

Return of Organization Exempt From Income Tax

2021

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

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

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning 07/01/2021 and ending 06/30/2022

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

C Name of organization: THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1250 PENN AVENUE, P.O. BOX 735
 City or town, state or province, country, and ZIP or foreign postal code
PITTSBURGH, PA 15230-0735

D Employer identification number: 25-1043578

E Telephone number: (412) 261-6010

F Name and address of principal officer: BOBBI WATT GEER, PHD
1250 PENN AVENUE, P.O. BOX 735, PITTSBURGH, PA 15230

G Gross receipts \$ 51,838,118.

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

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

J Website: ▶ WWW.UWSWPA.ORG

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 1974 **M** State of legal domicile: PA

H(c) Group exemption number ▶ _____

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>UNITED WAY OF SOUTHWESTERN PENNSYLVANIA, SERVING ALLEGHENY, WESTMORELAND, FAYETTE, ARMSTRONG AND BUTLER COUNTIES, LEADS AND MOBILIZES THE CARING POWER OF (SEE SCH O)</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	<u>67</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>67</u>
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	<u>103</u>
	6 Total number of volunteers (estimate if necessary)	6	<u>6,810</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>NONE</u>
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	<u>NONE</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>47,689,680.</u>	<u>35,725,067.</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>3,679,094.</u>	<u>4,502,005.</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>2,238,087.</u>	<u>893,569.</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>17,745.</u>	<u>21,751.</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>53,624,606.</u>	<u>41,142,392.</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>20,090,332.</u>	<u>22,413,655.</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>NONE</u>	<u>NONE</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>7,025,428.</u>	<u>7,178,681.</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>NONE</u>	<u>NONE</u>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>2,904,997.</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>14,871,744.</u>	<u>8,416,328.</u>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>41,987,504.</u>	<u>38,008,664.</u>	
19 Revenue less expenses. Subtract line 18 from line 12	<u>11,637,102.</u>	<u>3,133,728.</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	<u>76,936,352.</u>	<u>71,821,513.</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>20,857,054.</u>	<u>18,737,630.</u>
		<u>56,079,298.</u>	<u>53,083,883.</u>

Part II Signature Block

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

Sign Here

Signature of officer: Bobbi Watt Geer Date: 21 February 2023

Type or print name and title: BOBBI WATT GEER, PHD PRESIDENT AND CEO

Preparer Use Only

Print/Type preparer's name: Jacob Cook Preparer's signature: Jacob Cook Date: 02/21/2023 Check if self-employed PTIN: P01240455

Firm's name ▶ BDO USA, LLP Firm's EIN ▶ 13-5381590

Firm's address ▶ 339 SIXTH AVE, 8TH FL PITTSBURGH, PA 15222 Phone no. 412-281-2501

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

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

4a (Code:) (Expenses \$ 7,546,144. including grants of \$ 3,559,732.) (Revenue \$ NONE)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 5,936,212. including grants of \$ 2,800,281.) (Revenue \$ NONE)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 4,881,906. including grants of \$ 2,302,935.) (Revenue \$ NONE)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O
(Expenses \$ 14,617,245. including grants of \$ 13,750,707.) (Revenue \$ 4,502,005.)

4e Total program service expenses ▶ 32,981,507.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 103		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (67), 1b (67), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

LEONARD HAWKINS 1250 PENN AVENUE, PO BOX 735 PITTSBURGH, PA 15230-0735
412-261-6010

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BOBBI WATT GEER, PHD. PRESIDENT & CEO	40.00 NONE			X				274,809.	NONE	66,889.
(2) LINDA JONES SVP & SECRETARY	40.00 NONE			X				157,591.	NONE	34,572.
(3) JULIE DESEYN (UNTIL 12/2021) CHIEF PROGRAM & POLICY OFFICER	40.00 NONE					X		139,466.	NONE	46,955.
(4) TRACY GROSS CHIEF MARKETING OFFICER	40.00 NONE					X		139,970.	NONE	45,054.
(5) LEONARD HAWKINS CFO & TREASURER	40.00 NONE			X				146,580.	NONE	35,954.
(6) ALYSSA CHOLODOFSKY CHIEF PROGRAM & POLICY OFFICER	40.00 NONE					X		117,412.	NONE	37,017.
(7) JOE WELSH SENIOR DIR. OF OPER.& ASS. SEC	40.00 NONE			X				92,678.	NONE	38,982.
(8) NEIL DIBIASE CHIEF STRATEGY OFFICER	40.00 NONE					X		119,170.	NONE	11,777.
(9) WILL ALLEN BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(10) KENNETH J. ALTEMUS BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(11) JOSIE BADGER, DHCE, CRC BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(12) LEROY M. BALL BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(13) JOHN D. BARBOUR BOARD MEMBER UNTIL 06/30/22	1.00 NONE	X						NONE	NONE	NONE
(14) BIBIANA BOERIO BOARD MEMBER UNTIL 02/24/22	1.00 NONE	X						NONE	NONE	NONE

