered 'Yes' on Form 990, Part X, line 10. Immonthetic treatment in Part XIII and complete the organization answered 'Yes' on Form 990, Part X, line 10. No b If and ownment Funds. Complete the organization answered 'Yes' on Form 990, Part X	а		d								
4 Provide a description of the organization's collections and explain how they further the organization's severely 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 solid to raise funds rather than to be maintained as part of the organization answered "Ves" on Form 990, Part X, line 9. No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Ves" on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization in agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is 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. Image: the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "de organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "de organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "de organization answered "Yes" on Form 990, Part X, line 10, forem 990, Part X, line 10, for the organization	b		e	Other							
 5 During the year, did the organization solicit or receive donations of art, historical resources, or other similar assets to be solid to relate funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, Ime 9, or reported an amount on Form 990, Part X, Ime 21. 16 Is the organization an agent, funds, and the organization answered "Yes" on Form 990, Part X, Ime 9, or reported an amount on Form 990, Part X, Ime 21. 16 Is the organization an agent, funds, and the organization answered "Yes" on Form 990, Part X, Ime 9, or reported an amount on Form 990, Part X, Ime 21. 17 Wes_* explain the arrangement in Part XIII and complete the following table:	С	-									
to be sold or raise funds rame 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 anount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Is Amount Is Is Amount Is Amount Is Is Amount Is Is Is Amount Is Is Amount Is Is Is Is Amount Is Is Amount Is Is Is Amount Is Is Amount Is Is Amount Is Is Is Is Is Is Amount Is	4							e in Part	XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Ves" on Form 990, Part V, 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 // Imagent assets not included on Form 990, Part X // Imagent assets not included on Form 990, Part X // Imagent assets not included on Form 990, Part X // Imagent in Part XIII and complete the following table: Imagent assets not included as a mount on Form 990, Part X, line 21, for escrow or custodial account tability? Imagent in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endor patient in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endor patient in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endormment Funds. Complete if the organization answered 'Ves' on Form 990, Part X. Imagent as a mount on Form 990, Part X. Imagent as a mount on Form 990, Part X. Imagent as a mount on Form 990, Part X. Imagent as a mount on Form 990, Part X. Imagent as a mount on Form 990, Part X. Imagent as a mount on Form 990, Part X. Imagent as a mount on Form 990, Part X. Imagent as a mount on Form 990, Part X. Imagent as a mount on Form 990, Part X. Imagent as a mount on Form 990, Part X. Imagent as a mount on Form 990, Part X. Imagent as a mount on Form 990, Part X. Imagent as a mount on	5				•				٦	_	٦
reported an amount on Form 990, Part X, line 21. 1a Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 930, Part X? Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount 1e Amount 1e Amount 1e Amount 1e Amount 1e Amount 1e Amount 1e Amount 1e Amount 1e Amount 2 Amount Amount 1e Amount Colspan="2">Amount on Form 990, Part X, line 21, for secrew or custodial account liability? No Did the organization include an amount on Form 990, Part X, line 21, for secrew or custodial account liability? Amount Park V End two organization answeerd 'Wear Near Col	Der								_		No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 390, Part X? Yes No b If Yes*, explain the arrangement in Part XIII and complete the following table: Amount 1 c Beginning balance 1 1 1 1 d Additions during the year 1	Par			ete if the organizatio	n answered "Ye	s" on Fo	orm 990,	Part IV, I	ine 9, or		
on Form 980, Part X? Yes No b If Yes," explain the arrangement in Part XIII and complete the following table: Amount Amount c Beginning balance Id Amount Id d Additions during the year Id Id Id e Distributions during the year Id Id Id e Dist bit oparization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No If 'res," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Id Id Part V Endowment Funds. Complete if the cryanization answered 'Yea' on Form 990, Part IV, line 10. Id	4			·			le cal a al				
b If "Yes," explain the arrangement in Part XII and complete the following table: Amount c Beginning balance Additions during the year Id f Ending balance Id Id Id 2a Distributions during the year Id Id Id Id 2b Distributions during the year Id Id Id Id Id Id 2b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Provide the organization answered "Yes" on Form 990, Part IX, line 10. 1a Beginning of year balance (a) Carrent year (b) Prior years back (c) Tive years back (d) Four years back (e) Four years back (d) Grants or scholarships (a, 5, 65, 531, 9, 375, 411, 7, 7, 055, 254, 1, 409, 273, 720, 204, 1, 409, 273, 720, 204, 1, 409, 273, 720, 204, 204, 204, 204, 204, 204, 204, 2	1a			•							7 • • •
c Beginning balance Amount d Additions during the year Id e Distributions during the year Id d Ending balance If 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 2 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 nawced 'Yes' on Form 900, Part XIII. Image: Complete if the organization answced 'Yes' on Form 900, Part XIII. Image: Complete if the organization answced 'Yes' on Form 900, Part XIII. Image: Complete if the organization answced 'Yes' on Form 900, Part XIII. Image: Complete if the organization answced 'Yes' on Form 900, Part XIII. Image: Complete if the organization answced 'Yes' on Form 900, Part XIII. Image: Complete if the organization answced 'Yes' on Form 900, Part XIII. Image: Complete if the organization answced 'Yes' on Form 900, Part XIII. Image: Complete if the organization answced 'Yes' on Form 900, Part XIII. Image: Complete if the organizations 'Sector 10.5 Col 10.5 Sector 10.5								∟	_ Yes		
c Beginning balance 1c 1d d Additions during the year 1d 1d 2a Distributions during the year 1e 1f 2a Distributions during the year 1f 1e b 1"Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part XV Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. 552,254. 6,961,597. 6,542,820. b Contributions 794,393. 585,650. 443,397. 389,996. 446,942. c Net investment earnings, gains, and losses 665,313. 927,542. 2,2125,332. 237,660. C Other expenditures for facilities and programs 362,407. 183,066. 181,467. 265,532. 237,660. f Administrative expenses 9,226,920. 8,976,331. 9,375,481. 7,055,254. 6,961,597. f<	a	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:					Amount		
d Additions during the year 1d e Distributions during the year 1d 12a Did the organization include an amount on Form 990, Part X, line 21, for secrew or custocidial account liability? Yes No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Perf V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance (b) Current year (c) Two years back (e) Three years back (e) Four years	_	De sienie a belen ee							Amount		
e Distributions during the year ie f Ending balance iii 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IX, line 10. (a) Current year (b) Prior year (c) Iwo years back. (d) Three years back. (e) Four years back. a Beginning of year balance 8, 876, 331, 9, 375, 481, 7, 055, 254, 6, 961, 597, 6, 542, 820. c) Two years back. (e) Four years back. b Contributions 794, 333, 585, 650, 443, 320, 411, 409, 2273, 720. d Grants or scholarships 362, 407, 183, 068, 181, 467, 265, 532, 237, 660. e Other expenditures for facilities 362, 407, 183, 068, 181, 467, 265, 532, 237, 660. g Hord year balance 9, 926, 920, 8, 876, 331, 9, 375, 481, 7, 055, 254, 6, 961, 597. g End of year balance 9, 926, 920, 8, 876, 331, 9, 375, 481, 7, 055, 254, 6, 961, 597. g Hord year balance 9, 926, 920, 8, 876, 331, 9, 375, 481, 7, 055, 254, 6, 961, 597. g End of year balance 9, 926, 920, 8, 876, 331, 9, 375, 481, 7, 055, 254, 6, 961, 597. g Hord year balance 17, 555, 00 g End of year balance 20, 556											
f Ending belance											
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Qurrent year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions 794,393. 9,375,481. 7,705,254. 6,961,597. 6,542,820. c Net investment earnings, gains, and losses 685,313. -827,542. 2,125,430. 41,409. 273,720. c Orants or scholarships 362,407. 183,066. 181,467. 265,532. 237,660. e Other expenditures for facilities and programs 66,710. 74,190. 67,133. 7,2216. 64,225. g End of year balance 9,926,920. 8,876,331. 9,375,481. 7,055,254. 6,961,597. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a board designated or quasi-endo	-										
b H "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. 1a Beginning of year balance (a) Current year (b) Prory year's back (c) Two years back (c) Four years back (c) Fo									7 Vaa		
Part V Endowment Funds. Complete if the organization answerd "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions 9,375,481 7,055,254 6,961,597,6,542,820. b Contributions 94,393 585,650. 443,397. 389,996. 446,942. c Net investment earnings, gains, and losses 665,313. -827,542. 2,125,430. 41,409. 273,720. d Grants or scholarships 362,407. 183,068. 181,467. 265,532. 237,660. e Other expenditures for facilities 362,407. 183,068. 181,467. 265,532. 237,660. g End of year balance 9,926,920. 8,976,331. 9,375,481. 7,055,254. 6,961,597. 2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: a Board designated or quasi-endowment 20.5600 % b Permeanent endowment 17.5500.% % 3ad(i) X		-				•	<i>c</i>	∟			
Ia Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Thure years back (e) Four years back b Contributions 794, 393. 585, 650. 7443, 397. 389, 996. 446, 942. c Net investment earnings, gains, and losses 665, 313. -827, 542. 2, 125, 430. 443, 397. 389, 996. 446, 942. d Grants or scholarships 362, 407. 183, 068. 181, 467. 265, 532. 237, 660. e Other expenditures for facilities and programs 66, 710. 74, 190. 67, 133. 72, 216. 64, 225. g End of year balance 9, 926, 920. 8, 876, 331. 9, 375, 481. 7, 055, 254. 6, 961, 597. 2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: a board designated or quasis-endowment 20. 55 00 % b Permanent endowment 17.5500 % Set Set Set Set Set Set Set Set Set <t< td=""><td>_</td><td></td><td></td><td></td><td></td><td></td><td><u></u></td><td></td><td></td><td></td><td></td></t<>	_						<u></u>				
1a Beginning of year balance 8,876,331 9,375,481 7,055,254 6,961,597 6,542,820 b Contributions 794,393 585,650 443,397 389,996 446,942 c Net investment earnings, gains, and losses 665,313 -827,542 2,125,430 41,409 273,720 d Grants or scholarships 362,407 183,068 181,467 265,532 237,660 e Other expenditures for facilities 362,407 183,068 181,467 265,532 237,660 g End of year balance 9,926,920 8,876,331 9,375,481 7,055,254 6,961,597 g End of year balance 9,926,920 8,876,331 9,375,481 7,055,254 6,961,597 g End of year balance 20,5500 % % 70,55,254 6,961,597 g Parvoide the estimated percentage of the current year end balance (line 1g, column (al) held as: a Board designated or quasi-adowment 20,5500 % g Provide the estimated programizations 117,5500 % 3a(i) X g In Parkol funds not in the possession	. a		ĭ) Three v	ears hack	(e) Four	vears	hack
b Contributions 794,393, 585,650, 443,397, 389,996, 446,942, c Net investment earnings, gains, and losses 685,313, -827,542, 2,125,430, 41,409, 273,720, 362,407, 183,068, 181,467, 265,532, 237,660, 362,407, 183,068, 181,467, 265,532, 237,660, 362,407, 183,068, 181,467, 265,532, 237,660, 362,407, 183,068, 181,467, 265,532, 237,660, 362,407, 183,068, 181,467, 265,532, 237,660, 362,407, 183,068, 181,467, 265,532, 237,660, 362,407, 183,068, 181,467, 265,532, 237,660, 362,407, 183,068, 181,467, 265,532, 237,660, 362,920, 8,876,331, 9,375,481, 7,055,254, 6,961,597, 29,20, 8,876,331, 9,375,481, 7,055,254, 6,961,597, 29,20, 8,876,331, 9,375,481, 7,055,254, 6,961,597, 29,20, 8,876,331, 9,375,481, 7,055,254, 6,961,597, 29,20, 8,876,331, 9,375,481, 7,055,254, 6,961,597, 29,20, 8,876,331, 9,375,481, 7,055,254, 6,961,597, 29,20, 8,876,331, 9,375,481, 7,055,254, 6,961,597, 29,20, 8,876,331, 9,375,481, 7,055,254, 6,961,597, 20,560, % a Board designated or quasi-endowment 20.5600, % b Permanet endowment 17.5500, % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations 3a(0) X (i) Undentated organizations 3a(0) X 3a(0) X (ii) Related organizations 3a(0) X 3a(0) X (iii) Iand, Buildings, and Equipment. Complete if the organization sisted as required on Schedule R? 4 4	1.	Designing of year belonce	., ,								
c Net investment earnings, gains, and losses 685, 313, -827, 542, 2, 125, 430, 41, 409, 273, 720, 362, 407, 183, 068, 181, 467, 265, 532, 237, 660, 362, 407, 183, 068, 181, 467, 265, 532, 237, 660, 362, 407, 183, 068, 181, 467, 265, 532, 237, 660, 362, 407, 183, 068, 181, 467, 265, 532, 237, 660, 362, 407, 183, 068, 181, 467, 265, 532, 237, 660, 362, 407, 183, 068, 181, 467, 265, 532, 237, 660, 362, 407, 183, 068, 181, 467, 265, 532, 237, 660, 360, 362, 407, 183, 068, 181, 467, 265, 532, 237, 660, 362, 407, 183, 068, 181, 467, 265, 532, 237, 660, 362, 407, 183, 068, 181, 467, 265, 532, 237, 660, 362, 407, 183, 068, 181, 467, 265, 532, 237, 660, 362, 407, 183, 068, 181, 467, 265, 532, 237, 660, 362, 407, 183, 068, 181, 467, 265, 532, 237, 660, 362, 407, 183, 068, 181, 467, 265, 532, 237, 660, 362, 407, 183, 068, 181, 467, 265, 532, 237, 660, 362, 407, 183, 068, 181, 467, 265, 532, 237, 660, 362, 407, 183, 068, 181, 467, 265, 532, 237, 660, 362, 407, 183, 068, 181, 467, 265, 532, 237, 660, 362, 407, 183, 068, 181, 467, 265, 532, 237, 660, 362, 407, 183, 068, 181, 467, 265, 532, 237, 660, 362, 407, 183, 058, 313, 9, 375, 481, 7, 055, 254, 64, 225, 364, 425, 566, 360, 565, 087, 334, 079, 57, 484, 408, 408, 408, 408, 408, 408, 408											
d Grants or scholarships 362,407 183,068 181,467 265,532 237,660 e Other expenditures for facilities and programs 66,710 74,190 67,133 72,216 64,225 g End of year balance 9,226,920 8,876,331 9,375,481 7,055,254 6,961,597 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 20.5600 % b Permanent endowment 61.8900 % remendowment 17.5500 % c Term endowment 17.5500 % remendowment 3a(i) X ii) Nelated organizations 10.5600 % y Yes No ii) 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 organizations by: iii) Iiii Iiiii No ii) Related organizations iiiiiiiiiii iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii											
e Other expenditures for facilities and programs 66,710, 74,190, 67,133, 72,216, 64,225, g End of year balance 9,926,920, 8,876,331, 9,375,481, 7,055,254, 6,961,597. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 20.5600 % b Permanent endowment 61.8900 % c Term endowment 17.5500 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Virelated organizations 3a(ii) X (i) Unrelated organizations if "Yes" on line 3a(ii), are the related organizations is endowment funds. 3a(ii) X 4 Describe in Part XIII the intended uses of the organization's endowment funds. It "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (inter) 143,7666, 90,352, 53,414,. 143,723,			,	•							
and programs 66,710. 74,190. 67,133. 72,216. 64,225. g End of year balance 9,926,920. 8,876,331. 9,375,481. 7,055,254. 6,961,597. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment 20.5600 % b Permanent endowment 61.8900 % 7.055,254. 6,961,597. c Term endowment 61.8900 % % 7.055,254. 6,961,597. b Permanent endowment 61.8900 % <td></td> <td></td> <td>502,407.</td> <td>105,000.</td> <td>101,4</td> <td>• • •</td> <td>20</td> <td>, 552.</td> <td></td> <td>237,</td> <td></td>			502,407.	105,000.	101,4	• • •	20	, 552.		237,	
f Administrative expenses 66,710. 74,190. 67,133. 72,216. 64,225. g End of year balance 9,926,920. 8,876,331. 9,375,481. 7,055,254. 6,961,597. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a a Board designated or quasi-endowment 20.5600 % b Permanent endowment 17.5500 % K<	е										
g End of year balance 9,926,920. 8,876,331. 9,375,481. 7,055,254. 6,961,597. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 20.5600 % b Permanent endowment 61.8900 % % % c Term endowment 17.5500 % % 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 organizations 3a(i) X (i) Unrelated organizations 3a(i) X 3a(ii) X (ii) Related organizations 3a(ii) X 3a(iii) X 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answerd "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 a Land 143,7666. 90,352. 53,414. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.			66 710	74 190	67.1	33		72 216		64	225
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 20.5600 % b Permanent endowment 61.8900 % c Term endowment 17.5500 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations isted as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other depreciation b Buildings 143,766.90,352.53,414. c Leasehold improvements 143,766.90,352.53,414. c Leavide intervention (d) must			,						6		
a Board designated or quasi-endowment 20.5600 % b Permanent endowment 61.8900 % c Term endowment 17.5500 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) X 3a(i) X (ii) Related organizations 3a(ii) X b fr"ves" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 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 (b) Cost or other (c) Accumulated b Buildings 143,766.90,352.53,414. c Leasehold improvements 143,766.90,352.53,414. d Equipment 541,133.522,410.18,723. e Other 3,538,166.3,505,087.33,079. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B). line 10c.) 105,216.			i			•1•	,,,,,	, 201.	•,	, 100	
b Permanent endowment 61.8900 % c Term endowment 17.5500 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (iii) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (e) Leasehold improvements (ii) Additions (f) Book value Form 990, Part X, column (B), line 10c.) (f) Book valu			-		i) neiù as.						
c Term endowment 17.5500 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations isted as required on Schedule R? (i) Land, Buildings, and Equipment. Yes '' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Part VI Land, Buildings, and Equipment. (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation b Buildings 143,766. 90,352. 53,414. c Leasehold improvements 143,766. 90,352. 53,414. d Equipment 541,133. 522,410. 18,723. e Other 3,538,166. 3,505,087. 33,079.	a h	• —		%							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (ii) Interface organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations listed as required on Schedule R? (iii) Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (other) (a) Cost or other 143, 766. (b) Cost 0, 352. (c) Accumulated the related organization 18, 723. (c) Other (c) Accumulated (d) must equal Form 990, Part X, column (B), line 10c. (c) Accumulated the related organization 18, 723. (c) Other (c) Court (d) must equal Form 990, Part X, column (B), line 10c. (c) Accumulated the related organization 105, 216. 	U										
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) X 3a(ii) X (ii) Related organizations 3a(ii) X 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3d(ii) X 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b 3b 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. (d) Book value 1a Land	C		· -								
organization by: Yes No (i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XII the intended uses of the organization's endowment funds. 3b 3b 3b 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. (d) Book value 1a Land 143,766. 90,352. 53,414. b Buildings 143,766. 90,352. 53,414. c Leasehold improvements 541,133. 522,410. 18,723. e Other 3,538,166. 3,505,087. 33,079. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 105,216.	20			tion that are hold an	d administorod	for the					
(i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XII the intended uses of the organization's endowment funds. 3b 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 b Buildings 14 Land 143,766. 90,352. 53,414. c Leasehold improvements 541,133. 522,410. 18,723. e Other 3,538,166. 3,505,087. 33,079. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 105,216.	Ja	1	ssion of the organiza		id administered				Г	Yes	No
(ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 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 (other) (c) Accumulated depreciation b Buildings 143,766. 90,352. 53,414. c Leasehold improvements 143,766. 90,352. 53,414. d Equipment 541,133. 522,410. 18,723. e Other 3,538,166. 3,505,087. 33,079. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B). line 10c.) 105,216.											
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment s 143,766. 90, 352. 53,414. d Equipment s 541,133. 522,410. 18,723. e Other 3,538,166. 3,505,087. 33,079. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)											x
4 Describe in Part XII 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 1a Land	h										
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 1a Land (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation b Buildings (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation b Buildings (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation c Leasehold improvements (a) 143,766. 90,352. 53,414. d Equipment Stati, 133. 522,410. 118,723. c Leasehold improvements 3,538,166. 3,505,087. 33,079. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 105,216.	4								50		
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 1a Land	Par			withent fullus.							
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land				. Part IV. line 11a. S	ee Form 990. Pa	art X. lin	e 10.				
basis (investment) basis (other) depreciation 1a Land								d		valu	
1a Land		bescription of property				• •			(u) Dook	valu	C
b Buildings Image: Constraint of the system State of the system Stat	1a	Land		,	. ,						
c Leasehold improvements 143,766. 90,352. 53,414. d Equipment 541,133. 522,410. 18,723. e Other 3,538,166. 3,505,087. 33,079. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 105,216.											
d Equipment 541,133. 522,410. 18,723. e Other 3,538,166. 3,505,087. 33,079. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 105,216.				14	3,766.	q	0.35	2.	53	. 4	14.
e Other 3,538,166. 3,505,087. 33,079. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 105,216.											
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)											
			<u>quari unii 330, Fall</u> i							-	