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KENYON R. BONNER, ED.D. BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(16) KENNY BONUS, CPA BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(17) BROOKS BROADHURST BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(18) KERI BROWN BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(19) CHRISTINE BRYANT BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(20) RAYMOND W. BUEHLER, JR. BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(21) JAYME L. BUTCHER BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(22) FRANCINE B. CAMERON, CPA, MBA BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(23) FRANKLIN CARDENAS BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(24) LOUIS R. CESTELLO BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(25) JEFFERY P. CRAFT BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total								1,187,676.	NONE	317,200.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								1,187,676.	NONE	317,200.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **7**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) VINCENT J. DELIE, JR. BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(27) ROBERT A. DEMICHIEI BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(28) MICHAEL R. DENOVE BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(29) PATRICK D. DUGAN BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(30) GEORGE J. FARAH BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(31) SYLVIA V. FIELDS BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(32) KIM TILLOTSON FLEMING BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(33) PETER J. GERMAIN BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(34) REVEREND GLENN G. GRAYSON, SR BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(35) GRETCHEN R. HAGGERTY BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(36) HAYLEY A. HALDEMAN BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) RICHARD J. HARSHMAN BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(38) DAVID B. HEATON BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(39) DIANE P. HOLDER BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(40) KATHY W. HUMPHREY, PHD BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(41) CYNTHIA HUNDORFEAN BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(42) SHANE JAKUBOVIC BOARD MEMBER UNTIL 09/16/21	1.00 NONE	X					NONE	NONE	NONE	
(43) STACY M. JUCHNO BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(44) LAURA KARET BOARD MEMBER UNTIL 12/31/2021	1.00 NONE	X					NONE	NONE	NONE	
(45) JUSTIN KAUFMAN BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(46) REBEKAH BYERS KCEHOWSKI BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(47) KATHARINE EAGAN KELLEMAN BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) DARRIN KELLY BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(49) JOHN P. KLINE BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(50) TIMOTHY M. KNAVISH BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(51) JEFF KRAKOWIAK BOARD MEMBER UNTIL 12/31/21	1.00 NONE	X					NONE	NONE	NONE	
(52) ELIZABETH E. KRISHER, CPA, CGFM BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(53) KAREN L. LARRIMER BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(54) DAN LAVALLEE BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(55) MICHAEL T. LORDI BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(56) JEFF MALLORY, ED.D. BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(57) DAVID J. MALONE BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(58) JAMES J. MCQUADE BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(59) LAURA N.K. MILLER, ESQ. BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(60) TAMRA E. MINNIER, RN, MSN, FACHE BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(61) DEL MISENHEIMER BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(62) COURTNEY MURPHY BOARD MEMBER UNTIL 06/30/22	1.00 NONE	X						NONE	NONE	NONE
(63) MORGAN K. O'BRIEN BOARD MEMBER UNTIL 12/31/21	1.00 NONE	X						NONE	NONE	NONE
(64) RONALD H. OTT, MPH BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(65) DAVID A. PANNETON BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(66) JULIE A. PATTER BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(67) JAKE PLOEGER BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(68) DEBORAH L. RICE-JOHNSON BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(69) ARTHUR J. ROONEY II BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(70) KARA RUBIO BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(71) CATHERINE ("CASEY") RYAN BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(72) HARI SASTRY BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(73) SHANNON SCHREIB BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(74) STEPHANIE L. SCIULLO BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(75) JAMES R. SEGERDAHL BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(76) WENDY ETHERIDGE SMITH BOARD MEMBER UNTIL 12/31/21	1.00 NONE	X					NONE	NONE	NONE	
(77) MEKAEL T. TESHOME BOARD MEMBER UNTIL 06/30/22	1.00 NONE	X					NONE	NONE	NONE	
(78) STEVEN D. THOMPSON, CPA BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(79) DAVID THUMA BOARD MEMBER UNTIL 12/31/21	1.00 NONE	X					NONE	NONE	NONE	
(80) MARK TWERDOK BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include TOM VANKIRK, CHRIS WINTON, and MOST REVEREND DAVID A. ZUBIK.