Schedule	D (Form 990) 2022 PENNSYLVANI	Α		25-1043578	Page 3
Part VI					
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Descr	iption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market v	alue
(1) Financ	ial derivatives				
	y held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	(b) must equal Form 990, Part X, col. (B) line 12.)				
Part VI	I 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 of	or end-of-year market v	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
	.,	Description		(b) Book va	lue
(1) F	UNDS HELD IN TRUST BY OT	HERS		6,153,	
(2) 0	PERATING LEASE RIGHT-OF-	USE ASSETS		2,339,	,288.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Co.	lumn (b) must equal Form 990, Part X, col. (B) lin	e 15.)		8,493,	,107.
Part X	Other Liabilities.				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lir	ne 25.	
1.	(a) Description of liability			(b) Book va	lue
(1) Fe	deral income taxes				
(2) D	ISTRIBUTIONS PAYABLE TO	AGENCY		6,933,	,298.
(3) C	ONTRIBUTOR CHOICE SUPPOR	Т		4,780,	,239.
(4) 0	UT OF AREA ACCOUNT			2,744,	,350.
(5) 0	PERATING LEASE LIABILITY			2,346,	
(6)					
(7)					
(8)					
(9)					
	lumn (b) must equal Form 990. Part X. col. (B) lin	e 25)		16,804,	,022.
	y for uncertain tax positions. In Part XIII, provide				
	zation's liability for uncertain tax positions under		-	-	X

Schedule D (Form 990) 2022

232053 09-01-22

	THE UNITED WAY OF SOUTHWE	STERN			
Sche	dule D (Form 990) 2022 PENNSYLVANIA				1043578 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents Wi	th Revenue per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	29,365,629.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	2,963,221. 750,478.		
b	Donated services and use of facilities	2b	750,478.	_	
с	Recoveries of prior year grants	2c		_	
d	Other (Describe in Part XIII.)	2d	86,611.		
е	Add lines 2a through 2d			2e	3,800,310.
3	Subtract line 2e from line 1			3	25,565,319.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b			_	
b	Other (Describe in Part XIII.)	4b	11,042,185.		
С	Add lines 4a and 4b			4c	11,042,185.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	36,607,504.
Pa	t XII Reconciliation of Expenses per Audited Financial Stater		ith Expenses per l	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			1	
1	Total expenses and losses per audited financial statements			1	24,388,769.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities		750,478.	-	
b	Prior year adjustments			-	
С	Other losses		40,000	_	
d	Other (Describe in Part XIII.)	2d	49,830.		000 000
е	Add lines 2a through 2d			2e	800,308.
3	Subtract line 2e from line 1			3	23,588,461.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		I		
а	Investment expenses not included on Form 990, Part VIII, line 7b		11 040 105	_	
b	Other (Describe in Part XIII.)	4b	11,042,185.	-	11 040 105
С	Add lines 4a and 4b			4c	11,042,185.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	34,630,646.
Pa	rt 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 X, LINE 2:

THE	UNITE	D WAY	OF SOU	JTHWESTER	N PENN	SYLVANI	A, UN	NDER	CODE	SECTIO	ON 501	(C)(3),
IS	EXEMPI	FROM	FEDERA	AL INCOME	TAXES	UNDER	THE I	INTER	NAL R	EVENU	E CODE	OF
198	6 (THE	CODE) AND H	IAS BEEN	CLASSI	FIED AS	S A NO	ONPRI	VATE	FOUND	ATION U	JNDER
SEC	TION 5	09(A)	(1) OF	THE CODE	. ACCO	RDINGLY	, NO	PROV	VISION	I FOR I	INCOME	TAXES
HAS	BEEN	MADE I	IN THE	ACCOMPAN	YING F	INANCIA	L STA	ATEME	ENTS.			

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA

REQUIRE THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA'S MANAGEMENT TO

EVALUATE TAX POSITIONS TAKEN BY THE UNITED WAY OF SOUTHWESTERN

PENNSYLVANIA AND RECOGNIZE A TAX LIABILITY IF THE UNITED WAY OF

SOUTHWESTERN PENNSYLVANIA HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY

Schedule D (Form 990) 2022

15401205 144198 296157

232054 09-01-22

34

THE UNITED WAY OF SOUTHWESTERN	_
Schedule D (Form 990) 2022 PENNSYLVANIA 25-1043578 Page Part XIII Supplemental Information (continued) 25-1043578 Page	5
THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY.	
MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE UNITED WAY OF	
SOUTHWESTERN PENNSYLVANIA AND HAS CONCLUDED THAT, AS OF JUNE 30, 2023,	
THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN. THE	
UNITED WAY OF SOUTHWESTERN PENNSYLVANIA IS SUBJECT TO ROUTINE AUDITS BY	
TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX	
PERIODS IN PROGRESS.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES 49,830.	
CHANGE IN VALUE OF BENEFICIAL INTEREST IN CHARITABLE TRUST 36,781.	
TOTAL TO SCHEDULE D, PART XI, LINE 2D 86,611.	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
DONOR DESIGNATIONS 11,042,185.	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES 49,830.	
PART XII, LINE 4B - OTHER ADJUSTMENTS:	_
DONOR DESIGNATIONS 11,042,185.	
SCHEDULE D, PART V, LINE 4:	
INCOME FROM THE MAURICE AND LAURA FALK FOUNDATION FUND IS RESTRICTED FOR	
USE IN FINANCING CAPITAL REQUIREMENTS OF AGENCIES AND THE UNITED WAY OF	
SOUTHWESTERN PENNSYLVANIA. THIS INCOME AND ACCUMULATED APPRECIATION IS	
CLASSIFIED AS AVAILABLE FOR CAPITAL EXPENDITURES. INCOME FROM THE OTHER	
FUNDS IS AVAILABLE TO SUPPORT ALL ACTIVITIES OF THE UNITED WAY OF	
232055 09-01-22 2 5	22
35	

THE UNITED WAY OF SOUTHWESTERN Schedule D (Form 990) 2022 PENNSYLVANIA Part XIII Supplemental Information (continued)	25-1043578 Page 5
SOUTHWESTERN PENNSYLVANIA AND IS REPORTED AS UNRESTRICTED IN	COME. INCOME
FROM THE DIETRICH FUND IS RESTRICTED FOR USE FOR THE PREPARI	NG CHILDREN
AND YOUTH TO SUCCEED IN SCHOOL AND LIFE PROGRAM.	
	Schedule D (Form 990) 2022

232055 09-01-22

15401205 144198 296157

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ing or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990)	•	e organization answered "Yes" on organization entered more than \$15		-		r 19, d	or if the	2022
Department of the Treasury Internal Revenue Service		Attach to Form 990 c						Open to Public Inspection
Name of the organization		<u>o www.irs.gov/Form990 for instruc</u> TED WAY OF SOUTHWE			ne latest information		Employer i	dentification number
name er me er gamzaner	PENNSYL						25-104	
Part I Fundrais	ing Activities.	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17	. Form 990-	EZ filers are not
required to	complete this part	t.						
a 📃 Mail solicitat	•	f Solicita	tion of tion of	non-g gover	overnment grants nment grants			
c Phone solicit		g Special	fundra	aising	events			
d In-person so		or oral agreement with any individual	(inclue	lina of	ficers directors trus	tees (or	
•		art VII) or entity in connection with p		Ũ				es 🗌 No
b If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursu organization.	ant to	agreei	ments under which th	ne fun	draiser is to	be
(i) Name and address or entity (fund		(ii) Activity	(iii) fundi have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (o f	Amount paic r retained by undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total			•	1				
		n is registered or licensed to solicit c		utions	or has been notified	it is e	xempt from	registration

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

Schedule G (Form 990) 2022

232081 10-27-22

Fundraising Events. Complete if the of fundraising event contributions and groups and groups receipts and the second seco	cas income on Form 990- (a) Event #1 GOLF OUTING (event type) 198,610. 148,780. 49,830.			
ss: Contributions oss income (line 1 minus line 2) sh prizes ncash prizes	GOLF OUTING (event type) 198,610. 148,780. 49,830.		NONE	(add col. (a) through col. (c)) 198,610. 148,780.
ss: Contributions oss income (line 1 minus line 2) sh prizes ncash prizes	(event type) 198,610. 148,780. 49,830.	(event type)	(total number)	<u>198,610.</u> 148,780.
ss: Contributions oss income (line 1 minus line 2) sh prizes ncash prizes	148,780. 49,830.			148,780.
oss income (line 1 minus line 2) sh prizes ncash prizes	49,830.			
sh prizes				49,830.
ncash prizes				
nt/facility costs				
	45,327.			45,327.
od and beverages				
				4 500
	· · · · ·			4,503.
				49,830.
\$15,000 on Form 990-EZ, line 6a.				
	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
oss revenue				
sh prizes				
ncash prizes				
nt/facility costs				
her direct expenses				
lunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
ect expense summary. Add lines 2 through	n 5 in column (d)			
t gaming income summary. Subtract line 7	from line 1, column (d)			
	tertainment	tertainment her direct expenses ect expense summary. Add lines 4 through 9 in column (d) tincome summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form \$15,000 on Form 990-EZ, line 6a. (a) Bingo sh prizes incash prizes int/facility costs her direct expenses unteer labor inteer labor inteer labor integrating income summary. Add lines 2 through 5 in column (d) the state(s) in which the organization conducts gaming activities:	tertainment	tertainment 4,503. tert direct expenses 4,503. ect expense summary. Add lines 4 through 9 in column (d)

b If "No," explain:

Yes 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? No b If "Yes," explain: _

232082 10-27-22

	THE UNITED WAY OF SOUTHWESTERN	- 47			
-		5-10	_		
	Does the organization conduct gaming activities with nonmembers?			Yes	No
	to administer charitable gaming?			Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:				
	a The organization's facility		13a		%
	a An outside facility	L	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name				
45.	Address			Yes	No
	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			162	
Ľ	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amoun of gaming revenue retained by the third party \$	It			
	c If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
	Mandatory distributions:				
c	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?			Yes	No
k	Denter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the amount of distributions required under state law to be distributed to other exempt organizations or spent in the amount of distributions of spent in the amount of distributions are approximately as a spent of the amount of distributions are approximately as a spent of the amount of distributions are approximately as a spent of the amount of distributions are approximately as a spent of the amount of distributions are approximately as a spent of the amount of distributions are approximately as a spent of the amount	 1e			
_	organization's own exempt activities during the tax year \$				
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an 15b, 15c, 16, and 17b, as applicable.	d Part	III, lin	es 9,	9b, 10b,
2320		chedul	e G (Form	990) 2022
	39				

		THE UNITED WAY O	F SOUTHWESTERN	
Schedule G	a (Form 990) Supplemental Infor	PENNSYLVANIA		25-1043578 Page 4
Part IV	Supplemental Infor	mation (continued)		
232084 04-01-	22			Schedule G (Form 990)
232004 04-01-	<u> </u>			

(Form 980) Covernments, and Individuals in the United States. 20222 Deserved to the reserved Complete if the organization answered "Vec" on Form 980, Part IV, line 21 or 22 Match to Form 980, The IV IV INTED WAY OF SOUTHWESTERN Employer identification number 25-1043578 Term of the organization answered assistance Imployer identification number 25-1043578 Employer identification number 25-1043578 1 Operation matching the use of grant function in the United States. Imployer identification number 25-1043578 2 Describe organization answered 'the grants or assistance, the grants or assistance, the grants or assistance, and the selection control the grants or assistance in the United States. Imployer identification number 21, for any complete if the organization answered 'Ves' on Form 980, Part IV, line 21, for any complete if the organization developed in the selection or government. Imployer identification number 21, for any complete if the organization complete it the organization of the developed of grant or assistance in eacted of eact of the organization of the organization answered 'Ves' on Form 980, Part IV, line 21, for any complete if the organization answered 'Ves' on Form 980, Part IV, line 21, for any complete if the organization and the organization of the organization of the development of assistance in eacted of eact of the organization of the organization of assistance in eacted of eact of the organization of the o	SCHEDULE I		irants and Oth					OMB No. 1545-0047
Dependent Test Transvir Attach to Form 900. Go to www.feg.ov/form900 from the latest information. Open to Public Management of the organization pendent the organization and the organization on Grants and Assistance Part Centeral Information on Grants and Assistance order aused to award the grants or assistance to award the grants or assistance, the grantees' eligibility for the grants or assistance, and the sector order aused to award the grantation's procedures for monitoring the use of grant funds in the United States. Yes No 2 Describe in Part IV the organization and the assistance to Domestic Organization and Domestic Governments. Complete if the organization answered "Ves" on Form 900, Part IV, line 21, for any recipient that needwed more than \$5,000. Part II can be duplicated if additional space is meeded. (g) Amount of nonceach orgovernment (g) Description of vest on Form 900, Part IV, line 21, for any recipient that needwed more than \$5,000. Part II can be duplicated if additional space is meeded. (g) Description of vest on Form 900, Part IV, line 21, for any recipient that needwed more than \$5,000. Part II can be duplicated if additional space is meeded. (g) Description of vest on the sector recipient that needwed more than \$5,000. Part II can be duplicated if additional space is meeded. (g) Description of vest on the sector recipient that needwed more than \$5,000. Part II can be duplicated if addition 10, book of vest on the sector 10, book of vest on the sector 10, book of vest on the sector recipient that needwed more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of vest on the sector recipient that needwed more than \$5,000. Part II can be duplicated if addition 10,	(Form 990)							2022
Name of the organization THE UNITED WAY OF SOUTHESTERN Pert1 General Information on Grants and Assistance Employer identification number 25-10.43578 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 orter is used to award the grants or assistance in the use of grant function in the organization approach or grant and on desistance for operating the use of grant function in the United States. 2 Describe in Part IV the organization's procedures for monitoring the use of grant function in the United States. Pert11 Grants and Other Assistance to Operate Organization approach or grant and address of organization or grant and address of organization. (b) EIN (c) IRC section 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of monitoring the use of grant function in the United States. (g) Description of noncash assistance 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of assistance (g) Description of noncash assistance (g) Description of noncash assistance 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of assistance (g) Description of noncash assistance 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of assistance (g) Description of noncash assistance 1 (a) Name an		·	Ū					-
PENNSYLVANIA 25-1043578 Part General Information on Crants and Assistance 25-1043578 Part General Information on Crants and Assistance? Image: Crants and Crants a				0	the latest information	ation.		•
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grants or assistance, and the selection or development and the grants or assistance? 2 Describe In Part IV the organizations proceedings for monitoring the use of grant funds in the United States. Part II Derrants and Other Assistance to Domestic Organizations and Domestic Governments. Complete the tready more than \$2000. Part I can be duplicated if advitional space is meeded. (f) Method of (g) Description of or government (b) EIN (c) EIN			SOUTHWESTER	N				
Image: contrained to award the grants or assistance? Image: contrained contrained to a solution of the use of grant tunds in the United States. PartIN Grants and Other Assistance to Domestic Organization and Domestic Organization and Domestic Organization and address of organization and solution is pace is needed. (f) Method of valuation (box), part if the use of grant use of grant and address of organization (c) IFG Section (f) applicable) (g) Amount of (f) Amount of valuation (box), part if the use of grant use of grant use of grant assistance (g) Description of noncash assistance (g) Description of noncash assistance (g) Description of noncash assistance (h) Purpose of grant or assistance A+ SCHOOLS 100 LENTRE AVENUE 90 -0254325 501(C) (3) 55,000. 0. Instruct of assistance (h) Purpose of grant or assistance A+ SCHOOLS 30 -0254325 501(C) (3) 55,000. 0. Instruct of assistance (h) Purpose of grant or assistance PTTTSBURGH, PA 15219 30 -0254325 501(C) (3) 55,000. 0. Instruct of assistance (h) Purpose of grant or assistance ACTIEVA 711 BINGMM STREET PTTTSBURGH, PA 15219 25 -0965469 501(C) (3) 37,000. 0. Instruct way GRANT ALTIES FOR CHILDREN 25 -0965469 501(C) (3) 370,000. 0. Instruct way GRANT ALLIES FOR CHILDREN 25 -0965233 501(C) (Part I General Information on Grants a	nd Assistance						
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organization and Domestic Governments. Complete the organization arguments is necessarily assistance (g) Method of cash grant (hook, part IV, line 21, for argument or orgonization argument is necessarily assistance (g) Description of oncash assistance (h) Purpose of grant on assistance 1 (e) Name and address of organization or government (b) EIN (c) IRC section (f applicable) (d) Amount of cash grant is in the organization asswered "Vess" on Form 390, Part IV, line 21, for argument is substance (g) Description of oncash assistance (h) Purpose of grant organization and Domestic Organization and Domesti								
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) IPC section (if applicable) (d) Amount of cash grant (f) Method of valuation (box), FMV, apprisial, other) (g) Description of noncash assistance (h) Purpose of grant or assistance A + SCHOOLS 30-0254325 501(C) (3) 55,000. 0. innex stress innex stress innex stress PTTYSBURGH, PA 15219 30-0254325 501(C) (3) 55,000. 0. innex stress PTTYSBURGH, PA 15203 25-1505216 501(C) (3) 37,000. 0. innited way grant ActieVA 111 EINCHAM STREET Innited way grant Innited way grant innited way grant Action Housing Inc 611 witLiAM PENN FLACE, suitre 800 25-0965469 501(C) (3) 370,000. 0. innited way grant ALLIES FOR CHILDREN 10 CHILDREN'S way suitre 200 25-0965469 501(C) (3) 150,000. 0. innited way grant MERICAN RED CROSS OF CHEETNUT RIDGE 38428 - 351 HARVEY AVENUE, SUITE B - GREUSBURG, PA 15212 25-0965233 501(C) (3) 40,000. 0. innited way grant MERICAN RED CROSS OF CHEETNUT RIDGE 38428 - 351 HARVEY AVENUE, SUITE B - GREUSBURG, PA 15501								
T(p) Name and address of organization or government (0) ENV (c) P(c) No section (f) applicable) (c) Antonno (c) cash grant (c) Antonno (c) assistance PITTSBURGH, PA 15219 30-0254325 501(c)(3) 370,000. 0. </td <td></td> <td>•</td> <td></td> <td></td> <td></td> <td>anization answered "Y</td> <td>es" on Form 990, Parl</td> <td>IV, line 21, for any</td>		•				anization answered "Y	es" on Form 990, Parl	IV, line 21, for any
1901 CENTRE AVENUE PITTSBURGH, PA 1521930-0254325\$01(C)(3)55,000.0.UNITED WAY GRANTACHIEVA 711 BINGHAM STREET PITTSBURGH, PA 1520325-1505216\$01(C)(3)37,000.0.UNITED WAY GRANTACTION-HOUSING INC 611 WILLIAM PENN PLACE, SUITE 800 PITTSBURGH, PA 1521925-0965469\$01(C)(3)370,000.0.UNITED WAY GRANTALLIES FOR CHILDREN 10 CHILDREN'S WAY SUITE 200 PITTSBURGH, PA 1521225-0965469\$01(C)(3)370,000.0.UNITED WAY GRANTAMERICAN RED CROSS OF CHESTNUT RIDGE-38428 - 351 HARVEY AVENUE, SUITE 8 - GREENSBURG, PA 1550125-096523\$01(C)(3)40,000.0.UNITED WAY GRANTAMERICAN RED CROSS OF CHESTNUT RIDGE-38428 - 351 HARVEY AVENUE, SUITE 8 - GREENSBURG, PA 1550125-096523\$01(C)(3)40,000.0.UNITED WAY GRANTAMERICAN RED CROSS OF CHESTNUT RIDGE-38428 - 351 HARVEY AVENUE, SUITE 8 - GREENSBURG, PA 1550125-0965233\$01(C)(3)40,000.0.UNITED WAY GRANTAMERICAN RED CROSS OF CHESTNUT RIDGE-38428 - 351 HARVEY AVENUE, SUITE 8 - GREENSBURG, PA 1560125-0965233\$01(C)(3)40,000.0.UNITED WAY GRANTAMERICAN RED CROSS OF CHESTNUT PENNYLVANIA CHAPTER-38300 - PO. BOX 371997 - PITTSBURGH, PA 1525125-0965231501(C)(3)200,000.0.UNITED WAY GRANT	.,	(b) EIN	• • •		noncash	valuation (book, FMV, appraisal,		
ACHIEVA Junited Junited <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>								
711 BINGHAM STREET 25-1505216 501(C)(3) 37,000. 0. UNITED WAY GRANT ACTION-HOUSING INC 611 WILLIAM PENN PLACE, SUITE 800 25-0965469 501(C)(3) 370,000. 0. UNITED WAY GRANT ALLIES FOR CHILDREN 25-0965469 501(C)(3) 370,000. 0. UNITED WAY GRANT ALLIES FOR CHILDREN'S WAY SUITE 200 35-2191961 501(C)(3) 150,000. 0. UNITED WAY GRANT AMERICAN RED CROSS OF CHESTNUT 35-2191961 501(C)(3) 150,000. 0. UNITED WAY GRANT AMERICAN RED CROSS OF CHESTNUT 25-0965233 501(C)(3) 40,000. 0. UNITED WAY GRANT PENNSYLVANIA CHAPTER-38300 - - - - - - - PO. BOX 371997 - PITTSBURGH, PA 25-0965231 501(C)(3) 200,000. 0. - - -	PITTSBURGH, PA 15219	30-0254325	501(C)(3)	55,000.	0.			UNITED WAY GRANT
711 BINGHAM STREET 25-1505216 501(C)(3) 37,000. 0. UNITED WAY GRANT ACTION-HOUSING INC 611 WILLIAM PENN PLACE, SUITE 800 25-0965469 501(C)(3) 370,000. 0. UNITED WAY GRANT ALLIES FOR CHILDREN 25-0965469 501(C)(3) 370,000. 0. UNITED WAY GRANT ALLIES FOR CHILDREN'S WAY SUITE 200 35-2191961 501(C)(3) 150,000. 0. UNITED WAY GRANT AMERICAN RED CROSS OF CHESTNUT 35-2191961 501(C)(3) 150,000. 0. UNITED WAY GRANT AMERICAN RED CROSS OF CHESTNUT 25-0965233 501(C)(3) 40,000. 0. UNITED WAY GRANT PENNSYLVANIA CHAPTER-38300 - - - - - - - PO. BOX 371997 - PITTSBURGH, PA 25-0965231 501(C)(3) 200,000. 0. - - -	ACHIEVA							
PITTSBURGH, PA 15203 25-1505216 501(C)(3) 37,000. 0. UNITED WAY GRANT ACTION-HOUSING INC 25-0965469 501(C)(3) 370,000. 0. UNITED WAY GRANT ALLIES FOR CHILDREN 25-0965469 501(C)(3) 370,000. 0. UNITED WAY GRANT ALLIES FOR CHILDREN 25-0965469 501(C)(3) 370,000. 0. UNITED WAY GRANT ALLIES FOR CHILDREN 35-2191961 501(C)(3) 150,000. 0. UNITED WAY GRANT AMERICAN RED CROSS OF CHESTNUT 35-2191961 501(C)(3) 150,000. 0. UNITED WAY GRANT AMERICAN RED CROSS OF CHESTNUT 25-0965233 501(C)(3) 40,000. 0. UNITED WAY GRANT PENNSYLVANIA CHAPTER-38300 - 25-0965233 501(C)(3) 200,000. 0. UNITED WAY GRANT 15251 25-0965233 501(C)(3) 200,000. 0. UNITED WAY GRANT								
611 WILLIAM PENN PLACE, SUITE 800 PITTSBURGH, PA 1521925-0965469501(C)(3)370,000.0.UNITED WAY GRANTALLIES FOR CHILDREN 10 CHILDREN'S WAY SUITE 200 PITTSBURGH, PA 1521235-2191961501(C)(3)150,000.0.UNITED WAY GRANTAMERICAN RED CROSS OF CHESTNUT RIDGE-38428 - 351 HARVEY AVENUE, SUITE B - GREENSBURG, PA 1560125-0965233501(C)(3)40,000.0.UNITED WAY GRANTAMERICAN RED CROSS - SOUTHWESTERN PENNSYLVANIA CHAPTER-38300 - P.O. BOX 371997 - PITTSBURGH, PA 1525125-0965231501(C)(3)200,000.0.UNITED WAY GRANT		25-1505216	501(C)(3)	37,000.	0.			UNITED WAY GRANT
10 CHILDREN'S WAY SUITE 200 PITTSBURGH, PA 1521235-2191961501(C)(3)150,000.0.UNITED WAY GRANTAMERICAN RED CROSS OF CHESTNUT RIDGE-38428 - 351 HARVEY AVENUE, SUITE B - GREENSBURG, PA 1560125-0965233501(C)(3)40,000.0.UNITED WAY GRANTAMERICAN RED CROSS-SOUTHWESTERN PENNSYLVANIA CHAPTER-38300 - P.0. BOX 371997 - PITTSBURGH, PA 152125-0965231501(C)(3)200,000.0.UNITED WAY GRANT	611 WILLIAM PENN PLACE, SUITE 800	25-0965469	501(C)(3)	370,000.	0.			UNITED WAY GRANT
AMERICAN RED CROSS OF CHESTNUT RIDGE-38428 - 351 HARVEY AVENUE, SUITE B - GREENSBURG, PA 15601 25-0965233 501(C)(3) 40,000. 0. UNITED WAY GRANT AMERICAN RED CROSS-SOUTHWESTERN PENNSYLVANIA CHAPTER-38300 - P.O. BOX 371997 - PITTSBURGH, PA 15251 25-0965231 501(C)(3) 200,000. 0. UNITED WAY GRANT								
RIDGE-38428 - 351 HARVEY AVENUE, 25-0965233 501(C)(3) 40,000. 0. UNITED WAY GRANT SUITE B - GREENSBURG, PA 15601 25-0965233 501(C)(3) 40,000. 0. UNITED WAY GRANT AMERICAN RED CROSS-SOUTHWESTERN PENNSYLVANIA CHAPTER-38300 - - - - - P.O. BOX 371997 - PITTSBURGH, PA 25-0965231 501(C)(3) 200,000. 0. UNITED WAY GRANT	PITTSBURGH, PA 15212	35-2191961	501(C)(3)	150,000.	0.			UNITED WAY GRANT
AMERICAN RED CROSS-SOUTHWESTERN PENNSYLVANIA CHAPTER-38300 - P.O. BOX 371997 - PITTSBURGH, PA 15251 25-0965231 501(C)(3) 200,000. 0. UNITED WAY GRANT	RIDGE-38428 - 351 HARVEY AVENUE,							
PENNSYLVANIA CHAPTER-38300 - - <td< td=""><td>SUITE B - GREENSBURG, PA 15601</td><td>25-0965233</td><td>501(C)(3)</td><td>40,000.</td><td>0.</td><td></td><td></td><td>UNITED WAY GRANT</td></td<>	SUITE B - GREENSBURG, PA 15601	25-0965233	501(C)(3)	40,000.	0.			UNITED WAY GRANT
15251 25-0965231 501(C)(3) 200,000. 0. UNITED WAY GRANT	PENNSYLVANIA CHAPTER-38300 -							
		25-0965231	501(C)(3)	200 000	0			UNTTED WAY GRANT
				,			1	

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

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

Schedule I (Form 990) **PENNSYLVANIA**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)		
BETHLEHEM HAVEN							
905 WATSON STREET							
PITTSBURGH, PA 15219	25-1436685	501(C)(3)	72,037.	0.			UNITED WAY GRANT
BIG BROTHERS/BIG SISTERS OF THE							
LAUREL REGION - 106 NORTH MAIN	25-1368402	501(C)(3)	23,000.	0.			UNITED WAY GRANT
STREET - GREENSBURG, PA 15601	25-1308402	501(C)(3)	23,000.	0.			UNITED WAI GRANT
BLACKBURN CENTER AGAINST DOMESTIC							
& SEXUAL VIOLENCE - PO BOX 398 -							
GREENSBURG, PA 15601	25-1339836	501(C)(3)	193,500.	0.			UNITED WAY GRANT
			,				
BOYS & GIRLS CLUB OF WPA							
5432 BUTLER STREET							
PITTSBURGH, PA 15201	25-1206970	501(C)(3)	350,000.	0.			UNITED WAY GRANT
CATHOLIC CHARITIES DIOCESE OF							
PITTSBURGH - 212 NINTH STREET -							
PITTSBURGH, PA 15222	25-1326213	501(C)(3)	120,000.	0.			UNITED WAY GRANT
CATHOLIC CHARITIES OF BUTLER							
COUNTY - 120 NEW CASTLE STREET - BUTLER, PA 16001	25-1326213	501(C)(3)	14,000.	0.			UNITED WAY GRANT
CATHOLIC CHARITIES OF THE DIOCESE	25-1526215	501(C)(3)	14,000.	0.			UNITED WAI GRANT
OF GREENSBURG - 711 EAST							
PITTSBURGH STREET - GREENSBURG, PA							
15601	32-0222403	501(C)(3)	65,000.	0.			UNITED WAY GRANT
				••			
CENTER FOR COMMUNITY RESOURCES							
212-214 SOUTH MAIN STREET, SUITE 62							
, BUTLER, PA 16001	02-0585594	501(C)(3)	41,000.	0.			UNITED WAY GRANT
CENTER FOR HEARING & DEAF			, 				
SERVICES, INC WESTMORELAND -							
1011 OLD SALEM ROAD, SUITE 102 -							
GREENSBURG, PA 15601	25-0974324	501(C)(3)	25,500.	Ο.			UNITED WAY GRANT

Schedule I (Form 990) PENNSYLVAI	NIA						25-1043578 Page
Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER OF LIFE							
161 HAZELWOOD AVENUE							
PITTSBURGH, PA 15207	01-0617023	501(C)(3)	50,000.	0.			UNITED WAY GRANT
COMMUNITY HUMAN SERVICE CORP							
374 LAWN STREET							
PITTSBURGH, PA 15213	25-1219610	501(C)(3)	225,000.	0.			UNITED WAY GRANT
COMMUNITY CARE CONNECTIONS							
114 SKYLINE DRIVE							
BUTLER, PA 16001	25-1211863	501(C)(3)	11,500.	0.			UNITED WAY GRANT
,			,				
COMMUNITY KITCHEN PITTSBURGH							
107 FLOWERS AVE.							
PITTSBURGH, PA 15207	90-1009621	501(C)(3)	70,000.	0.			UNITED WAY GRANT
CONNECT, INC./WELCOME HOME SHELTER							
218 SOUTH MAPLE AVENUE, SUITE 200							
GREENSBURG, PA 15601	25-1762305	501(C)(3)	60,000.	0.			UNITED WAY GRANT
DOMESTIC VIOLENCE SERVICES OF							
SOUTHWESTERN PA - 38 EAST MAIDEN							
STREET - WASHINGTON, PA 15301	25-1521327	501(C)(3)	25,000.	0.			UNITED WAY GRANT
	10 1011017	501(0)(0)					
EARLY LEARNING CONNECTIONS							
L39 RIEGER ROAD							
BUTLER, PA 16001	25-1249750	501(C)(3)	20,667.	0.			UNITED WAY GRANT
EAST END UNITED COMMUNITY CENTER							
OPERATING - 150 COOLSPRING STREET							
- UNIONTOWN, PA 15401	23-7437583	501(C)(3)	10,000.	0.			UNITED WAY GRANT
AYETTE COUNTY COMMUNITY ACTION							
AGENCY, INC 108 NORTH BEESON	25-110000	501(C)(3)	25 000	0.			דאזדתדים אזע מסאית
BOULEVARD - UNIONTOWN, PA 15401	25-1180898	501(C)(3)	35,000.	U.			UNITED WAY GRANT

Schedule I (Form 990) PENNSYLVA		bootinwibilit				2	25-1043578 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	urt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FEEDING THE SPIRIT							
611 SOUTHWEST AVENUE							
GREENSBURG, PA 15601	45-2838281	501(C)(3)	10,000.	0.			UNITED WAY GRANT
FORD CITY PUBLIC LIBRARY							
1136 4TH AVENUE							
FORD CITY, PA 16226	25-6001470	501(C)(3)	6,000.	0.			UNITED WAY GRANT
GREENSBURG HEMPFIELD AREA LIBRARY							
237 S. PENNSYLVANIA AVENUE							
GREENSBURG, PA 15601	25-0974302	501(C)(3)	15,000.	0.			UNITED WAY GRANT
GREENSBURG YMCA							
101 SOUTH MAPLE AVENUE							
GREENSBURG, PA 15601	25-0965622	501(C)(3)	10,000.	0.			UNITED WAY GRANT
HAVIN, INC.							
PO BOX 983							
KITTANNING, PA 16201	25-1393025	501(C)(3)	13,000.	0.			UNITED WAY GRANT
NONDROOD CHILLDERN'S WILLDER							
HOMEWOOD CHILDREN'S VILLAGE							
801 N. HOMEWOOD AVENUE	27-1885583	501(C)(3)	50,000.	0.			UNITED WAY GRANT
PITTSBURGH, PA 15208	27-1005505	501(0)(5)	50,000.	0.			UNTIED WAT GRANT
HUMAN SERVICES CENTER CORP							
519 PENN AVENUE							
PITTSBURGH, PA 15145	25-1427632	501(C)(3)	185,000.	0.			UNITED WAY GRANT
,			, ,				
INTERFAITH VOLUNTEER CAREGIVERS OF							
FAYETTE, INC 79 W. FAYETTE							
STREET - UNIONTOWN, PA 15401	25-1726856	501(C)(3)	20,000.	0.			UNITED WAY GRANT
JEAN B PURVIS COMMUNITY HEALTH							
CENTER - 103 BONNIE DRIVE -							
BUTLER, PA 16002	20-4852135	501(C)(3)	14,000.	0.			UNITED WAY GRANT

Schedule I (Form 990) PENNSYLVANIA

25-1043578 Page 1

Schedule I (Form 990) PEININS I LVA				. /? :			13-1043378 Pag
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa	rt II.) T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH COMMUNITY CENTER OF GREATER							
PGH - 5738 FORBS AVENUE -							
PITTSBURGH, PA 15217	25-1094514	501(C)(3)	430,000.	0.			UNITED WAY GRANT
JEWISH FAMILY AND COMMUNITY			,				
SERVICES OF PGH - 5743 BARTLETT							
STREET - PITTSBURGH, PA 15217	25-0965407	501(C)(3)	573,024.	0.			UNITED WAY GRANT
JUST HARVEST EDUCATION FUND 317 E. CARSON ST, SUITE 153							
PITTSBURGH, PA 15219	25-1555571	501(C)(3)	125,000.	0.			UNITED WAY GRANT
KIDSVOICE/LEGAL AID SOCIETY OF PGH 437 GRANT STREET, SUITE 700							
PITTSBURGH, PA 15219	25-0983060	501(C)(3)	165,000.	0.			UNITED WAY GRANT
LAUREL AREA INTERFAITH VOLUNTEER CAREGIVERS, INC PO BOX 854 -							
LATROBE, PA 15650	20-4380836	501(C)(3)	25,000.	0.			UNITED WAY GRANT
LIFESTEPS							
383 NEW CASTLE ROAD BUTLER, PA 16001	25-1665243	501(C)(3)	30,500.	0.			UNITED WAY GRANT
LIGHTHOUSE FOUNDATION							
116 BROWNS HILL ROAD, SUITE 400							
VALENCIA, PA 16059	25-1547324	501(C)(3)	35,000.	0.			UNITED WAY GRANT
MACEDONIA FAMILY & COMMUNITY ENRICHMENT CENTER - 5001 BAUM							
BOULEVARD, SUITE #400 -							
PITTSBURGH, PA 15213	25-1778222	501(C)(3)	300,537.	0.			UNITED WAY GRANT
			, , ,				
MON VALLEY INITIATIVE							
303 - 305 EAST 8TH AVENUE							
HOMESTEAD, PA 15120	25-1591350	501(C)(3)	115,000.	0.			UNITED WAY GRANT

Schedule I (Form 990) PENNSYLVANIA

25-1043578 Page 1

Part II Continuation of Grants and Other		mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa		15-1045576 Pag
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD LEARNING ALLIANCE							
5429 PENN AVENUE							
PITTSBURGH, PA 15206	20-0557748	501(C)(3)	150,000.	0.			UNITED WAY GRANT
NEIGHBORHOOD LEGAL SERVICES							
928 PENN AVENUE							
PITTSBURGH, PA 15222	25-1157129	501(C)(3)	95,000.	0.			UNITED WAY GRANT
NEW CENTURY CAREERS INC.							
305 EAST CARSON STREET							
PITTSBURGH, PA 15219	25-1852131	501(C)(3)	11,000.	0.			UNITED WAY GRANT
NORTH HILLS COMMN OUTREACH INC							
1975 FERGUSON ROAD							
ALLISON PARK, PA 15101	25-1553057	501(C)(3)	100,000.	0.			UNITED WAY GRANT
NORTHERN AREA MULTI SERVIC CTR							
209 13TH STREET							
PITTSBURGH, PA 15215	23-7139992	501(C)(3)	46,500.	0.			UNITED WAY GRANT
PROGRAM TO AID CITIZEN ENTERPRISE							
(PACE) - TWO GATEWAY CENTER, 603							
STANWIX STREET, SUITE 1700 -							
PITTSBURGH, PA 15222	25-1205316	501(C)(3)	150,000.	0.			UNITED WAY GRANT
PROVIDENCE CONNECTIONS							
3113 BRIGHTON ROAD							
PITTSBURGH, PA 15212	25-1730893	501(C)(3)	70,000.	0.			UNITED WAY GRANT
1111550KGH, FA 15212	25 1/50095	501(0)(5)	70,000.	0.			CALLED WAT GRANT
SALVATION ARMY							
440 WEST NYACK RD.							
WEST NYACK, NY 10994	25-0965551	501(C)(3)	206,000.	0.			UNITED WAY GRANT
SOUTH HILLS INTERFAITH MOVEMENT							
5301 PARK AVENUE							
BETHEL PARK, PA 15102	25-1213332	501(C)(3)	96,049.	0.			UNITED WAY GRANT
DEINEL FARK, PA 13102	20-1210002	201(0)(3)	50,049.	٥.			PINTIED WAI GRANT

Schedule I (Form 990) PENNSYLVAI							25-1043578 Pag
Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	urt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STAT INC LIGONIER THERAPEUTIC CENTER - 24 STOM RD - LIGONIER, PA							
15658	26-0146359	501(C)(3)	10,000.	0.			UNITED WAY GRANT
THE ARC OF BUTLER COUNTY 112 HOLLYWOOD DRIVE, SUITE 202							
BUTLER, PA 16007	25-1072143	501(C)(3)	13,000.	0.			UNITED WAY GRANT
THE LEARNING LAMP 2025 BEDFORD STREET							
JOHNSTOWN, PA 15904	20-0306745	501(C)(3)	16,000.	0.			UNITED WAY GRANT
TRAVELERS AID SOCIETY 343 BOULEVARD OF THE ALLIES							
PITTSBURGH, PA 15222	25-0965581	501(C)(3)	161,049.	0.			UNITED WAY GRANT
UNION MISSION OF LATROBE, INC. PO BOX 271 2217 EAST HARRISON AVENUE -							
LATROBE, PA 15650	25-1516480	501(C)(3)	38,000.	0.			UNITED WAY GRANT
URBAN LEAGUE OF GREATER PGH 332 FIFTH AVENUE, 4TH FLOOR							
PITTSBURGH, PA 15222	25-0965592	501(C)(3)	95,000.	0.			UNITED WAY GRANT
VALLEY POINTS FAMILY YMCA 5021 FREEPORT ROAD							
NATRONA HEIGHTS, PA 15065	25-0965625	501(C)(3)	45,000.	0.			UNITED WAY GRANT
VETERANS LEADERSHIP PROGRAM 2934 SMALLMAN STREET							
PITTSBURGH, PA 15201	25-1434643	501(C)(3)	262,493.	٥.			UNITED WAY GRANT
VINTAGE INC 421 NORTH HIGHLAND AVE							
PITTSBURGH, PA 15206	23-7394576	501(C)(3)	160,000.	0.			UNITED WAY GRANT

Schedule I (Form 990) PENNSYLVA	NIA						25-1043578 Pag
Part II Continuation of Grants and Other	Assistance to Do	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAYPOINT YOUTH & COMMUNITY CENTER							
INC 115 SOUTH 2ND STREET - WEST							
IEWTON, PA 15089	81-4201805	501(C)(3)	10,000.	0.			UNITED WAY GRANT
VESLEY FAMILY SERVICES							
21 PENN AVENUE							
PITTSBURGH, PA 15221	82-0653875	501(C)(3)	395,000.	0.			UNITED WAY GRANT
VESLEY HEALTH CENTER, INC. 410 SOUTH PITTSBURGH STREET							
CONNELLSVILLE, PA 15425	25-1844565	501(C)(3)	28,000.	0.			UNITED WAY GRANT
CONNELLISVILLE, FR 13423	23-1044505	501(0)(5)	28,000.	0.			UNITED WAT GRANT
ESTERN PENNSYLVANIA DIAPER BANK							
201 N. BRADDOCK AVENUE							
PITTSBURGH, PA 15208	35-2461923	501(C)(3)	15,000.	0.			UNITED WAY GRANT
WESTMORELAND COUNTY FOOD BANK,							
INC 100 DEVONSHIRE DRIVE -	25-1422682	501(0)(2)	140.000	0.			UNITED WAY GRANT
DELMONT, PA 15626	25-1422682	501(C)(3)	140,000.	0.			UNITED WAY GRANT
NOMEN'S CENTER & SHELTER OF							
GREATER PGH - P.O. BOX 9024 -							
PITTSBURGH, PA 15224	25-1264376	501(C)(3)	197,037.	0.			UNITED WAY GRANT
MCA OF PGH							
420 FT. DUQUESNE BOULEVARD							
PITTSBURGH, PA 15222	25-0969497	501(C)(3)	225,000.	0.			UNITED WAY GRANT
WCA BUTLER							
20 WEST CUNNINGHAM STREET							
BUTLER, PA 16001	25-0965634	501(C)(3)	11,000.	0.			UNITED WAY GRANT
·,			,	` .			
WCA OF GREATER PGH							
2313 EAST CARSON ST \emptyset FLOOR 2							
PITTSBURGH, PA 15203	25-0965639	501(C)(3)	246,049.	Ο.			UNITED WAY GRANT