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

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

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1 contains 'SEE SCHEDULE O'.

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	406,769.						
	b Membership dues	1b							
	c Fundraising events	1c	131,500.						
	d Related organizations	1d							
	e Government grants (contributions) . .	1e	1,548,385.						
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	33,638,413.						
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,367,569.						
	h Total. Add lines 1a-1f			35,725,067.					
	Program Service Revenue				Business Code				
2a 2-1-1 COMMUNITY IMPACT SERVICES			900099	3,063,982.	3,063,982.				
b DESIGNATION COST RECOVERY			900099	1,429,324.	1,429,324.				
c REGISTRATION & MEAL REIMBURSEMENT			900099	8,699.	8,699.				
d _____									
e _____									
f All other program service revenue									
g Total. Add lines 2a-2f				4,502,005.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			905,203.			905,203.		
	4 Income from investment of tax-exempt bond proceeds .			NONE					
	5 Royalties			NONE					
	6a Gross rents	6a	(i) Real	(ii) Personal					
	b Less: rental expenses	6b							
	c Rental income or (loss)	6c	NONE	NONE					
	d Net rental income or (loss)				NONE				
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other					
					10,643,445.				
	b Less: cost or other basis and sales expenses . .	7b			10,655,079.				
	c Gain or (loss)	7c			-11,634.				
d Net gain or (loss)				-11,634.		-11,634.			
8a Gross income from fundraising events (not including \$ <u>131,500.</u> of contributions reported on line 1c). See Part IV, line 18	8a			56,265.					
		b Less: direct expenses	8b	40,647.					
		c Net income or (loss) from fundraising events				15,618.		15,618.	
		9a Gross income from gaming activities. See Part IV, line 19	9a			NONE			
				b Less: direct expenses	9b			NONE	
				c Net income or (loss) from gaming activities				NONE	
		10a Gross sales of inventory, less returns and allowances	10a			NONE			
				b Less: cost of goods sold	10b			NONE	
				c Net income or (loss) from sales of inventory				NONE	
Miscellaneous Revenue				Business Code					
	11a MISCELLANEOUS		900099	6,133.			6,133.		
	b _____								
	c _____								
	d All other revenue								
e Total. Add lines 11a-11d				6,133.					
12 Total revenue. See instructions				41,142,392.	4,502,005.		915,320.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	22,413,655.	22,413,655.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	878,046.	311,201.	282,301.	284,544.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	4,648,030.	2,543,203.	844,051.	1,260,776.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	564,316.	317,353.	94,584.	152,379.
9 Other employee benefits	701,425.	394,459.	117,565.	189,401.
10 Payroll taxes	386,864.	203,810.	73,998.	109,056.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	12,264.	11,535.	441.	288.
c Accounting	82,394.	23,342.	35,734.	23,318.
d Lobbying	26,904.	26,904.		
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	SEE SCHE O 5,596,366.	5,130,460.	138,842.	327,064.
12 Advertising and promotion	NONE			
13 Office expenses	82,072.	40,197.	21,733.	20,142.
14 Information technology	543,631.	322,903.	130,864.	89,864.
15 Royalties	NONE			
16 Occupancy	439,452.	199,822.	138,116.	101,514.
17 Travel	23,903.	17,933.	1,977.	3,993.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	717,767.	522,847.	3,784.	191,136.
20 Interest	NONE			
21 Payments to affiliates	553,491.	303,273.	167,800.	82,418.
22 Depreciation, depletion, and amortization	93,871.	46,945.	28,396.	18,530.
23 Insurance	85,171.	41,621.	24,625.	18,925.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SUBSCRIPTIONS & MEMBERSHIPS	45,568.	33,776.	5,709.	6,083.
b UW PA DUES	31,500.	31,500.	NONE	NONE
c TRAINING	28,310.	16,926.	752.	10,632.
d EQUIPMENT RENTAL & REPAIR	24,654.	10,711.	8,389.	5,554.
e All other expenses _____	29,010.	17,131.	2,499.	9,380.
25 Total functional expenses. Add lines 1 through 24e	38,008,664.	32,981,507.	2,122,160.	2,904,997.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	8,724,847.	1	12,328,754.
	2 Savings and temporary cash investments.	3,320,922.	2	6,257,106.
	3 Pledges and grants receivable, net	11,506,840.	3	14,017,055.
	4 Accounts receivable, net	9,204,509.	4	1,561,587.
	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	NONE	5	NONE
	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).	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	NONE	8	NONE
	9 Prepaid expenses and deferred charges	46,500.	9	59,479.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,171,820.		
	b Less: accumulated depreciation.	10b 4,072,590.		
		193,100.	10c	99,230.
	11 Investments - publicly traded securities.	37,182,613.	11	31,453,632.
	12 Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13 Investments - program-related. See Part IV, line 11.	NONE	13	NONE
	14 Intangible assets	NONE	14	NONE
15 Other assets. See Part IV, line 11	6,757,021.	15	6,044,670.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	76,936,352.	16	71,821,513.	
Liabilities	17 Accounts payable and accrued expenses.	4,972,652.	17	3,216,400.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	NONE	19	NONE
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24 Unsecured notes and loans payable to unrelated third parties.	NONE	24	NONE
	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	15,884,402.	25	15,521,230.
	26 Total liabilities. Add lines 17 through 25.	20,857,054.	26	18,737,630.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions.	32,206,522.	27	33,476,071.
	28 Net assets with donor restrictions.	23,872,776.	28	19,607,812.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	56,079,298.	32	53,083,883.
33 Total liabilities and net assets/fund balances.	76,936,352.	33	71,821,513.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	41,142,392.
2	Total expenses (must equal Part IX, column (A), line 25)	2	38,008,664.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,133,728.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	56,079,298.
5	Net unrealized gains (losses) on investments	5	-7,153,917.
6	Donated services and use of facilities	6	1,128.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,023,646.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	53,083,883.