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1			
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE FIRST TEE OF PITTSBURGH 5370 SCHENLEY DRIVE PITTSBURGH, PA 15217	01-0867393	501(C)(3)	5,356.	0.			DONOR DESIGNATION			
CLAREMONT SOUP KITCHEN, INC. 51-53 CENTRAL STREET, PO BOX 957 CLAREMONT, NH 03743	02-0367045		10,642.	0.			DONOR DESIGNATION			
TICKETS FOR KIDS CHARITIES 700 BLAW AVENUE, SUITE 105 PITTSBURGH, PA 15238	02-0559825		10,526.	0.			DONOR DESIGNATION			
THE SISTER THEA BOWMAN FOUNDATION 8235 OHIO RIVER BLVD PITTSBURGH, PA 15202	03-0322037	501(C)(3)	18,200.	0.			DONOR DESIGNATION			
UNITED WAY OF MASSACHUSETTS BAY 51 SLEEPER STREET BOSTON, MA 02210	04-2382233	501(C)(3)	12,701.	0.			DONOR DESIGNATION			
GREENWICH UNITED WAY 2 DEARFIELD DR, SUITE 300 GREENWICH, CT 06831	06-0646578	501(C)(3)	10,270.	0.			DONOR DESIGNATION			
AMERICAN DIABETES ASSOCIATION - GEORGIA - 17 EXECUTIVE PARK DR NE STE 115 - ATLANTA, GA 30329	13-1623888	501(C)(3)	11,743.	0.			DONOR DESIGNATION			
UNITED NEGRO COLLEGE FUND INCORPORATED - 718 ARCH ST., SUITE 101 SOUTH - PHILADELPHIA, PA 19106	13-1624241	501(C)(3)	5,291.	0.			DONOR DESIGNATION			
UNITED WAY WORLDWIDE 701 N FAIRFAX STREET ALEXANDRIA, VA 22314	13-1635294	501(C)(3)	272,652.	0.			DONOR DESIGNATION			

Schedule I (Form 990) PENNSYLVAN	2	25-1043578 Page					
Part II Continuation of Grants and Other A	ssistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NATIONAL KIDNEY FOUNDATION 2403 SIDNEY STREET, SUITE 230 PITTSBURGH, PA 15203	13-1673104	501(C)(3)	5,712.	0.			DONOR DESIGNATION
AMERICAN CANCER SOCIETY/CUYAHOGA COUNTY - 5555 FRANTZ ROAD -							
DUBLIN, OH 43017	13-1788491	501(C)(3)	48,853.	0.			DONOR DESIGNATION
MARCH OF DIMES 300 CEDAR RIDGE DRIVE, SUITE 313 PITTSBURGH, PA 15205	13-1846366	501(C)(3)	39,506.	0.			DONOR DESIGNATION
CYSTIC FIBROSIS FOUNDATION OF PITTSBURGH - 600 WATERFRONT DRIVE, SUITE 223 - PITTSBURGH, PA 15212	13-1930701	501(C)(3)	12,066.	0.			DONOR DESIGNATION
UNITED WAY OF NEW YORK CITY 205 EAST 42ND STREET 12TH FLOOR NEW YORK, NY 10017	13-2617681		8,031.	0.			DONOR DESIGNATION
ALZHEIMERS ASSOCIATION 3544 N. PROGRESS AVENUE, SUITE 205 HARRISBURG, PA 17110	13-3039607	501(C)(3)	21,048.	0.			DONOR DESIGNATION
UNITED WAY OF GREATER STARK COUNTY 4825 HIGBEE AVENUE, NW							
CANTON, OH 44718	13-4254191	501(C)(3)	34,400.	0.			DONOR DESIGNATION
SALVATION ARMY/CLEVELAND OHIO 1710 PROSPECT AVENUE	12 55(2251	E01 (0) (2)	102.202				
CLEVELAND, OH 44115 AMERICAN HEART ASSOCIATION/LANCASTER COU - 610 COMMUNITY WAY - LANCASTER, PA	13-5562351	201(C)(3)	103,323.	0.			DONOR DESIGNATION
17603	13-5613797	501(C)(3)	66,308.	0.			DONOR DESIGNATION

Schedule I (Form 990) PENNSYLVANIA

25-1043578 Page 1

	(1) <u>-</u>						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEUKEMIA AND LYMPHOMA SOCIETY 3 INTERNATIONAL DRIVE, SUITE 200							
RYE BROOK, NY 10573	13-5644916	501(C)(3)	13,750.	0.			DONOR DESIGNATION
NATIONAL MULTIPLE SCLEROSIS SOCIETY - ROCKSIDE SQUARE II, 6133 ROCKSIDE ROAD - INDEPENDENCE, OH 44131	13-5661935	501(0)(3)	22,442.	0.			DONOR DESIGNATION
1111	13 3001933	501(0)(5)	22,112.				DONOR DESIGNATION
CROHN'S AND COLITIS FOUNDATION, WPA-WV - 5001 BAUM BLVD, SUITE 635 - PITTSBURGH, PA 15213	13-6193105	501(C)(3)	14,492.	0.			DONOR DESIGNATION
UNITED WAY OF ULSTER COUNTY, INC. 450 ALBANY AVENUE							
KINGSTON, NY 12401	14-1409654	501(C)(3)	6,300.	0.			DONOR DESIGNATION
UNITED WAY OF SOUTHERN CHAUTAUQUA COUNTY - 413 N MAIN ST JAMESTOWN, NY 14701	16-0772743	501(C)(3)	10,578.	0.			DONOR DESIGNATION
	10 0772720						
RANKIN CHRISTIAN CENTER 230 THIRD STREET RANKIN, PA 15104	20-0114753	501(0)(3)	7,486.	0.			DONOR DESIGNATION
MMMIN, IN 19104	20 0114/33	501(0)(5)	/,400.	0.			PONON DEDIGNATION
CENTRAL CATHOLIC HIGH SCHOOL 4720 FIFTH AVENUE							
PITTSBURGH, PA 15213	20-0478989	501(C)(3)	10,341.	0.			DONOR DESIGNATION
STRONG WOMEN, STRONG GIRLS 1901 CENTRE AVENUE, SUITE 103							
PITTSBURGH, PA 15219	20-2321377	501(C)(3)	14,867.	٥.			DONOR DESIGNATION
AUTISM SPEAKS 1060 STATE ROAD02ND FLOOR							
PRINCETON, NJ 08540	20-2329938	501(C)(3)	9,792.	0.			DONOR DESIGNATION

Schedule I (Form 990) PENNSYLVANIA

25-1043578 Page 1

Schedule I (Form 990) PENINS I LVA				- /2 -			13-1043378 Pag
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NOUNDED WARRIOR PROJECT, INC.							
4899 BELFORT ROAD, SUITE 300							
JACKSONVILLE, FL 32256	20-2370934	501(C)(3)	22,482.	0.			DONOR DESIGNATION
,							
DRESS FOR SUCCESS PITTSBURGH							
305 34TH STREET							
PITTSBURGH, PA 15201	20-2388089	501(C)(3)	10,933.	0.			DONOR DESIGNATION
UNITED WAY FOR SOUTHEASTERN							
MICHIGAN - 660 WOODWARD AVENUE,	20 2000071	E01(C)(2)	EE 204	0.			DONOR DESIGNATION
SUITE 300 - DETROIT, MI 48226	20-3099071	501(C)(3)	55,204.	0.			DONOR DESTRINATION
THE ANIMAL FRIENDS OF WESTMORELAND							
216 DEPOT STREET							
YOUNGWOOD, PA 15697	20-5240184	501(C)(3)	8,000.	0.			DONOR DESIGNATION
,			, .				
(THE) FRIENDSHIP CIRCLE OF							
PITTSBURGH - 5872 NORTHUMBERLAND							
STREET - PITTSBURGH, PA 15217	20-8950616	501(C)(3)	13,235.	0.			DONOR DESIGNATION
UNITED WAY OF NORTHERN NEW JERSEY							
P. O. BOX 6835, 1011 RT. 22 WEST	00 1405045	501 (7) (2)	5 1 4 5	0			
BRIDGEWATER, NJ 08807	22-1487247	DUT(C)(3)	7,145.	0.			DONOR DESIGNATION
UNITED WAY OF MONMOUTH COUNTY							
4814 OUTLLOK DRIVE, SUITE 107							
WALL TWP, NJ 07753	22-1828435	501(C)(3)	22,635.	0.			DONOR DESIGNATION
,		,	,				
SALVATION ARMY/PITTSBURGH							
700 NORTH BELL AVENUE							
CARNEGIE, PA 15106	22-2406433	501(C)(3)	16,050.	0.			DONOR DESIGNATION
PINNACLE HEALTH FOUNDATION							
SOUTHGATE OFFICE BUILDING SUITE							
2A, 409 S 2ND STREET - HARRISBURG,							
PA 17104	22-2691718	501(C)(3)	114,673.	Ο.			DONOR DESIGNATION

Schedule I (Form 990) PENNSYLVA										
Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	urt II.)	1			
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
DISABLED AMERICAN VETERANS OF PENNSYLVANIA - 4219 TRINDLE ROAD - CAMP HILL, PA 17011	23-0520283	501(C)(3)	11,549.	0.			DONOR DESIGNATION			
JNITED WAY OF BLAIR COUNTY 5414 6TH AVENUEØSUITE C ALTOONA, PA 16602	23-1352003	501(C)(3)	34,120.	0.			DONOR DESIGNATION			
JNITED WAY OF LANCASTER COUNTY (PA) - 1910 HARRINGTON DRIVE -										
LANCASTER, PA 17601	23-1352093	501(C)(3)	8,956.	0.			DONOR DESIGNATION			
UNITED WAY OF THE CAPITAL REGION 2235 MILLENNIUM WAY										
ENOLA, PA 17025	23-1352095	501(C)(3)	173,675.	0.			DONOR DESIGNATION			
ORLD AFFAIRS COUNCIL OF HILADELPHIA - 1617 JOHN F KENNEDY OULEVARD, SUITE 1055 -										
PHILADELPHIA, PA 19103	23-1352586	501(C)(3)	22,000.	0.			DONOR DESIGNATION			
NITED WAY OF YORK COUNTY (PA) 40 E MARKET ST	02 1250500		15,000							
YORK, PA 17401	23-1352588	501(C)(3)	15,299.	0.			DONOR DESIGNATION			
NITED WAY OF BUCKS COUNTY 113 HOOD BOULEVARD										
AIRLESS HILLS, PA 19030	23-1409706	501(C)(3)	12,051.	0.			DONOR DESIGNATION			
NITED WAY OF GREATER PHILADELPHIA SOUTHERN NEW JERSEY - PO BOX 87897 - PHILADELPHIA, PA										
.9178-7897	23-1556045	501(C)(3)	142,167.	0.			DONOR DESIGNATION			
			, ,			1				
NITED WAY OF BERKS COUNTY 01 WASHINGTON STREET, PO BOX 702										
READING, PA 19603	23-1655375	501(C)(3)	6,079.	٥.			DONOR DESIGNATION			

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1			
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
EAST END COOPERATIVE MINISTRY										
5140 STATION STREET										
PITTSBURGH, PA 15206	23-1722988	501(C)(3)	14,765.	0.			DONOR DESIGNATION			
JUVENILE DIABETES RESEARCH										
OUNDATION - 225 EAST CITY AVENUE,										
SUITE 104 - BALA CYNWYD, PA 19004	23-1907729	501(C)(3)	42,958.	0.			DONOR DESIGNATION			
SPECIAL OLYMPICS OF BUTLER COUNTY										
PO BOX 2561	00.0050540	F01 (a) (a)	10.001							
BUTLER, PA 16001	23-2078543	501(C)(3)	12,001.	0.			DONOR DESIGNATION			
JNITED WAY OF CHESTER COUNTY										
211 NORTH WALNUT STREET										
WEST CHESTER, PA 19380	23-2131877	501(C)(3)	9,182.	0.			DONOR DESIGNATION			
CENTRAL PA FOOD BANK										
3908 COREY ROAD										
IARRISBURG, PA 17109	23-2202250	501(C)(3)	9,594.	0.			DONOR DESIGNATION			
PHILABUNDANCE										
3616 SOUTH GALLOWAY STREET										
PHILADELPHIA, PA 19148	23-2290505	501(C)(3)	9,472.	0.			DONOR DESIGNATION			
EYSTONE CHILDREN AND FAMILY										
3700 VARTAN WAY										
ARRISBURG, PA 17110	23-2480490	501(C)(3)	6,691.	0.			DONOR DESIGNATION			
RI CITY LIFE CENTER										
155 WILDLIFE LODGE ROAD										
OWER BURRELL, PA 15068	23-2889006	501(C)(3)	8,263.	0.			DONOR DESIGNATION			
CHILDREN'S INSTITUTE OF										
405 SHADY AVENUE										
PITTSBURGH, PA 15217	23-2935278	501(C)(3)	41,621.	٥.			DONOR DESIGNATION			

	Chedule I (Form 990) PENNSYLVANIA								
Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)			
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NATIONAL PANCREAS FOUNDATION									
PO BOX 935	22 2025020	F01 (a) (2)	7.000				DONOD DEGLOWARTON		
EXFORD, PA 15090	23-2935929	501(C)(3)	7,963.	0.			DONOR DESIGNATION		
RAFTON INGRAM FOOD PANTRY									
0 BRADFORD AVENUE									
ITTSBURGH, PA 15205	23-6393377	501(C)(3)	12,045.	0.			DONOR DESIGNATION		
BUTLER COUNTY HUMANE SOCIETY									
.015 EVANS CITY ROAD									
RENFREW, PA 16053	23-7110434	501(C)(3)	7,769.	0.			DONOR DESIGNATION		
,			,						
NITED WAY OF MEDINA COUNTY									
23 PUBLIC SQUARE L1									
IEDINA, OH 44256	23-7110762	501(C)(3)	30,540.	0.			DONOR DESIGNATION		
AKRON CHILDREN'S HOSPITAL									
FOUNDATION - 6505 MARKET STREET -									
BOARDMAN, OH 44512	23-7114013	501(C)(3)	5,042.	0.			DONOR DESIGNATION		
NITED WAY OF BLOUNT COUNTY (TN)									
.615 E. BROADWAY AVENUE									
IARYVILLE, TN 37804	23-7122193	501(C)(3)	47,103.	0.			DONOR DESIGNATION		
REE STORE/FOOD BANK									
401 ROSENTHAL WAY									
CINCINNATI, OH 45204	23-7122205	501(C)(3)	7,104.	0.			DONOR DESIGNATION		
LS ASSOCIATION/WPA CHAPTER									
16 LINCOLN AVENUE	00 7100051	F01(0)(2)					DONOD DEGLAM TON		
ITTSBURGH, PA 15209	23-7123851	DUT(C)(3)	13,986.	0.			DONOR DESIGNATION		
VARREN COUNTY UNITED WAY									
3989 S. US ROUTE 42									
IASON, OH 45036	23-7132362	501(C)(3)	8,162.	٥.			DONOR DESIGNATION		

Schedule I (Form 990) PENNSYLVAN		25-1043578 Page					
Part II Continuation of Grants and Other A	ssistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NITED WAY OF LOUDON CTY							
301 HANNAH AVENUE							
NOXVILLE, TN 39721	23-7212307	501(C)(3)	5,610.	0.			DONOR DESIGNATION
PILEPSY FOUNDATION			, -				
ESTERN/CENTRAL PA - 1501							
REEDSDALE STREET, SUITE 3002,							
CARDELLO BLDG - PITTSBURGH, PA	23-7241930	501(C)(3)	21,455.	0.			DONOR DESIGNATION
JNITED WAY OF MARTIN COUNTY, INC.							
PO BOX 362							
STUART, FL 34995	23-7273540	501(C)(3)	6,488.	0.			DONOR DESIGNATION
INITED WAY OF GREATER RICHMOND AND							
2001 MAYWILL STREET, 2ND FLOOR, SUI	22 7275246	F(1/c)/2	20 497	٥.			DONOR DESIGNATION
RICHMOND, VA 23230	23-7375346	501(C)(5)	30,487.	0.			DONOR DESIGNATION
/INTAGE, INC SECA							
121 NORTHHIGHLAND							
PITTSBURGH, PA 15206	23-7394576	501(C)(3)	5,178.	0.			DONOR DESIGNATION
,			, .				
JNITED WAY OF LACKAWANNA COUNTY							
15 JEFFERSON AVENUE							
CRANTON, PA 18501	24 - 0824164	501(C)(3)	23,800.	0.			DONOR DESIGNATION
YCOMING COUNTY UNITED WAY							
ONE WEST THIRD STREET, SUITE 208							
ILLIAMSPORT, PA 17701	24-0828149	501(C)(3)	15,289.	0.			DONOR DESIGNATION
NITED WAY OF WYOMING VALLEY							
W MARKET STREET, SUITE 450	04 0001400	F01 (q) (2)	E 000				
ILKES BARRE, PA 18711	24-0831490	DUT(C)(3)	5,923.	0.			DONOR DESIGNATION
OUR DIAMONDS FUND AT PENN STATE							
ENN STATE CHILDREN'S HOSPITAL, 00 CENTERVIEW DR - HERSHEY, PA							
7033	24-6000376	501(C)(3)	7,641.	٥.			DONOR DESIGNATION
.1033	24-00003/0	501(0)(3)	/,041.	۰ ⁰		1	POHOR DESIGNATION

Schedule I (Form 990) PENNSYLVANIA

25-1043578 Page 1

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.) T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL-UPMC							
1251 WATERFRONT PL. FL 5							
PITTSBURGH, PA 15222	25-0402510	501(C)(3)	9,488.	0.			DONOR DESIGNATION
ANIMAL FRIENDS/PET ASSISTED							
THERAPY - 562 CAMP HORNE ROAD -							
PITTSBURGH, PA 15237	25-0951565	501(C)(3)	127,367.	0.			DONOR DESIGNATION
ST. VINCENT COLLEGE 300 FRASIER PURCHASE ROAD							
LATROBE, PA 15650	25-0964126	501(C)(3)	5,753.	Ο.			DONOR DESIGNATION
	20 0004120		5,,55.	5.			Dettor Depromition
BOY SCOUTS OF AMERICA, GREATER							
1275 BEDFORD AVENUE FLAG PLAZA							
PITTSBURGH, PA 15219	25-0965214	501(C)(3)	58,348.	Ο.			DONOR DESIGNATION
· ·			,				
BOY SCOUTS OF AMERICA							
2 GARDEN CENTER DRIVE							
GREENSBURG, PA 15601	25-0965266	501(C)(3)	6,475.	0.			DONOR DESIGNATION
CARNEGIE MUSEUM OF ART/HUMAN							
SERVICE - 4400 FORBES AVE -							
PITTSBURGH, PA 15213	25-0965280	501(C)(3)	10,780.	0.			DONOR DESIGNATION
CARNEGIE LIBRARY BLIND PHY	23 0505200	501(0/(5/	10,700.	0.			DONOR DEDIGNATION
HANDICAPPED - LEONARD C STAISEY							
BUILDING, 4724 BAUM BOULEVARD -							
PITTSBURGH, PA 15213	25-0965281	501(C)(3)	63,638.	Ο.			DONOR DESIGNATION
·,			,	••			
CHILD'S WAY							
5624 PENN AVENUE							
PITTSBURGH, PA 15224	25-0965292	501(C)(3)	22,930.	0.			DONOR DESIGNATION
DEPAUL SCHOOL FOR HEARING AND SPEECH - 6202 ALDER STREET -							
PITTSBURGH, PA 15206	25-0965321		8,432.	0.			DONOR DESIGNATION

	Chedule I (Form 990) PENNSYLVANIA Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	ırt II.)	1		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
VESLEY FAMILY SERVICES									
230 WILLIAM PITT WAY									
PITTSBURGH, PA 15238	25-0965341	501(C)(3)	22,090.	0.			DONOR DESIGNATION		
INITED WAY OF THE LAUREL									
IIGHLANDS, INC 422 MAIN STREET,									
SUITE 203 - JOHNSTOWN, PA 15901	25-0965383	501(C)(3)	29,355.	0.			DONOR DESIGNATION		
SARAH HEINZ HOUSE ASSOCIATION									
DNE HEINZ STREET									
PITTSBURGH, PA 15212	25-0965390	501(C)(3)	25,044.	0.			DONOR DESIGNATION		
EINZ HISTORY CENTER									
212 SMALLMAN STREET									
PITTSBURGH, PA 15222	25-0965391	501(C)(3)	17,182.	0.			DONOR DESIGNATION		
JEWISH FAMILY AND COMMUNITY									
SERVICES - 5743 BARTLETT STREET -									
PITTSBURGH, PA 15217	25-0965407	501(C)(3)	28,573.	0.			DONOR DESIGNATION		
CARLOW UNIVERSITY/PRESIDENTS FUND									
333 FIFTH AVENUE									
PITTSBURGH, PA 15213	25-0965438	501(C)(3)	12,416.	0.			DONOR DESIGNATION		
111020000, 111 15215	23 0903430	301(0)(3)	12,110.				DONOR DEDIGNATION		
PITTSBURGH FOUNDATION/SARAH									
RIVNAK - FIVE PPG PLACE, STE. 250									
PITTSBURGH, PA 15222	25-0965466	501(C)(3)	25,762.	0.			DONOR DESIGNATION		
CTION-HOUSING, INC.									
11 WILLIAM PENN PLACE, SUITE 800									
PITTSBURGH, PA 15219	25-0965469	501(C)(3)	8,759.	0.			DONOR DESIGNATION		
PLANNED PARENTHOOD WOMEN'S HEALTH									
33 LIBERTY AVENUE									
ITTSBURGH, PA 15222	25-0965474	501(C)(3)	63,935.	Ο.			DONOR DESIGNATION		

PENNSYLVANIA Schedule I (Form 990)

25-1043578 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JPMC CENTER FOR INCLUSION IN							
EALTHCARE - 3600 MEYRAN AVENUE,							
FORBES TOWER, SUITE 11070 -		F01 (0) (2)	21 (01	0			DONOD DEGISINATON
PITTSBURGH, PA 15213	25-0965480	501(C)(3)	21,691.	0.			DONOR DESIGNATION
JNIVERSITY OF PITTSBURGH AT							
REENSBURG - 150 FINOLI DRIVE -							
REENSBURG, PA 15601	25-0965591	501(C)(3)	172,141.	Ο.			DONOR DESIGNATION
			,				
JRBAN LEAGUE OF PITTSBURGH, INC							
SECA - 610 WOOD STREET -							
PITTSBURGH, PA 15222	25-0965592	501(C)(3)	17,089.	0.			DONOR DESIGNATION
HUMANE SOCIETY OF WPA							
1101 WESTERN AVENUE							
PITTSBURGH, PA 15233	25-0965608	501(C)(3)	64,857.	0.			DONOR DESIGNATION
BUTLER COUNTY FAMILY YMCA							
339 NORTH WASHINGTON STREET	25 0065610	E01/(0)/(2)	E ECE	0			DONOD DEGIGNATION
BUTLER, PA 16001	25-0965619	501(C)(3)	5,565.	0.			DONOR DESIGNATION
YWCA OF GREATER PITTSBURGH							
2313 EAST CARSON ST, FLOOR 2							
PITTSBURGH, PA 15203	25-0965639	501(C)(3)	13,833.	Ο.			DONOR DESIGNATION
,			, , ,				
JPMC, SHADYSIDE HOSPITAL/CARDIAC							
532 S AIKEN AVENUE, STE 203							
PITTSBURGH, PA 15232	25-0969485	501(C)(3)	11,604.	Ο.			DONOR DESIGNATION
ALLEGHENY SINGER RESEARCH							
320 EAST NORTH AVENUE							
PITTSBURGH, PA 15212	25-0969492	501(C)(3)	10,227.	0.			DONOR DESIGNATION
MCA OF GREATER PITTSBURGH							
20 FT. DUQUESNE BOULEVARD, SUITE 6							
PITTSBURGH, PA 15222	25-0969497	501(C)(3)	63,216.	Ο.		1	DONOR DESIGNATION

Schedule I (Form 990) PENNSYLVA		25-1043578 Page					
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	urt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JITTLE SISTERS OF THE POOR - SECA .028 BENTON AVENUE							
PITTSBURGH, PA 15212	25-0974310	501(C)(3)	107,921.	0.			DONOR DESIGNATION
CENTER FOR HEARING AND DEAF SERVICES – 1945 FIFTH AVENUE –							
PITTSBURGH, PA 15219	25-0974324	501(C)(3)	9,703.	0.			DONOR DESIGNATION
SEWICKLEY VALLEY YMCA 625 BLACKBURN ROAD							
SEWICKLEY, PA 15143	25-0979384	501(C)(3)	12,426.	0.			DONOR DESIGNATION
JUNIOR ACHIEVEMENT OF WESTERN PA 90 EMERSON LANE, SUITE 1403							
BRIDGEVILLE, PA 15017	25-0983059	501(C)(3)	48,838.	0.			DONOR DESIGNATION
KIDSVOICE 437 GRANT ST. FRICK BLDG STE 700 PITTSBURGH, PA 15219	25-0983060	501(C)(3)	72,090.	0.			DONOR DESIGNATION
HOLY FAMILY INSTITUTE 2235 OHIO RIVER BOULEVARD PITTSBURGH, PA 15202	25-0984606	501(C)(3)	84,175.	0.			DONOR DESIGNATION
ST. ANTHONY SCHOOL PROGRAMS							
WEXFORD, PA 15090	25-0986055	501(C)(3)	17,050.	0.			DONOR DESIGNATION
JNITED WAY OF LAWRENCE COUNTY 223 NORTH MERCER STREET							
NEW CASTLE, PA 16101	25-0987221	501(C)(3)	15,196.	0.			DONOR DESIGNATION
QED/MULTIMEDIA PROGRAMMING 802 FIFTH AVENUE							
PITTSBURGH, PA 15213	25-1010296	501(C)(3)	6,423.	٥.			DONOR DESIGNATION

Schedule I (Form 990) PENNSYLVAI		25-1043578 Page					
Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	t II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED JEWISH FED HOLOCAUST CENTER 5738 DARRLINGTON ROAD	25 1017602	501 (0) (2)	204.016				
PITTSBURGH, PA 15217 ST FRANCIS UNIVERSITY - STUDENT EMERG. ASSIS. FND/FOOD & HOUSING - ST FRANCIS UNIVERSITY	25-1017602	501(C)(3)	284,216.	0.			DONOR DESIGNATION
PO BOX 600 - LORETTO, PA 15940	25-1024358	501(C)(3)	5,044.	٥.			DONOR DESIGNATION
CITY MUSIC CENTER/DUQUESNE UNIVERSITY - 600 FORBES AVENUE -							
PITTSBURGH, PA 15282	25-1035663	501(C)(3)	25,599.	0.			DONOR DESIGNATION
UNITED WAY OF MERCER COUNTY (PA) 493 SOUTH HERMITAGE ROAD							
HERMITAGE, PA 16148	25-1039297	501(C)(3)	20,272.	0.			DONOR DESIGNATION
CATHOLIC CHARITIES COUNSELING AND 329 WEST 10TH STREET ERIE, PA 16502	25-1041250	501(C)(3)	5,603.	0.			DONOR DESIGNATION
WASHINGTON CITY MISSION 34 W. WHEELING STREET							
WASHINGTON, PA 15301	25-1051749	501(C)(3)	15,683.	0.			DONOR DESIGNATION
JNITED WAY OF ERIE COUNTY (PA) - HEALTH - 650 EAST AVENUE, SUITE							
200 - ERIE, PA 16503	25-1053091	501(C)(3)	136,529.	0.			DONOR DESIGNATION
LIGHT OF LIFE RESCUE MISSION/ALLEGHENY - 913 WESTERN							
AVE - PITTSBURGH, PA 15233	25-1056389	501(C)(3)	105,139.	0.			DONOR DESIGNATION
JNITED WAY OF BEAVER COUNTY 3582 BRODHEAD ROAD, SUITE 205							
MONACA, PA 15061	25-1086798	501(C)(3)	59,054.	٥.			DONOR DESIGNATION

Schedule I (Form 990) PENNSYLVANIA

25-1043578 Page 1

Schedule I (Form 990) PENINS I LIVAL							13-1043376 Pa
Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NITED WAY OF INDIANA COUNTY 82 PHILADELPHIA STREET	05 1000106		5.000	â			
NDIANA, PA 15701	25-1088186	501(C)(3)	5,222.	0.			DONOR DESIGNATION
PLEASANT HILLS PUBLIC LIBRARY 302 OLD CLAIRTON RD. PITTSBURGH, PA 15236	25-1089389	501(C)(3)	5,476.	0.			DONOR DESIGNATION
JEWISH COMMUNITY CENTER 5738 FORBES AVENUE PITTSBURGH, PA 15217	25-1094514	501(C)(3)	16,986.	0.			DONOR DESIGNATION
WESTERN PENNSYLVANIA SCHOOL FOR BLIND - 201 N. BELLEFIELD AVENUE - PITTSBURGH, PA 15213	25-1095385	501(C)(3)	19,986.	0.			DONOR DESIGNATION
VARIETY THE CHILDREN'S CHARITY 11279 PERRY HIGHWAY, SUITE 512 WEXFORD, PA 15090	25-1098099	501(C)(3)	28,157.	0.			DONOR DESIGNATION
JNITED WAY OF MON VALLEY 304 CHAMBER PLAZA CHARLEROI, PA 15022	25-1098320	501(C)(3)	17,664.	0.			DONOR DESIGNATION
GOODWILL OF SOUTHWESTERN PA LITERACY – 2600 EAST CARSON STREET - PITTSBURGH, PA 15203	25-1098928	501(C)(3)	8,980.	0.			DONOR DESIGNATION
GIRL SCOUTS WESTERN PENNSYLVANIA 30 ISABELLA STREET, SUITE 107 PITTSBURGH, PA 15212	25-1126094	501(C)(3)	20,891.	0.			DONOR DESIGNATION
FAMILY GUIDANCE, INC. 307 DUFF ROAD SEWICKLEY, PA 15143	25-1128116	501(C)(3)	8,609.	0.			DONOR DESIGNATION

PENNSYLVANIA Schedule I (Form 990)

25-1043578 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MENTAL HEALTH AMERICA OF							
SOUTHWESTERN PA - 409 COULTER							
AVENUE, SUITE 4 - GREENSBURG, PA	05 4440050						
15601	25-1142972	501(C)(3)	5,614.	0.			DONOR DESIGNATION
NEIGHBORHOOD LEGAL SERVICE 928 PENN AVENUE	05 1155100						
PITTSBURGH, PA 15222	25-1157129	501(C)(3)	20,442.	0.			DONOR DESIGNATION
FAYETTE COUNTY COMMUNITY ACTION 108 NORTH BEESON BLVD.	25-1180898	E01/C)/2)	E 420	0.			DONOR DESIGNATION
UNIONTOWN, PA 15401	22-1100090	501(C)(3)	5,430.	0.			DONOR DESIGNATION
ANCHORPOINT COUNSELING MINISTRY, INC 802 MCKNIGHT PARK DRIVE -							
PITTSBURGH, PA 15237	25-1196957	501(C)(3)	14,334.	0.			DONOR DESIGNATION
GATEWAY REHABILITATION CENTER MOFFET RUN ROAD							
ALIQUIPPA, PA 15001	25-1204418	501(C)(3)	7,287.	0.			DONOR DESIGNATION
30YS AND GIRLS CLUBS OF WPA - SECA 5432 BUTLER STREET							
PITTSBURGH, PA 15201	25-1206970	501(C)(3)	29,122.	0.			DONOR DESIGNATION
SOUTH HILLS INTERFAITH MOVEMENT 5301 PARK AVENUE							
BETHEL PARK, PA 15102	25-1213332	501(C)(3)	37,242.	0.			DONOR DESIGNATION
THE FRED ROGERS COMPANY 2100 WHARTON STREET, SUITE 700							
PITTSBURGH, PA 15203	25-1215087	501(C)(3)	21,000.	0.			DONOR DESIGNATION
CENTRE COUNTY UNITED WAY 2790 W. COLLEGE AVE., SUITE 7							
STATE COLLEGE, PA 16801	25-1215290	501(C)(3)	5,676.	0.			DONOR DESIGNATION

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MAINSTAY LIFE SERVICES									
200 ROESSLER ROAD									
PITTSBURGH, PA 15220	25-1215557	501(C)(3)	9,852.	0.			DONOR DESIGNATION		
COALITION FOR CHRISTIAN OUTREACH									
5912 PENN AVENUE									
PITTSBURGH, PA 15206	25-1216330	501(C)(3)	17,992.	0.			DONOR DESIGNATION		
JNITED WAY OF VENANGO COUNTY, INC.									
PO BOX 303, 1999 ALLEGHENY AVENUE									
RENO, PA 16343	25-1219187	501(C)(3)	7,264.	0.			DONOR DESIGNATION		
,			,						
PERSAD CENTER INC/AIDS FUND DRIVE									
5150 PENN AVENUE									
PITTSBURGH, PA 15224	25-1234680	501(C)(3)	15,569.	0.			DONOR DESIGNATION		
PITTSBURGH ACTION AGAINST RAPE -									
SECA - 81 SOUTH 19TH STREET -	25-1253675	F(1/2)(2)	6,566.	0.			DONOR DESIGNATION		
PITTSBURGH, PA 15203	25-1253675	501(C)(3)	0,500.	0.			DONOR DESIGNATION		
NOMEN'S CENTER AND SHELTER OF									
GREATER - P. O. BOX 9024 -									
PITTSBURGH, PA 15224	25-1264376	501(C)(3)	138,221.	0.			DONOR DESIGNATION		
SHADYSIDE HOSP FDT/HILLMAN CANCER									
TR., - 532 S. AIKEN AVENUE STE									
06 - PITTSBURGH, PA 15232	25-1290546	501(C)(3)	45,338.	0.			DONOR DESIGNATION		
THE PROGRAM FOR OFFENDERS, INC.									
.00 NORTH BRADDOCK AVENUE, SUITE 20									
PITTSBURGH, PA 15208	25-1296999	501(C)(3)	6,242.	0.			DONOR DESIGNATION		
CRANBERRY PUBLIC LIBRARY/COMM		, ,							
RVCS - 2525 ROCHESTER ROAD, SUITE									
300 - CRANBERRY TOWNSHIP, PA									
6066-6423	25-1305780	501(C)(3)	6,917.	0.			DONOR DESIGNATION		

Schedule I (Form 990) PENNSYLVANIA

25-1043578 Page 1

(a) Nome and address of					(f) Motherstaf		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GENESIS OF PGH/GENESIS HOUSE - SECA - P. O. BOX 41017 -							
PITTSBURGH, PA 15202 RONALD MCDONALD HOUSE CHARITIES OF	25-1306977	501(C)(3)	20,423.	0.			DONOR DESIGNATION
PITTSBURGH AND MORGANTOWN - THE PLAZA BUILDING, 451 44TH STREET,							
PENTHOUSE FLOOR - PITTSBURGH, PA	25-1320272	501(C)(3)	9,761.	0.			DONOR DESIGNATION
CATHOLIC CHARITIES 212 NINTH STREET, 10TH FLOOR	05 4006040						
PITTSBURGH, PA 15222	25-1326213	501(C)(3)	234,937.	0.			DONOR DESIGNATION
PROVIDENCE HEIGHTS ALPHA SCHOOL 9000 BABCOCK BOULEVARD							
ALLISON PARK, PA 15101	25-1331152	501(C)(3)	5,470.	0.			DONOR DESIGNATION
WOMENS CENTER OF BEAVER CTY P. O. BOX 428							
BEAVER, PA 15009	25-1338317	501(C)(3)	7,613.	0.			DONOR DESIGNATION
BLACKBURN CENTER AGAINST DOMESTIC AND - PO BOX 398 - GREENSBURG, PA							
15601	25-1339836	501(C)(3)	9,892.	0.			DONOR DESIGNATION
AUBERLE 1101 HARTMAN STREET							
MCKEESPORT, PA 15132	25-1344183	501(C)(3)	29,225.	0.			DONOR DESIGNATION
PITTSBURGH LEADERSHIP FOUNDATION 100 ROSS STREET, 4TH FLOOR							
PITTSBURGH, PA 15219	25-1345815	501(C)(3)	10,464.	0.			DONOR DESIGNATION
CHILDREN'S MUSEUM OF PITTSBURGH TEN CHILDREN'S WAY							
PITTSBURGH, PA 15212	25-1379704	501(C)(3)	54,808.	Ο.			DONOR DESIGNATION

Schedule I (Form 990) PENNSYLVA		25-1043578 Page					
Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REENE COUNTY UNITED WAY							
748 EAST HIGH STREET							
VAYNESBURG, PA 15370	25-1383659	501(C)(3)	24,654.	0.			DONOR DESIGNATION
NORTH WAY CHRISTIAN COMMUNITY/FOOD							
L2121 PERRY HIGHWAY							
WEXFORD, PA 15090	25-1392339	501(C)(3)	13,657.	٥.			DONOR DESIGNATION
GREATER PITTSBURGH LITERACY							
COUNCIL - 100 SHERIDAN SQUARE, 4TH							
FLOOR - PITTSBURGH, PA 15206	25-1392652	501(C)(3)	22,748.	0.			DONOR DESIGNATION
AMACHI PITTSBURGH							
100W. STATION SQUARE DRIVE, SUITE 6							
PITTSBURGH, PA 15219	25-1393426	501(C)(3)	16,121.	0.			DONOR DESIGNATION
JUBILEE ASSOCIATION, INC.							
2005 WYANDOTTE STREET							
PITTSBURGH, PA 15219	25-1394229	501(C)(3)	13,712.	0.			DONOR DESIGNATION
OUTREACH TEEN AND FAMILY SERVICES							
INC - 666 WASHINGTON ROAD -							
PITTSBURGH, PA 15228	25-1402188	501(C)(3)	8,297.	0.			DONOR DESIGNATION
			,				
ST CLAIR HOSPITAL							
1000 BOWER HILL ROAD							
PITTSBURGH, PA 15243	25-1407399	501(C)(3)	5,240.	0.			DONOR DESIGNATION
PASSAVANT HOSPITAL FOUNDATION, JPMC - 9100 BABCOCK BOULEVARD -							
PITTSBURGH, PA 15237	25-1407815	501(C)(3)	27,897.	0.			DONOR DESIGNATION
111520KM, 111 19237	23 140/013	301(0)(3)	27,007.				Distant Dibionation
PITTSBURGH ZOO AND PPG AQUARIUM							
DNE WILD PLACE							
PITTSBURGH, PA 15206	25-1418766	501(C)(3)	8,512.	Ο.			DONOR DESIGNATION

, , ,										
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)				
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
GREATER PITTSBURGH COMMUNITY FOOD BANK - ONE NORTH LINDEN STREET -										
DUQUESNE, PA 15110	25-1420599	501(C)(3)	252,267.	0.			DONOR DESIGNATION			
WESTMORELAND COUNTY FOOD BANK INC 100 DEVONSHIRE DRIVE										
DELMONT, PA 15626	25-1422682	501(C)(3)	57,255.	0.			DONOR DESIGNATION			
MON VALLEY UNEMPLOYED COMMITTEE 338 E 9TH AVENUE										
HOMESTEAD, PA 15120	25-1422887	501(C)(3)	53,560.	0.			DONOR DESIGNATION			
JPMC THOMAS E. STARZL TRANSPLANT FORBES TOWER, SUITE 8084, 3600 FORBES AVENUE AT MEYRAN AVENUE -										
PITTSBURGH,	25-1423657	501(C)(3)	8,150.	0.			DONOR DESIGNATION			
LIGONIER VALLEY YMCA 110 WEST CHURCH STREET LIGONIER, PA 15658	25-1428011	E01/C1/21	8,800.	0.			DONOR DESIGNATION			
LIGONIER, PA 15656	25-1428011	501(0)(3)	8,800.	0.			DONOR DESIGNATION			
VETERANS LEADERSHIP PROGRAM OF WESTERN PA - 2934 SMALLMAN STREET										
- PITTSBURGH, PA 15201	25-1434643	501(C)(3)	86,839.	0.			DONOR DESIGNATION			
BETHLEHEM HAVEN, INC. 905 WATSON STREET										
PITTSBURGH, PA 15219	25-1436685	501(C)(3)	30,469.	0.			DONOR DESIGNATION			
FOX CENTER FOR VISION RESTORATION 203 LOTHROP STREET										
PITTSBURGH, PA 15213	25-1439732	501(C)(3)	20,350.	0.			DONOR DESIGNATION			
DOLLAR ENERGY FUND, INC SECA P. O. BOX 42329										
PITTSBURGH, PA 15203	25-1442933	501(C)(3)	6,375.	0.			DONOR DESIGNATION			