Part XII Financial Statements and Reporting

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

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

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

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA	Employer identification number 25-1043578
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	35,006,070.	35,851,320.	40,466,179.	47,689,680.	35,725,067.	194,738,316.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 Total. Add lines 1 through 3.	35,006,070.	35,851,320.	40,466,179.	47,689,680.	35,725,067.	194,738,316.
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).						921,239.
6 Public support. Subtract line 5 from line 4						193,817,077.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	35,006,070.	35,851,320.	40,466,179.	47,689,680.	35,725,067.	194,738,316.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	483,976.	754,358.	692,731.	762,586.	905,203.	3,598,854.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	5,244.	49,705.	NONE	13,763.	15,618.	84,330.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	22,915.	9,513.	8,983.	3,982.	6,133.	51,526.
11 Total support. Add lines 7 through 10						198,473,026.
12 Gross receipts from related activities, etc. (see instructions)					12	16,321,196.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	97.65 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	98.00 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer 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? <i>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

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

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
MISCELLANEOUS REVENUE	22,915.	9,513.	8,983.	3,982.	6,133.	51,526.
TOTALS	22,915.	9,513.	8,983.	3,982.	6,133.	51,526.

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2021

Name of the organization

Employer identification number

THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

25-1043578

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 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 ▶ \$ _____

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).

Name of organization <p style="text-align: center;">THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA</p>	Employer identification number <p style="text-align: center;">25-1043578</p>
--	---

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	N/A <hr/> <hr/> <hr/>	\$ 901,044.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A <hr/> <hr/> <hr/>	\$ 870,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A <hr/> <hr/> <hr/>	\$ 933,569.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

Employer identification number

25-1043578

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA	Employer identification number 25-1043578
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Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

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

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA	Employer identification number 25-1043578
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions ▶ \$ _____
- 3 Volunteer hours for political campaign activities. See instructions

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990) 2021

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		NONE													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		26,904.													
c Total lobbying expenditures (add lines 1a and 1b)		26,904.													
d Other exempt purpose expenditures		37,981,760.													
e Total exempt purpose expenditures (add lines 1c and 1d)		38,008,664.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	279,795.	60,096.	30,820.	26,904.	397,615.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	242,000.	10,150.	141.	NONE	252,291.

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)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 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 prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures. See instructions.

Part IV Supplemental Information

Provide 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, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as requested in the instructions above.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Name of the organization

Employer identification number

THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

25-1043578

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Form for Part II Conservation Easements, including checkboxes for types of easements, a table for held at end of tax year (2a-2d), and various questions about monitoring and expenses.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions about reporting and amounts for art and treasures.