Schedule I (Form 990) **PENNSYLVANIA**

25-1043578 Page 1

Schedule I (Form 990) PEININSYLVA							25-1043578 Pag		
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ANGELS' PLACE, INC. SWISSVALE									
2615 NORWOOD AVENUE									
PITTSBURGH, PA 15214	25-1450489	501(C)(3)	25,343.	0.			DONOR DESIGNATION		
MAGEE-WOMENS RESEARCH INSTITUTE									
300 HALKET STREET									
PITTSBURGH, PA 15213	25-1462312	501(C)(3)	58,381.	0.			DONOR DESIGNATION		
NORTH HILLS FOOD BANK									
845 PERRY HIGHWAY									
PITTSBURGH, PA 15229	25-1463532	501(C)(3)	8,843.	0.			DONOR DESIGNATION		
MAKE-A-WISH FOUNDATION OF ERIE									
THE GULF TOWER									
707 GRANT ST, 37TH FLOOR -									
PITTSBURGH, PA 15219	25-1464177	501(C)(3)	39,485.	0.			DONOR DESIGNATION		
MERCY FOUNDATION/OPERATION SAFETY									
NET - 101 BRADFORD ROAD, SUITE 320									
- WEXFORD, PA 15090	25-1464211	501(C)(3)	16,733.	Ο.			DONOR DESIGNATION		
THE PITTSBURGH CULTURAL TRUST									
EDUCATION AND COMMUNITY OUTREACH,									
803 LIBERTY AVENUE - PITTSBURGH,									
PA 15222	25-1469002	501(C)(3)	27,833.	٥.			DONOR DESIGNATION		
WEST PENN HOSPITAL-NICU-WPAHS									
4818 LIBERTY AVENUE									
PITTSBURGH, PA 15224	25-1470766	501(C)(3)	5,700.	0.			DONOR DESIGNATION		
		-	, , ,						
RAINBOW KITCHEN/COMMUNITY SERVICES									
135 EAST NINTH AVENUE									
HOMESTEAD, PA 15120	25-1476536	501(C)(3)	5,430.	0.			DONOR DESIGNATION		
MERCY FOUNDATION/HEALTHY									
COMMUNITIES - 1200 REEDSDALE ST -	DE 1470000	E01(0)(2)	7 700				DONOD DEGLONATION		
PITTSBURGH, PA 15233	25-1479026	DOT(C)(3)	7,786.	0.			DONOR DESIGNATION		

Schedule I (Form 990) **PENNSYLVANIA**

25-1043578 Page 1

Schedule I (Form 990) PENNSYLVA				(O-1-			13-1043578 Pag		
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CLOVERLEAF AREA ECUMENCIAL									
GROVE PLACE									
PITTSBURGH, PA 15236	25-1483771	501(C)(3)	5,720.	0.			DONOR DESIGNATION		
WOMEN'S CHOICE NETWORK									
PO BOX 15034									
PITTSBURGH, PA 15237	25-1485574	501(C)(3)	7,541.	0.			DONOR DESIGNATION		
GROVE CITY AREA UNITED WAY									
119 SOUTH BROAD STREET									
GROVE CITY, PA 16127	25-1488637	501(C)(3)	5,646.	0.			DONOR DESIGNATION		
GROVE CITE, PA 16127	23-1400037	501(C)(3)	5,640.	0.			DONOR DESIGNATION		
HIGHMARK CARING FOUNDATION									
501 PENN AVENUE									
	25-1494238	F(1/(C)/(2))	195 451	0.			DONOR DESIGNATION		
PITTSBURGH, PA 15222	23-1494238	501(C)(3)	185,451.	0.			DONOR DESIGNATION		
ACHIEVA									
711 BINGHAM STREET									
PITTSBURGH, PA 15203	25-1505216	501(C)(3)	63,531.	0.			DONOR DESIGNATION		
PITISBURGH, PA 15205	25-1505210	501(0)(3)	03,551.	0.			DONOR DESIGNATION		
CROSSROADS FOUNDATION									
6901 LYNN WAY									
PITTSBURGH, PA 15208	25-1513510	501(C)(3)	5,807.	0.			DONOR DESIGNATION		
FIIISBORGH, FA 15206	25-1515510	501(C)(3)	5,007.	0.			DONOR DESIGNATION		
FAMILY HOUSE OF PITTSBURGH									
5308 LIBERTY AVE									
	25-1519959	501(C)(3)	27 697	0.			DONOR DESIGNATION		
PITTSBURGH, PA 15224	22-1213323	501(0)(3)	37,687.	0.			DONOR DESIGNATION		
ST. MARGARET FOUNDATION 815 FREEPORT ROAD									
	25-1520340	501(C)(3)	11,969.	0.			DONOR DESIGNATION		
PITTSBURGH, PA 15215	25-1520340	501(0)(3)	11,909.	0.			DONOR DESIGNATION		
DOMESTIC VIOLENCE SERVICES OF									
SOUTHWESTERN PENNSYLVANIA - 308									
EAST MAIDEN STREET - WASHINGTON,	25 1521207	E01(0)(2)	10.000	<u>_</u>			DONOR DEGICINATION		
PA 15301	25-1521327	DUT(C)(3)	10,020.	0.			DONOR DESIGNATION		

Schedule I (Form 990) PENNSYLVA		25-1043578 Page					
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHOICES PREGNANCY CENTER 526 5TH AVENUE	05 1500000		5 500				
CORAOPOLIS, PA 15108	25-1528068	501(C)(3)	5,762.	0.			DONOR DESIGNATION
HABITAT FOR HUMANITY GREATER PITTSBURGH - 212 YOST BOULEVARD,							
SUITE A - PITTSBURGH, PA 15221	25-1529652	501(C)(3)	8,994.	0.			DONOR DESIGNATION
PITTSBURGH AIDS TASK FORCE 5913 PENN AVENUE							
PITTSBURGH, PA 15206	25-1537128	501(C)(3)	11,347.	0.			DONOR DESIGNATION
THE LIGHTHOUSE FOUNDATION P. O. BOX 366							
BAKERSTOWN, PA 15007	25-1547324	501(C)(3)	24,130.	٥.			DONOR DESIGNATION
ST. VINCENT DE PAUL SOCIETY OF BUTLER - 146 NORTH MONROE STREET - BUTLER, PA 16001	25-1549926	501(C)(3)	12,631.	0.			DONOR DESIGNATION
NORTH HILLS COMMUNITY OUTREACH 1975 FERGUSON ROAD							
ALLISON PARK, PA 15101	25-1553057	501(C)(3)	34,269.	0.			DONOR DESIGNATION
READING IS FUNDAMENTAL/PITTSBURGH LO CHILDREN'S WAY, STE 300							
PITTSBURGH, PA 15212	25-1558336	501(C)(3)	17,872.	٥.			DONOR DESIGNATION
VATSON INSTITUTE (THE) 301 CAMPMEETING ROAD							
SEWICKLEY, PA 15143	25-1561504	501(C)(3)	30,977.	0.			DONOR DESIGNATION
NITED WAY OF BEDFORD COUNTY 27 S. JULIANA STREET, SUITE 1							
BEDFORD, PA 15522	25-1583419	501(C)(3)	12,728.	0.			DONOR DESIGNATION

Schedule I (Form 990) PENNSYLVANIA

25-1043578 Page 1

Part II Continuation of Grants and Other		mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa		25-1045576 Pa
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PITTSBURGH PROJECT (THE) – SECA 2801 NORTH CHARLES STREET PITTSBURGH, PA 15214	25-1594578	501(C)(3)	10,554.	0.			DONOR DESIGNATION
HEARTH - SECA 3724 MOUNT ROYAL BLVD, SUITE 101 GLENSHAW, PA 15116	25-1605139	501(C)(3)	15,044.	0.			DONOR DESIGNATION
PRIME TIME ADULT CARE, INC. 44 HIGHLAND ROAD BETHEL PARK, PA 15102	25-1608242	501(C)(3)	5,959.	0.			DONOR DESIGNATION
EXTRA MILE EDUCATION FOUNDATION 603 STANWIX STREET, SUITE 348 PITTSBURGH, PA 15222	25-1621067	501(C)(3)	46,826.	0.			DONOR DESIGNATION
GIRLS HOPE OF PGH 1005 BEAVER GRADE ROAD, SUITE 103 CORAOPOLIS, PA 15108	25-1625524	501(C)(3)	12,685.	0.			DONOR DESIGNATION
HOSANNA INDUSTRIES INC 109 RINARD LANE ROCHESTER, PA 15074	25-1626784	501(C)(3)	8,341.	0.			DONOR DESIGNATION
MT. ARARAT COMMUNITY ACTIVITY CENTER – 271 PAULSON AVENUE – PITTSBURGH, PA 15206	25-1628168	501(C)(3)	7,654.	0.			DONOR DESIGNATION
MONTOUR TRAIL COUNCIL – SECA 304 HICKMAN STREET, SUITE 3 BRIDGEVILLE, PA 15017	25-1634718	501(C)(3)	5,591.	0.			DONOR DESIGNATION
POWER (PA ORG FOR WOMEN IN EARLY 7501 PENN AVENUE PITTSBURGH, PA 15208	25-1643651	501(C)(3)	14,674.	0.			DONOR DESIGNATION

Schedule I (Form 990) PENNSYLVAI		25-1043578 Page					
Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF BEAVER							
1475 THIRD AVENUE							
NEW BRIGHTON, PA 15066	25-1643665	501(C)(3)	10,394.	0.			DONOR DESIGNATION
CLELIAN HEIGHTS SCHOOL FOR							
EXCEPTIONAL - 135 CLELIAN HEIGHTS							
LANE - GREENSBURG, PA 15601	25-1647865	501(C)(3)	5,873.	0.			DONOR DESIGNATION
WINNE COLLERY (MECHNODEL AND COLDERY							
HUMANE SOCIETY/WESTMORELAND COUNTY							
ROUTE 119N, PO BOX 1552	25-1650554	501(C)(3)	6,804.	0.			DONOR DESIGNATION
GREENSBURG, PA 15601	23-1050554	501(C)(3)	8,804.	0.			DONOR DESIGNATION
PRESSLEY RIDGE							
5500 CORPORATE DRIVE, SUITE 400							
PITTSBURGH, PA 15237	25-1653944	501(C)(3)	8,162.	0.			DONOR DESIGNATION
LIFESTEPS							
383 NEW CASTLE ROAD BUTLER, PA 16001	25-1665243	501(C)(3)	8,373.	0.			DONOR DESIGNATION
BOILER, PA 10001	25-1005245	501(C)(3)	8,373.	0.			DONOR DESIGNATION
NATIONAL AVIARY							
ALLEGHENY COMMONS WEST							
PITTSBURGH, PA 15212	25-1667146	501(C)(3)	7,855.	0.			DONOR DESIGNATION
INTERNATIONAL ORTHODOX CHRISTIAN							
CHARIT - 110 WEST ROAD, SUITE 360							
- BALTIMORE, MD 21204	25-1679348	501(C)(3)	5,344.	0.			DONOR DESIGNATION
FREEPORT AREA FOOD BANK							
312 HIGH STREET							
FREEPORT, PA 16229	25-1686270	501(C)(3)	6,723.	0.			DONOR DESIGNATION
NOCHIDE NEWODIAL NOVE							
MCGUIRE MEMORIAL HOME							
2119 MERCER ROAD	25 1607127	F(1/a)/2	22.404	_			DONOR DEGICNATION
NEW BRIGHTON, PA 15066	25-1687137	501(C)(3)	22,484.	0.			DONOR DESIGNATION

Schedule I (Form 990) PENNSYLVA							25-1043578 Pag
Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	ırt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLY FAMILY INSTITUTE FOUNDATION							
(THE) - 8235 OHIO RIVER BOULEVARD							
- PITTSBURGH, PA 15202	25-1688439	501(C)(3)	33,183.	Ο.			DONOR DESIGNATION
REBUILDING TOGETHER PITTSBURGH							
7800 SUSQUEHANNA STREET							
PITTSBURGH, PA 15208	25-1696634	501(C)(3)	8,111.	Ο.			DONOR DESIGNATION
,,			· /				
CHILDRENS THERAPY CENTER							
1000 WATERDAM PLAZA DRIVE, SUITE #1							
CANONSBURG, PA 15317	25-1708215	501(C)(3)	8,604.	Ο.			DONOR DESIGNATION
MARIO LEMIEUX FOUNDATION							
12 WASHINGTON PLACE							
ONE CHATHAM CENTER, SUITE #1661 -							
PITTSBURGH, PA 15219	25-1708231	501(C)(3)	30,248.	Ο.			DONOR DESIGNATION
			,				
FUND ADVANCEMENT OF MINORITIES							
THROUGH - 6031 BROAD STREET, SUITE							
200 - PITTSBURGH, PA 15206	25-1717655	501(C)(3)	41,619.	Ο.			DONOR DESIGNATION
JEWISH ASSOCIATION ON AGING							
CHARLES MORRIS CENTER, 300 J H F DR							
PITTSBURGH, PA 15217	25-1720606	501(C)(3)	33,502.	0.			DONOR DESIGNATION
SISTERS PLACE, INC.							
111 BROWNSVILLE RD							
MOUNT OLIVER, PA 15210	25-1728330	501(C)(3)	16,888.	0.			DONOR DESIGNATION
JLADE RUN FOUNDATION							
30 GLADE RUN DRIVE							
ZELIENOPLE, PA 16063	25-1731300	501(C)(3)	8,225.	0.			DONOR DESIGNATION
CASA PROGRAM/ALLEGHENY COUNTY							
564 FORBES AVENUE, SUITE 902							
PITTSBURGH, PA 15219	25-1735360	501(C)(3)	5,103.	0.			DONOR DESIGNATION

Schedule I (Form 990) **PENNSYLVANIA**

25-1043578 Page 1

NIA				· · · · · ·		15-1043576 Pa			
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
25-1752269	501(C)(3)	60,147.	0.			DONOR DESIGNATION			
25-1753409	501(C)(3)	7,447.	0.			DONOR DESIGNATION			
25-1767779	501(C)(3)	24,254.	0.			DONOR DESIGNATION			
25-1781394	501(C)(3)	5,229.	0.			DONOR DESIGNATION			
25-1787030	501(C)(3)	7,472.	0.			DONOR DESIGNATION			
25-1793268	501(C)(3)	5,889.	0.			DONOR DESIGNATION			
25-1803195	501(C)(3)	15,863.	0.			DONOR DESIGNATION			
25-1816609	501(C)(3)	34,138.	0.			DONOR DESIGNATION			
25-1818538	501(C)(3)	24 408	0			DONOR DESIGNATION			
	Assistance to Dor (b) EIN 25-1752269 25-1753409 25-1767779 25-1781394 25-1787030 25-1787030 25-1793268 25-1803195 25-1816609	Assistance to Domestic Organizations (b) EIN (c) IRC section	Assistance to Domestic Organizations and Domestic Go (b) EIN (c) IRC section if applicable (d) Amount of cash grant 25-1752269 501(C)(3) 60,147. 25-1753409 501(C)(3) 7,447. 25-1767779 501(C)(3) 7,447. 25-1781394 501(C)(3) 5,229. 25-1787030 501(C)(3) 7,472. 25-1793268 501(C)(3) 5,889. 25-1803195 501(C)(3) 15,863. 25-1816609 501(C)(3) 34,138.	Assistance to Domestic Organizations and Domestic Governments (Scher (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance 25-1752269 501(C)(3) 60,147. 0. 25-1753409 501(C)(3) 7,447. 0. 25-1767779 501(C)(3) 24,254. 0. 25-1781394 501(C)(3) 5,229. 0. 25-1787030 501(C)(3) 7,447. 0. 25-1787030 501(C)(3) 5,229. 0. 25-1787030 501(C)(3) 7,472. 0. 25-1781394 501(C)(3) 7,472. 0. 25-1781394 501(C)(3) 5,889. 0. 25-1781395 501(C)(3) 15,863. 0. 25-1803195 501(C)(3) 34,138. 0.	Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Pa (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 25-1752269 501(C) (3) 60,147. 0. 25-1753409 501(C) (3) 7,447. 0. 25-1767779 501(C) (3) 24,254. 0. 25-1781394 501(C) (3) 7,447. 0. 25-1787030 501(C) (3) 7,472. 0. 25-1787030 501(C) (3) 7,472. 0. 25-1793268 501(C) (3) 5,889. 0. 25-1803195 501(C) (3) 15,863. 0. 25-1816609 501(C) (3) 34,138. 0.	Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (b, OK, FWV, appraisal, other) (g) Description of non-cash assistance 25-1752269 501(C) (3) 60,147. 0.			

Schedule I (Form 990) PENNSYLVAI		25-1043578 Pag					
Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOMELESS CHILDREN'S EDUCATION FUND							
1901 CENTRE AVE, STE 301							
PITTSBURGH, PA 15219	25-1820564	501(C)(3)	19,736.	0.			DONOR DESIGNATION
MANCHESTER - BIDWELL CORPORATION							
1815 METROPOLITAN STREET							
PITTSBURGH, PA 15233	25-1842945	501(C)(3)	50,857.	٥.			DONOR DESIGNATION
MIDWIFE CENTER FOR BIRTH							
2831 PENN AVENUE							
PITTSBURGH, PA 15222	25-1864282	501(C)(3)	5,544.	0.			DONOR DESIGNATION
FIIISBURGN, FA 15222	23-1804282	501(C)(5)	5,544.	0.			DONOR DESIGNATION
CHILDREN'S HOSPITAL-UPMC/							
1251 WATERFRONT PL. FL 5							
PITTSBURGH, PA 15222	25-1865744	501(C)(3)	235,857.	0.			DONOR DESIGNATION
UPMC CANCER CENTERS							
FORBES TOWER, SUITE 8084, 3600							
FORBES AVENUE AT MEYRAN AVENUE -							
PITTSBURGH,	25-1899326	501(C)(3)	24,211.	0.			DONOR DESIGNATION
NETWORK OF HOPE							
3035 PERRYSVILLE AVE							
PITTSBURGH, PA 15214	25-1900531	501(C)(3)	7,912.	0.			DONOR DESIGNATION
,			,				
CREATIVE VISION PROGRAM-CIVIC							
LIGHT - 719 LIBERTY AVENUE -							
PITTSBURGH, PA 15222	25-6000890	501(C)(3)	12,747.	0.			DONOR DESIGNATION
BIG BROS AND SISTERS OF SWPA/ 5989 PENN CIRCLE SOUTH							
	25-6074707	501(C)(3)	12 720	0.			DONOR DESIGNATION
PITTSBURGH, PA 15206	23-00/4/0/	501(C/(S)	43,739.	0.			DONOR DESIGNATION
THE PITTSBURGH PROMISE							
1901 CENTRE AVENUE, SUITE 204							
PITTSBURGH, PA 15219	26-1982661	501(C)(3)	62,013.	0.			DONOR DESIGNATION

Schedule I (Form 990) PENNSYLVANIA

25-1043578 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOMEWOOD CHILDREN'S VILLAGE 801 N. HOMEWOOD AVENUE							
PITTSBURGH, PA 15208	27-1885583	501(C)(3)	115,346.	٥.			DONOR DESIGNATION
GUARDIAN ANGELS MEDICAL SERVICE DOGS, INC 3251 NE 180TH AVE WILLISTON, FL 32696	27-2667123	501(C)(3)	8,623.	0.			DONOR DESIGNATION
CHUCK COOPER FOUNDATION 49 THORNCREST DRIVE							
PITTSBURGH, PA 15235	27-4722527	501(C)(3)	5,056.	0.			DONOR DESIGNATION
UNITED WAY OF METROPOLITAN CHICAGO 333 SOUTH WABASH AVENUE, 30TH FLOOR							
CHICAGO, IL 60604	30-0200478	501(C)(3)	75,807.	0.			DONOR DESIGNATION
ACH CLEAR PATHWAYS P.O. BOX 53091							
PITTSBURGH, PA 15219	30-0609317	501(C)(3)	9,962.	٥.			DONOR DESIGNATION
UNITED WAY OF THE GREATER DAYTON AREA - 33 WEST 1ST STREET, SUITE							
500 - DAYTON, OH 45402	31-0536658	501(C)(3)	28,926.	0.			DONOR DESIGNATION
UNITED WAY OF GREATER CINCINNATI 1131 MANCHESTER AVENUE							
MIDDLETOWN, OH 45042	31-0537502	501(C)(3)	62,316.	0.			DONOR DESIGNATION
UNITED WAY OF FAIRFIELD COUNTY 115 SOUTH BROAD STREET, PO BOX 2299							
LANCASTER, OH 43130	31-0644804	501(C)(3)	16,044.	0.			DONOR DESIGNATION
SHELDON CALVARY CAMP 315 SHADY AVE.							
PITTSBURGH, PA 15206	31-1629166	501(C)(3)	14,407.	Ο.			DONOR DESIGNATION

, , ,	hedule I (Form 990) PENNSYLVANIA art II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.) T	Г		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
RIVERLIFE									
707 GRANT STREET, SUITE 3500 PITTSBURGH, PA 15219	31-1674160	501(C)(3)	16,900.	0.			DONOR DESIGNATION		
JNITED WAY OF LICKING COUNTY P.O. BOX 4490									
NEWARK, OH 43058	31-4379455	501(C)(3)	6,359.	0.			DONOR DESIGNATION		
UNITED WAY OF CENTRAL OHIO 360 SOUTH THIRD STREET									
COLUMBUS, OH 43215	31-4393712	501(C)(3)	109,305.	0.			DONOR DESIGNATION		
UNITED WAY COMMUNITY SERVICE/DELAWARE - P.O. BOX 319 -									
DELAWARE, OH 43015	31-4423899	501(C)(3)	22,896.	0.			DONOR DESIGNATION		
CATHOLIC CHARITIES DIOCESE OF GREENSBURG – 711 EAST PITTSBURGH STREET – GREENSBURG, PA 15601	32-0222403	501(C)(3)	29,072.	0.			DONOR DESIGNATION		
YOUNGSTOWN/MAHONING VALLEY UNITED WAY - 255 WATT STREET -									
YOUNGSTOWN, OH 44505	34-0714598	501(C)(3)	45,887.	0.			DONOR DESIGNATION		
JNITED WAY OF ASHTABULA COUNTY 2801 C COURT									
ASHTABULA, OH 44004	34-0846640	501(C)(3)	18,552.	0.			DONOR DESIGNATION		
JNITED WAY OF GREATER LORAIN COUNTY - 642 BROADWAY AVE -									
LORAIN, OH 44052	34-1011104	501(C)(3)	28,173.	0.			DONOR DESIGNATION		
JNITED WAY OF PORTAGE COUNTY (OH) 218 W MAIN STREET									
RAVENNA, OH 44266	34-1024769	501(C)(3)	9,429.	0.			DONOR DESIGNATION		

Schedule I (Form 990) PENNSYLVANIA

25-1043578 Page 1

Part II Continuation of Grants and Other		mestic Organizations	s and Domestic Go	vernments (Sche	edule I (Form 990). Pa		13-1043376 Pa
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JNITED WAY OF TRUMBULL COUNTY 3601 YOUNGSTOWN ROAD SE WARREN, OH 44484	34-1083629	501(C)(3)	12,857.	0.			DONOR DESIGNATION
JNITED WAY OF LAKE COUNTY INC. 9285 PROGRESS PARKWAY MENTOR, OH 44060	34-1105038	501(C)(3)	43,371.	0.			DONOR DESIGNATION
JNITED WAY OF SUMMIT & MEDINA 37 N. HIGH STREET, SUITE A AKRON, OH 44308	34-1169257	501(C)(3)	84,394.	0.			DONOR DESIGNATION
RONALD MCDONALD HOUSE CHARITIES OF NORTHEAST OHIO, INC 10415 EUCLID AVENUE - CLEVELAND, OH 44106	34-1269123	501(C)(3)	6,183.	0.			DONOR DESIGNATION
CLEVELAND FOODBANK 15500 SOUTH WATERLOO ROAD CLEVELAND, OH 44110	34-1292848	501(C)(3)	5,016.	0.			DONOR DESIGNATION
CATHOLIC CHARITIES OF GEAUGA COUNTY - 602 SOUTH STREET, SUITE D-1 - CHARDON, OH 44024	34-1318541	501(C)(3)	11,067.	0.			DONOR DESIGNATION
COUNTRY NEIGHBOR PROGRAM, INC. PO BOX 212 DRWELL, OH 44076	34-1331627	501(C)(3)	5,321.	0.			DONOR DESIGNATION
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307	34-1369388	501(C)(3)	8,130.	0.			DONOR DESIGNATION
SECOND HARVEST FOOD BANK 7445 DEER TRAIL LANE LORAIN, OH 44053	34-1446685	501(C)(3)	11,251.	0.			DONOR DESIGNATION

Schedule I (Form 990) **PENNSYLVANIA**

25-1043578 Page 1

Schedule I (Form 990) PEININS Y LIVA.							10-1043578 Pag		
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NITED WAY SERVICES OF GEAUGA COUNTY - 209 CENTER STREET -	34-1873816	501(C)(3)	30,349.	0.			DONOR DESIGNATION		
CHARDON, OH 44024	54-10/3010	501(0)(3)	30,349.	0.			DONOR DESIGNATION		
BEST OF BATCH FOUNDATION 2000 WEST STREET MUNHALL, PA 15120	34-1900914	501(C)(3)	43,182.	0.			DONOR DESIGNATION		
JNITED WAY OF GREATER TOLEDO	24 4405045		14.005						
TOLEDO, OH 43604	34-4427947	501(C)(3)	14,887.	0.			DONOR DESIGNATION		
211 / FIRST CALL FOR HELP 1331 EUCLID AVENUE		E01 (0) (2)	077 500						
CLEVELAND, OH 44115	34-6516654	501(C)(3)	277,589.	0.			DONOR DESIGNATION		
BROTHER'S BROTHER FOUNDATION (THE) 1200 GALVESTON AVENUE									
PITTSBURGH, PA 15233	34-6562544	501(C)(3)	13,059.	0.			DONOR DESIGNATION		
JNITED WAY OF ALLEN COUNTY 334 E BERRY STREET									
FORT WAYNE, IN 46802	35-0867932	501(C)(3)	6,888.	0.			DONOR DESIGNATION		
JNITED WAY OF GREATER LAFAYETTE AND - 1114 E. STATE STREET #200 -									
LAFAYETTE, IN 47905	35-0891621	501(C)(3)	10,411.	0.			DONOR DESIGNATION		
INITED WAY OF CENTRAL INDIANA 3901 NORTH MERIDIAN STREET									
INDIANAPOLIS, IN 46208	35-1007590	501(C)(3)	69,044.	0.			DONOR DESIGNATION		
ALLIES FOR CHILDREN 10 CHILDREN'S WAY, SUITE 200									
PITTSBURGH, PA 15222	35-2191961	501(C)(3)	41,987.	0.			DONOR DESIGNATION		

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
WESTERN PENNSYLVANIA DIAPER BANK 201 N. BRADDOCK AVENUE	25 2461022	501 (0) (2)	F 40F						
PITTSBURGH, PA 15208	35-2461923	501(C)(3)	5,485.	0.			DONOR DESIGNATION		
UNITED WAY OF NORTHWEST INDIANA 951 EASTPORT CENTER DRIVE									
VALPARAISO, IN 46385	35-6006484	501(C)(3)	98,395.	0.			DONOR DESIGNATION		
SHRINERS HOSPITAL FOR CHILDREN 950 WEST FARIS ROAD									
GREENVILLE, SC 29605	36-2193608	501(C)(3)	15,140.	0.			DONOR DESIGNATION		
UNITED WAY OF THE QUAD CITIES AREA 3247 EAST 35TH STREET COURT									
DAVENPORT, IA 52807	36-2725960	501(C)(3)	89,735.	0.			DONOR DESIGNATION		
HORIZONS FOR YOUTH 703 W. MONROE ST. CHICAGO, IL 60661	36-3796784	501(C)(3)	10,154.	0.			DONOR DESIGNATION		
HEART OF ILLINOIS UNITED WAY 509 W. HIGH STREET									
PEORIA, IL 61606	37-0661504	501(C)(3)	23,904.	0.			DONOR DESIGNATION		
UNITED WAY OF SOUTHWEST MICHIGAN 2015 LAKEVIEW AVE									
ST JOSEPH, MI 49085	38-1358411	501(C)(3)	5,064.	0.			DONOR DESIGNATION		
GREATER KALAMAZOO UNITED WAY 709B SOUTH WESTNEDGE AVENUE									
KALAMAZOO, MI 49007	38-1359193	501(C)(3)	24,849.	0.			DONOR DESIGNATION		
HEART OF WEST MICHIGAN UNITED WAY 118 COMMERCE AVENUE SW, SUITE 100									
GRAND RAPIDS, MI 49503	38-1360923	501(C)(3)	18,858.	Ο.			DONOR DESIGNATION		

PENNSYLVANIA Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITAL AREA UNITED WAY, INC. 330 MARSHALL STREET ØSUITE 203 LANSING, MI 48912	38-1363572	501(C)(3)	5,436.	0.			DONOR DESIGNATION
, UNITED WAY OF THE LAKESHORE 31 E. CLAY AVENUE MUSKEGON, MI 49442	38-1426895		39,470.	0.			DONOR DESIGNATION
UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY – 225 WEST VINE STREET – MILWAUKEE, WI 53212	39-0806190	501(C)(3)	28,114.	0.			DONOR DESIGNATION
UNITED WAY OF NORTHEASTERN MINNESOTA – 608 E DRIVE – CHISHOLM, MN 55719	41-0908454	501(C)(3)	137,109.	0.			DONOR DESIGNATION
GREATER TWIN CITIES UNITED WAY 404 SOUTH EIGHT STREET MINNEAPOLIS, MN 55404	41-1973442	501(C)(3)	5,966.	0.			DONOR DESIGNATION
UNITED WAY OF GREATER ST. LOUIS, INC. – 910 NORTH 11TH STREET – ST. LOUIS, MO 63101	43-0714167	501(C)(3)	38,015.	0.			DONOR DESIGNATION
UNITED WAY OF GREATER KANSAS CITY 1080 WASHINGTON STREET KANSAS CITY, MO 64105	44-0545812	501(C)(3)	17,915.	0.			DONOR DESIGNATION
JEREMIAH'S PLACE 6435 FRANKSTOWN AVENUE PITTSBURGH, PA 15206	45-1866754	501(C)(3)	6,563.	0.			DONOR DESIGNATION
ALLEGHENY HEALTH NETWORK 4818 LIBERTY AVENUE PITTSBURGH, PA 15224	45-3674924	501(C)(3)	67,049.	0.			DONOR DESIGNATION

Schedule I (Form 990) **PENNSYLVANIA**

25-1043578 Page 1

Schedule I (Form 990) PENNSYLVA							10-1043576 Pag
Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEVERLY'S BIRTHDAYS 11065 PARKER DRIVE							
NORTH HUNTINGTON, PA 15642	45-4248006	501(C)(3)	14,773.	0.			DONOR DESIGNATION
CATHOLIC DIOCESE OF PITTSBURGH 2900 NOBLESTOWN RD #1 PITTSBURGH, PA 15205	45-5483357	501(0)(3)	18,962.	0.			DONOR DESIGNATION
111000000, 10 10200	13 5105557	501(0)(5)	10,502.				
PITTSBURGH AVIATION ANIMAL RESCUE TEAM - 15 ALLEGHENY COUNTY AIRPORT	AE EE76740	501(0)(2)	7 725				DONOD DEGLOVATION
- WEST MIFFLIN, PA 15122	45-5576740	501(C)(3)	7,735.	0.			DONOR DESIGNATION
ALLEGHENY HEALTH NETWORK - WOMEN'S CARE FUND - 4818 LIBERTY AVENUE -							
PITTSBURGH, PA 15224	45-5784836	501(C)(3)	12,814.	0.			DONOR DESIGNATION
CASA SAN JOSE LATINO RESOURCE CENTER – SISTERS OF ST JOSEPH, 2116 BROADWAY AVE – PITTSBURGH, PA							
15216	46-4729004	501(C)(3)	10,067.	0.			DONOR DESIGNATION
WILL ALLEN FOUNDATION PO BOX 15262							
PITTSBURGH, PA 15237	47-2025476	501(C)(3)	9,680.	0.			DONOR DESIGNATION
412 FOOD RESCUE 5140 STATION STREET							
PITTSBURGH, PA 15206	47-3476140	501(C)(3)	28,465.	0.			DONOR DESIGNATION
JNITED WAY OF DELAWARE, INC. 525 ORANGE STREET, 3RD FLOOR							
WILMINGTON, DE 19801	51-0073399	501(C)(3)	15,544.	0.			DONOR DESIGNATION
DANA'S ANGELS RESEARCH TRUST (DART) – 15 EAST PUTNAM AVENUE							
\$117 - GREENWICH, CT 06830	51-6528048	501(C)(3)	8,631.	0.			DONOR DESIGNATION

Schedule I (Form 990) PENNSYLVANIA

25-1043578 Page 1

Schedule I (Form 990) PENNSILVA		montin Organizations	and Domostic Oc	versee (Cob	dula L (Earm 000) Da		20-1045576 P
Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sche	edule i (Form 990), Pa	исп.) 	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF CENTRAL MARYLAND,							
INC 100 S. CHARLES ST., 5TH							
FLOOR - BALTIMORE, MD 21203	52-0591543	501(C)(3)	52,732.	0.			DONOR DESIGNATION
UNITED WAY OF FREDERICK COUNTY,							
INC PO BOX 307							
22 S. MARKET ST. SUITE 5 -							
FREDERICK, MD 21705	52-0607973	501(C)(3)	9,161.	0.			DONOR DESIGNATION
			,				
COUNTY UNITED WAY INC							
PO BOX 307							
CUMBERLAND, MD 21501	52-0695477	501(C)(3)	5,424.	0.			DONOR DESIGNATION
i							
FREDERICK RESCUE MISSION							
419 WEST SOUTH STREET							
FREDERICK, MD 21701	52-0813371	501(C)(3)	7,045.	0.			DONOR DESIGNATION
CURE ALZHEIMER'S FUND							
34 WASHINGTON STREET, SUITE 310							
WELLESLEY HILLS, MA 02481	52-2396428	501(C)(3)	7,835.	0.			DONOR DESIGNATION
UNITED WAY OF LOWER EASTERN SHORE							
803 N SALISBURY BLVD, STE 2100							
SALISBURY, MD 21801	52-6016589	501(C)(3)	11,713.	0.			DONOR DESIGNATION
AMERICAN RED CROSS, FAYETTE COUNTY							
CHAPTER - 225 BOULEVARD OF THE							
ALLIES FLOOR ONE - PITTSBURGH, PA				_			
15222	53-0196605	501(C)(3)	49,088.	0.			DONOR DESIGNATION
ACUACI STATEDA OF CE PRIVATA							
SCHOOL SISTERS OF ST.FRANCIS							
MARIAN HALL - 934 FOREST AVENUE -	E2 0100017	F01(0)(2)		_			DONOD DEGLENATION
PITTSBURGH, PA 15202	53-0196617	DUT(C)(3)	8,284.	0.			DONOR DESIGNATION
INTER WAY OF THE NATIONAL CARTENAL							
UNITED WAY OF THE NATIONAL CAPITAL							
AREA - SUITE. 200 - VIENNA, VA 22182	53-0234290	501(C)(3)	55,232.	0.			DONOR DESIGNATION
22102	55-0254290	por(c)(s)	55,232.	υ.			DONOR DESIGNATION

Schedule I (Form 990) PENNSYLVAI	AIA					2	25-1043578 Pag
Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	urt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIO-WEST VIRGINIA YOUTH EADERSHIP ASSOCIATION - 522 ANDHILL ROAD - POINT PLEASANT, WV 25550	55-0631259	501(C)(3)	5,500.	0.			DONOR DESIGNATION
JNITED WAY OF CENTRAL CAROLINAS, INC PO BOX 890685 - CHARLOTTE,							
NC 28289	56-0529948	501(C)(3)	31,573.	0.			DONOR DESIGNATION
CAPE FEAR AREA UNITED WAY, INC. 5919 OLEANDER DRIVE, SUITE 115 WILMINGTON, NC 28403	56-0529949	501(C)(3)	6,388.	0.			DONOR DESIGNATION
ROCKY MOUNT AREA UNITED WAY 2501 SUNSET AVENUE							
ROCKY MOUNT, NC 27804	56-0611545	501(C)(3)	9,304.	0.			DONOR DESIGNATION
UNITED WAY OF DAVIDSON COUNTY, INC PO BOX 492 - LEXINGTON, NC 27293	56-1847133	501(C)(3)	5,242.	0.			DONOR DESIGNATION
UNITED WAY OF THE GREATER TRIANGLE 2400 PERIMETER PARK DRIVE, SUITE 15 MORRISVILLE, NC 27560	56-1949103	501(C)(3)	25,020.	0.			DONOR DESIGNATION
UNITED WAY OF RANDOLPH COUNTY (NC)	50 1949105	501(0)(3)	23,020.				DONOR DEDIGNATION
563 SOUTH COX STREET ASHEBORO, NC 27203	56-6017883	501(C)(3)	5,160.	٥.			DONOR DESIGNATION
TRIDENT UNITED WAY PO BOX 63305							
NORTH CHARLESTON, SC 29419	57-0314378	501(C)(3)	15,638.	0.			DONOR DESIGNATION
JNITED WAY OF THE MIDLANDS SC- NOMAN IN PHILANTHROPY - 1818 BLANDING STREET - COLUMBIA, SC							
29201	57-0314396	501(C)(3)	35,360.	0.			DONOR DESIGNATION

Schedule I (Form 990) PENNSYLVA							25-1043578 Page
Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF YORK COUNTY, SC 226 NORTHPARK DRIVE, SUITE 100 ROCK HILL, SC 29730	57-0360058	501(C)(3)	6,950.	0.			DONOR DESIGNATION
UNITED WAY OF METROPOLITAN ATLANTA 100 EDGEWOOD AVENUE, NE ATLANTA, GA 30303	58-0566194	501(C)(3)	20,707.	0.			DONOR DESIGNATION
UNITED WAY OF RUTHERFORD AND CANNON COUNTIES - PO BOX 330056 -							
MURFREESBORO, TN 37133	58-1341880	501(C)(3)	5,251.	0.			DONOR DESIGNATION
SAMARITAN'S PURSE P.O. BOX 3000 BOONE, NC 28607	58-1437002	501(0)(3)	6,869.	0.			DONOR DESIGNATION
BOONE, NC 28607	58-1457002	501(C)(3)	0,009.	0.			DONOR DESIGNATION
UNITED WAY OF BROWARD CTY 1300 SOUTH ANDREWS AVENUE FORT LAUDERDALE, FL 33335	59-0624402	501(C)(3)	5,120.	0.			DONOR DESIGNATION
UNITED WAY OF NORTHEAST FLORIDA, INC 40 E. ADAMS STREET, SUITE	59-0637825	501(0)(2)	11 549	0.			DONOR DESIGNATION
200 - JACKSONVILLE, FL 32202 UNITED WAY OF PALM BEACH COUNTY (FL) - 2600 QUANTUM BOULVARD -	53-0037023	501(0)(3)	11,548.	0.			DONOR DESIGNATION
BOYNTON BEACH, FL 33426	59-0683258	501(C)(3)	13,426.	٥.			DONOR DESIGNATION
HEART OF FLORIDA UNITED WAY 1940 TRAYLOR BOULEVARD							
ORLANDO, FL 32804	59-0808854	501(C)(3)	6,993.	0.			DONOR DESIGNATION
UNITED WAY OF BREVARD COUNTY 1100 ROCKLEDGE BLVD, SUITE 300 ROCKLEDGE, FL 32955	59-0836384	501(C)(3)	9,525.	0.			DONOR DESIGNATION

PENNSYLVANIA Schedule I (Form 990)

25-1043578 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF TAMPA BAY							
5201 W. KENNEDY BOULEVARD, SUITE 60							
TAMPA, FL 33609	59-3725701	501(C)(3)	15,220.	0.			DONOR DESIGNATION
UNITED WAY OF THE BLUEGRASS 100 MIDLAND AVENUE, SUITE 300							
LEXINGTON, KY 40508	61-0444679	501(C)(3)	7,474.	0.			DONOR DESIGNATION
METRO UNITED WAY PO BOX 4488							
LOUISVILLE, KY 40204	61-0444680	501(C)(3)	51,705.	0.			DONOR DESIGNATION
UNITED WAY OF METROPOLITAN NASHVILLE - 250 VENTURE CIRCLE -	60.0500104	F01 (G) (D)	11 102				
NASHVILLE, TN 37228	62-0533104	501(C)(3)	11,163.	0.			DONOR DESIGNATION
UNITED WAY OF HAMBLEN COUNTY PO BOX 1794							
MORRISTOWN, TN 37816	62-0627919	501(C)(3)	22,003.	0.			DONOR DESIGNATION
ST JUDE CHILDRENS RESEARCH HOSPITAL - 501 ST JUDE PLACE -							
MEMPHIS, TN 38105	62-0646012	501(C)(3)	53,577.	0.			DONOR DESIGNATION
UNITED WAY OF CENTRAL ALABAMA, INC P.O. BO 320189 -							
BIRMINGHAM, AL 35232	63-0288846	501(C)(3)	60,099.	0.			DONOR DESIGNATION
UNITED WAY OF MADISON COUNTY (AL) 701 ANDREW JACKSON WAY							
HUNTSVILLE, AL 35801	63-0366294	501(C)(3)	8,351.	0.			DONOR DESIGNATION
CATHOLIC CHARITIES FREE HEALTH 212 NINTH STREET, SUITE 301							
PITTSBURGH, PA 15222	65-1307739	501(C)(3)	10,777.	٥.			DONOR DESIGNATION

PENNSYLVANIA Schedule I (Form 990)

25-1043578 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL CENTER FOR WOMEN & INFORMATION TECHNOLOGY - 1909 26TH	69 0501491	E01(C)(2)	6,662	0.			DONOD DEGLONATION
T - BOULDER, CO 80302 JNITED WAY OF SOUTHEAST ARKANSAS	68-0591481	501(0)(3)	6,662.				DONOR DESIGNATION
PINE BLUFF, AR 71611	71-0236869	501(C)(3)	6,259.	0.			DONOR DESIGNATION
CHRISTIAN LEGAL AID OF PITTSBURGH, INC. – 801 UNION PLACE – PITTSBURGH, PA 15212	71-0988357	501(C)(3)	7,698.	0.			DONOR DESIGNATION
UNITED WAY OF GREATER HOUSTON 50 WAUGH DRIVE	,1 0,000,007		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
HOUSTON, TX 77007	74-1167964	501(C)(3)	26,584.	0.			DONOR DESIGNATION
UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY - 700 SOUTH ALAMO STREET, P.O. BOX 898 - SAN							
ANTONIO, TX 78293	74-1272381	501(C)(3)	8,736.	0.			DONOR DESIGNATION
JNITED WAY OF METROPOLITAN TARRANT L500 N MAIN ST, SUITE 200 FORT WORTH, TX 76164	75-0858360	501(C)(3)	13,134.	0.			DONOR DESIGNATION
NORTH TEXAS AREA UNITED WAY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	501(0)(0)	13,134.				SONOR DESIGNATION
WICHITA FALLS, TX 76307	75-0950126	501(C)(3)	11,236.	0.			DONOR DESIGNATION
GWEN'S GIRLS 711 W COMMONS STREET, 3RD FLOOR							
PITTSBURGH, PA 15212	75-3114136	501(C)(3)	54,915.	0.			DONOR DESIGNATION
UNITED WAY OF METROPOLITAN DALLAS, INC 1800 NORTH LAMAR STREET -							
DALLAS, TX 75202	75-6005352	501(C)(3)	28,776.	0.			DONOR DESIGNATION

Schedule I (Form 990) PENNSYLVANIA

25-1043578 Page 1

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	15-1045576 Pa
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANGLICAN DIOCESE OF PITTSBURGH							
NOVA TOWER. ONE ALLEGHENY SQUARE, S							
PITTSBURGH, PA 15212	76-0754677	501(C)(3)	5,205.	0.			DONOR DESIGNATION
SUSAN G. KOMEN							
PO BOX 801889							
DALLAS, TX 75380	81-0665396	501(C)(3)	5,810.	0.			DONOR DESIGNATION
KNEAD COMMUNITY CAFE							
1011 BARNES STREET							
NEW KENSINGTON, PA 15068	81-0705565	501(C)(3)	7,061.	0.			DONOR DESIGNATION
FOSTER LOVE PROJECT							
PO BOX 8779	91 2262514	F(1/2)(2)	9 104	0.			DONOR DECICIANTON
PITTSBURGH, PA 15221	81-2263514	501(C)(3)	8,104.	0.			DONOR DESIGNATION
MILE HIGH UNITED WAY							
711 PARK AVENUE WEST							
DENVER, CO 80205	84-0404235	501(C)(3)	22,284.	0.			DONOR DESIGNATION
PITTSBURGH CURE SARCOMA							
2731 COLE ROAD							
WEXFORD, PA 15090	84-3322815	501(C)(3)	9,885.	Ο.			DONOR DESIGNATION
THE SHORTEST LINE							
TWO PPG PLACE							
PITTSBURGH, PA 15222	84-3846588	501(C)(3)	6,632.	0.			DONOR DESIGNATION
THE ADVANCED LEADERSHIP INSTITUTE							
500 GRANT STREET, SUITE 4125							
PITTSBURGH, PA 15219	85-3695252	501(C)(3)	25,880.	0.			DONOR DESIGNATION
VALLEY OF THE SUN UNITED WAY							
1515 EAST OSBORN ROAD							
PHOENIX, AZ 85014	86-0104419	501(C)(3)	33,352.	٥.			DONOR DESIGNATION

Schedule I (Form 990) PENNSYLVANIA

25-1043578 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ITTSBURGH FOOD FOR GOOD							
050 AMBERSON PLACE							
ITTSBURGH, PA 15232	86-1763257	501(C)(3)	10,090.	0.			DONOR DESIGNATION
NITED WAY OF NORTHERN NEVADA &							
IERRA – 639 ISBELL ROAD, SUITE							
60 - RENO, NV 89505	88-0059327	501(C)(3)	5,231.	0.			DONOR DESIGNATION
HE EDUCATION PARTNERSHIP 81 CORLISS STREET							
ITTSBURGH, PA 15220	90-0438744	501(C)(3)	10,894.	0.			DONOR DESIGNATION
NITED WAY OF THE BAY AREA 21 MAIN STREET, STE 300							
AN FRANCISCO, CA 94105	94-1312348	501(C)(3)	5,435.	0.			DONOR DESIGNATION
NITED WAY, INC. OF GREATER LOS NGELES - 1150 S. OLIVE STREET,							
UITE T500 - LOS ANGELES, CA 90015	95-2274801	501(C)(3)	6,766.	0.			DONOR DESIGNATION

Schedule I (Form 990) 2022

PENNSYLVANIA

25-1043578

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information red	quired in Part I, lir	ne 2; Part III, column	(b); and any other ac	ditional information.	

PART I, LINE 2:

UNITED WAY OF SOUTHWESTERN PENNSYLVANIA HAS STAFF ASSIGNED TO PROVIDE

OVERSIGHT FOR GRANTS TO PARTNER AGENCIES WITHIN THEIR FOCUS AREA. STAFF

WORKING WITH TRAINED VOLUNTEERS REVIEW ANNUAL REPORTS FROM THE AGENCIES TO

ASSURE THEY MEET UNITED WAY OF SOUTHWESTERN PENNSYLVANIA GUIDELINES. GRANTS

ARE UP FOR COMPETITIVE REVIEW EVERY THREE YEARS. PRE-GRANT DUE DILIGENCE IS

DONE FOR ORGANIZATIONS RECEIVING DONOR DESIGNATED CONTRIBUTIONS TO VERIFY

THEY ARE 100% COMPLIANT WITH IRS REGULATIONS FOR CHARITABLE STATUS. THE

VERIFICATION INCLUDES THAT (1) THE AGENCY IS IN COMPLIANCE WITH THE

				OF	SOUT	HWESTER	N			0.5	1042580	
Schedule I (Form 990) Part IV Supplemental Inf	PENNSY formation	LVANI	A							25-	-1043578	Page 2
PROVISIONS OF THE	PATRIOT	ACT A	AND	(2)	THE	AGENCY	IS	AN	IRS	CODE	SECTION	
501(C)(3) NON-PROF	TT ORGA	NIZATI	ION.									
											Schedule I (F	orm <u>9</u> 90\
232291 04-01-22												

SCHEDULE J (Form 990) Compensation Information One Note Note Note Note Note Note Note Not	
Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Open to Public Inspection Name of the organization THE UNITED WAY OF SOUTHWESTERN Employer identification num PENNSVLVANIA Part I Questions Regarding Compensation Employer identification num 25-1043578 Part I Questions Regarding Compensation Yes 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. Yes First-class or charter travel Housing allowance or residence for personal use Tax indemnification and gross-up payments Health or social club dues or initiation fees 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 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the organization used to establish the compensation of the apple on to the karp boxes for methods used by a related organization to establish compensation comsultant Compensation survey or study 2 3 Indicate which, if any, of the following the organization used to establish the compensa	ber
Department of the Treasury Internal Revenues Service Copen to Public Inspection Name of the organization THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA Employer identification num 25 - 1043578 Part I Questions Regarding Compensation Employer identification num 25 - 1043578 Image: Comparison of 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. First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Travel for companions Payments Discretionary spending account 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 expanization 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? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but sphalin in Part III. 2 Image: Compensation commutee Written employment contract 4a Image: Compensation commutee Written employment contract 4a Indicate which, if any, of the following the organization used t	ber
Instructions and the latest information. Inspection Name of the organization THE UNITED WAY OF SOUTHWESTERN Employer identification num 25-1043578 Part I Questions Regarding Compensation 25-1043578 Part I Questions Regarding Compensation 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. Yes First-class or charter travel Travel for companions Travel for companions Payments for business use of personal residence Travel for companions of all of the expenses described above? If "No," complete Part III to explain 1b b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 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? 2 Indicate which, if any, of the following the organization used to establish the compensation of the cEO/Executive Director, but explain III Part III. 2 Indicate which, if any of the colonulation Image: Compensation committee Written employment contract <td< th=""><th></th></td<>	
PENNSYLVANIA 25-1043578 Part1 Questions Regarding Compensation Ia 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. Ves First-class or charter travel Payments for business use of personal use Payments for business use of personal residence Tave idem finication and gross-up payments Personal services (such as maid, chauffeur, chef) Ib b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III. Z Z Compensation committee Written employment contract Z	
Part I Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Tax indemnification and gross-up payments Payments for business use of personal residence Ib biscretionary spending account Personal services (such as maid, chauffeur, chef) Ib b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation committee Written employment contract X Compensation committee Written employment contract X Independent compensation consultant X Compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, li	No
1 Yes 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. Image: Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Personal section or residence for personal use Image: Travel for companions Payments for business use of personal residence Tax Indemnification and gross-up payments 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 1b 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? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish the compensation survey or study 2 3 Indicate which, if any, of the following the organization Written employment contract 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organiz	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. First-class or charter travel Housing allowance or residence for personal use Parwel for companions Pax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account 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 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including 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 consultant Xi Compensation consultant Xi Compensation committee Written employment contract 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: Receive a severance payment from a supplemental nonqualified retirement plan? Participate in o	No
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Comparison of the companion of the comparison of t	
First-class or charter travel Housing allowance or residence for personal use Trave if or companions Payments for business use of personal residence Tax indemnification and gross-up payments 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 1b 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? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 M Compensation committee Written employment contract X Independent compensation consultant X Compensation survey or study X Form 990 of other organization: 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: 4a a Participate in or receive payment from a supplemental nonqualified retirement plan? 4a b Participate i	
Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account 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 1b 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? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee Written employment contract 3 Independent compensation consultant X Compensation committee Written employment contract 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: 4a 4 Participate in or receive payment from a supplemental nonqualified retirement plan? 4a 4 Participate in or receive payment from an equity-based compensation arrangement? 4c	
Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account 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 1b 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? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 3 Indicate which, if any, of other organization used to establish the compensation of the organization to establish compensation committee Written employment contract 3 Compensation committee Written employment contract 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization: 4a 4 During the year, did any person sisted on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a 4 Participate in or receive payment from a supplemental nonqualified retirement plan? 4a	
Discretionary spending account 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 1b 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? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee Written employment contract 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee Written employment contract 3 Indicate which, if any, of the following the organization used to establish compensation survey or study Image: Compensation consultant Image: 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: 4a b Participate in or receive payment from a supplemental nonqualified retirement plan? <td></td>	
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 3 Indicate which, if any of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 3 Independent compensation consultant X Compensation survey or study 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization: 4a 4 Participate in or receive payment from a supplemental nonqualified retirement plan? 4a 4 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c 5 Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 4a	
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee 3 4 Derement of the CEO/Executive Director, but explain in Part III. 3 5 Compensation committee 3 6 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: 4 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing or	
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee 3 4 Derement of the CEO/Executive Director, but explain in Part III. 3 5 Compensation committee 3 6 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: 4 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing or	
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? 2 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. 2 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 3 Independent compensation consultant Written employment contract 3 Independent compensation consultant X Compensation survey or study 3 Form 990 of other organizations X 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: 4a a Participate in or receive payment from a supplemental nonqualified retirement plan? 4a c Participate in or receive payment from an equity-based compensation arrangement? 4b dc 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(
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 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. Image: Compensation committee	
 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. Compensation committee Written employment contract Independent compensation consultant Compensation of other organizations Approval by the board or compensation committee 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: Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 	
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. X Compensation committee X Independent compensation consultant X Form 990 of other organizations X Form 990 of other organizations X Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	
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. X Compensation committee X Independent compensation consultant X Form 990 of other organizations X Form 990 of other organizations X Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	
establish compensation of the CEO/Executive Director, but explain in Part III. Image: Compensation committee Image: Compensation committee </th <th></th>	
 Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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: Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 	
 Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee 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: Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 	
 X Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? C Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 	
 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 	
organization or a related organization: 4a a Receive a severance payment or change-of-control payment? 4a b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b c Participate in or receive payment from an equity-based compensation arrangement? 4c lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 0 Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 0	
 a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? df "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. 	
b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b c Participate in or receive payment from an equity-based compensation arrangement? 4c lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 1 Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 1	
c Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 4c	Х
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.	Х
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	Х
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:	v
a The organization?	X X
b Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	л
contingent on the net earnings of: 6a a The organization? 6a	х
	X
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	
 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 	
not described on lines 5 and 6? If "Yes," describe in Part III	х
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8	Х
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	
Regulations section 53.4958-6(c)? 9	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990)	2022

232111 10-18-22

92 2022.05010 THE UNITED WAY OF SOUTHWE 296157_1

Schedule J (Form 990) 2022

PENNSYLVANIA

25-1043578

Page 2

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) BOBBI WATT GEER, PHD.	(i)	271,320.	25,000.	0.	73,186.	19,544.	389,050.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LINDA JONES	(i)	162,835.	7,913.	0.	31,536.	2,868.	205,152.	0.
SVP & SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LEONARD HAWKINS	(i)	155,144.	7,426.	0.	30,037.	12,261.	204,868.	0.
CFO & TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TRACY GROSS	(i)	142,370.	6,958.	0.	18,078.	23,255.	190,661.	0.
CHIEF MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ALYSSA CHOLODOFSKY	(i)	137,694.	6,750.	0.	13,544.	20,275.	178,263.	0.
CHIEF PROGRAM & POLICY OFF	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) NEIL DIBIASE	(i)	131,164.	6,339.	0.	10,747.	10,511.	158,761.	0.
CHIEF STRATEGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

THE	UNITED	WAY	OF	SOUTHWESTERN
PENI	ISYLVAN			

Schedule J (Form 990) 2022

Part III Supplemental Information

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

20

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

	ment of the Treasury I Revenue Service	Go to www.ir	s.gov/Form	n.	Open to Public Inspection				
Nam	e of the organizatio	THE UNITED W	AY OF	SOUTHWEST	ERN	Employer	dentificatio	on nur	nber
		PENNSYLVANIA				2	5-1043	578	
Pa	rt I Types of	f Property				•			
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) d of determini ontribution an	•	s
1	Art - Works of art								
2		asures							
3		erests							
4		ations							
5		ehold goods							
6		hicles							
7									
8		ty							
9		ly traded		54	874,774.	FMV			
10		y held stock							
11	Securities - Partne								
	trust interests								
12		laneous							
13	Qualified conserva								
	Historic structures	5							
14	Qualified conserva	ation contribution - Other							
15		dential							
16		mercial							
17		r							
18									
19									
20		I supplies							
21									
22									
23		ns							
24		acts							
25	<i>i</i>)							
26)							
27	Other ()							
28	Other ()							
29	Number of Forms	8283 received by the organi	ization during	g the tax year for c	ontributions				
		nization completed Form 82							
								Yes	No
30a	During the year, di	id the organization receive b	y contributio	on any property rep	ported in Part I, lines 1 throug	h 28, that it			
	must hold for at le	ast 3 years from the date of	the initial co	ntribution, and wh	ich isn't required to be used	for			
	exempt purposes	for the entire holding period	?				30a		X
h	If "Yes " describe "	the arrangement in Part II							

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

b If "Yes," describe in Part II.
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

contributions?

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

Schedule M (Form 990) 2022

31

32a

х

Х

232141 09-09-22

	THE	UNITED	WAY	OF	SOUTHWESTERN	
990) 2022	PENI	NSYLVAN	IA			

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

SCHEDULE M, PART I, LINE 9, COLUMN (B):

THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA REPORTS THE NUMBER OF

CONTRIBUTIONS.

Schedule M (Form

SCH M, PART I, LINE 32(B):

UWSWPA HAS A BROKER WHO PROCESSES AND SELLS STOCK GIFTS.

Schedule M (Form 990) 2022

25-1043578

Page **2**

15401205 144198 296157

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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. THE UNITED WAY OF SOUTHWESTERN



25-1043578

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

AND BUTLER COUNTIES, LEADS AND MOBILIZES THE CARING POWER OF

INDIVIDUALS, THE BUSINESS COMMUNITY AND ORGANIZATIONS TO HELP LOCAL

PEOPLE IN NEED MEASURABLY IMPROVE THEIR LIVES, CREATING LONG-LASTING

CHANGE FOR THE BETTERMENT OF OUR COMMUNITY.

PENNSYLVANIA

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

UNITED WAY HELPS HUNDREDS OF THOUSANDS OF LOCAL PEOPLE EACH YEAR BY

ADDRESSING HUNGER AND HOMELESSNESS, FINANCIAL INSTABILITY, EDUCATION,

BASIC NEEDS AND EMPLOYMENT.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

ADDITION, WE ASSIST VETERANS AS THEY NAVIGATE THEIR UNIQUE CHALLENGES

ASSIMILATING BACK TO SOCIETY.

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

COMMUNITY SERVICES: OTHER PROGRAM SUPPORT:

UNITED WAY OF SOUTHWESTERN PENNSYLVANIA INVESTS IN COMMUNITY SUPPORT

AND VOLUNTEERISM. THESE INVESTMENTS INCLUDE SUPPORT FOR STRATEGIC

COMMUNITY PARTNERSHIPS AND PROJECTS, DISASTER RELIEF EFFORTS, TECHNICAL

ASSISTANCE TO NONPROFITS AND VOLUNTEER INITIATIVES FOCUSED ON ENGAGING

THE COMMUNITY TO MAKE A POSITIVE DIFFERENCE.

EXPENSES \$ 11,275,346. INCL GRANTS OF \$ 11,155,476. REVENUE \$ 5,000,770.

FORM 990, PART VI, SECTION B, LINE 11B:

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

97

Schedule O (Form 990) 2022 Name of the organization THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA	Page 2 Employer identification number 25-1043578						
THE FORM 990 IS EMAILED TO ALL BOARD MEMBERS FOR REVIEW. A	DDITIONALLY, THE						
TAX RETURN PREPARERS PRESENTED THE DRAFT RETURN TO THE AUD	IT COMMITTEE						
PRIOR TO FILING.							

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY, EACH DIRECTOR AND OFFICER MUST COMPLETE A DISCLOSURE STATEMENT REFLECTING HIS OR HER INTERESTS. THE CHAIRMAN OF THE BOARD IS RESPONSIBLE FOR REVIEWING THE DISCLOSURE STATEMENTS SO THAT HE OR SHE IS FAMILIAR WITH POTENTIAL CONFLICTS. IN ADDITION, EACH DIRECTOR AND OFFICER IS PERSONALLY RESPONSIBLE FOR DISCLOSING HIS/HER ACTUAL OR POTENTIAL CONFLICT AT THE TIME THE ORGANIZATION IS CONSIDERING A TRANSACTION THAT MAY INVOLVE A CONFLICT AND REFRAIN FROM VOTING.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS MEETS TO DISCUSS THE PERFORMANCE OF THE PRESIDENT. THE COMMITTEE CONSIDERS INPUT FROM BOARD MEMBERS, STAFF, GRANT RECIPIENTS, AND OTHER INFORMED COMMUNITY LEADERS. THE PRESIDENT MEETS WITH THE COMMITTEE TO DISCUSS PERFORMANCE AND TO ESTABLISH GOALS FOR THE COMING YEAR. SALARY IS ESTABLISHED BASED ON PERFORMANCE AND COMPARABILITY DATA PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTANT. THESE REVIEWS ARE CONDUCTED ANNUALLY AND WERE LAST COMPLETED IN FISCAL YEAR 2023. COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES IS BASED ON ANNUAL PERFORMANCE REVIEWS AND MARKET DATA.

FORM 990, PART VI, SECTION C, LINE 19: THE FORM 990, AUDITED FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE ALL AVAILABLE ON OUR WEBSITE AND UPON REQUEST.

98

232212 10-28-22

Schedule O (Form 990) 2022 Name of the organization THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA	Page 2 Employer identification number 25-1043578
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
PENSION CHANGES, ACTUARIAL NET GAIN	1,755,682.
CHANGE IN BENEFICIAL INTEREST	36,781.
TOTAL TO FORM 990, PART XI, LINE 9	1,792,463.
232212 10-28-22 99 01205 144198 296157 2022 05010 THE INITTE	Schedule O (Form 990) 2022 אמע סד פסנויידאשד 29615

15401205 144198 296157

2022.05010 THE UNITED WAY OF SOUTHWE 296157_1