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

Schedule D (Form 990) 2021

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,375,481.	7,055,254.	6,961,597.	6,542,820.	5,908,441.
b Contributions	585,650.	443,397.	389,996.	446,942.	487,095.
c Net investment earnings, gains, and losses	-827,542.	2,125,430.	41,409.	273,720.	457,980.
d Grants or scholarships	183,068.	181,467.	265,532.	237,660.	250,678.
e Other expenditures for facilities and programs					
f Administrative expenses	74,190.	67,133.	72,216.	64,225.	60,018.
g End of year balance	8,876,331.	9,375,481.	7,055,254.	6,961,597.	6,542,820.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ 22.6600 %
 - b Permanent endowment ▶ 58.3700 %
 - c Term endowment ▶ 18.9700 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		109,551.	82,952.	26,599.
d Equipment		524,106.	514,425.	9,681.
e Other		3,538,163.	3,475,213.	62,950.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				99,230.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) FUNDS HELD IN TRUST BY OTHERS	6,044,670.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	6,044,670.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DISTRIBUTIONS PAYABLE TO AGENCY	7,601,600.
(3) CONTRIBUTOR CHOICE SUPPORT	4,870,301.
(4) OUT OF AREA ACCOUNT	3,049,329.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	15,521,230.

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

Part XIII Supplemental Information (continued)

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 SOUTHWESTERN PENNSYLVANIA AND IS REPORTED AS UNRESTRICTED INCOME. INCOME FROM THE DIETRICH FUND IS RESTRICTED FOR USE FOR THE PREPARING CHILDREN AND YOUTH TO SUCCEED IN SCHOOL AND LIFE PROGRAM.

SCHEDULE D, PART X, LINE 2:

THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA, UNDER CODE SECTION 501(C)(3), IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE INTERNAL REVENUE CODE OF 1986 (THE CODE) AND HAS BEEN CLASSIFIED AS A NON-PRIVATE FOUNDATION UNDER SECTION 509(A (1) OF THE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS.

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 (ASSET) IF THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY 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,

Part XIII Supplemental Information (continued)

2022, 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.

SCHEDULE D, PART XI, LINE 2D - OTHER ADJUSTMENTS:

PRIOR PERIOD PLEDGE RESERVE ADJUSTMENT	177,479
--	---------

SCHEDULE D, PART XI, LINE 4B - OTHER ADJUSTMENTS:

REVENUE TO BE DISTRIBUTED TO AGENCIES PER DONOR INSTRUCTIONS	12,976,918
CHANGE IN VALUE OF BENEFICIAL INTEREST IN CHARITABLE TRUST	269,258
SALE OF GIFTED SECURITIES	8,351
SPECIAL EVENT COSTS	-40,647
TOTAL TO SCHEDULE D, PART XI, LINE 4B	13,213,880

SCHEDULE D, PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS COSTS	40,647
SALE OF GIFTED SECURITIES	-8,351
TOTAL TO SCHEDULE D, PART XII, LINE 2D	32,296

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES TO BE DISTRIBUTED TO AGENCIES PER DONOR INSTRUCTIONS 12,976,918

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2021

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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Name of the organization

Employer identification number

THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

25-1043578

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF OUTING (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	187,765.		187,765.
	2	Less: Contributions	131,500.		131,500.
	3	Gross income (line 1 minus line 2)	56,265.		56,265.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	35,751.		35,751.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	4,896.		4,896.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				15,618.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$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))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

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

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | | |
|---|-----------------------------|-----|---|
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- 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

- 17 Mandatory distributions:
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2021

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Department of the Treasury
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Name of the organization

THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

Employer identification number

25-1043578

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) A+ SCHOOLS 1901 CENTRE AVENUE PITTSBURGH, PA 15219	30-0254325	501(C)(3)	55,000.				UNITED WAY GRANT
(2) ACHIEVA 711 BINGHAM STREET PITTSBURGH, PA 15203	25-1505216	501(C)(3)	37,000.				UNITED WAY GRANT
(3) ACTION-HOUSING INC 611 WILLIAM PENN PL PITTSBURGH, PA 15219	25-0965469	501(C)(3)	370,000.				UNITED WAY GRANT
(4) ADELPHOI FOUNDATION, INC. 354 MAIN STREET LATROBE, PA 15650	25-1441744	501(C)(3)	7,280.				UNITED WAY GRANT
(5) ALLIES FOR CHILDREN 10 CHILDREN'S WAY PITTSBURGH, PA 15212	35-2191961	501(C)(3)	150,650.				UNITED WAY GRANT
(6) AMERICAN RED CROSS OF CHESTNUT RIDGE-38428 351 HARVEY AVENUE GREENSBURG, PA 15601	25-0965233	501(C)(3)	50,000.				UNITED WAY GRANT
(7) AMERICAN RED CROSS-SOUTHWESTERN PA P.O. BOX 371997 PITTSBURGH, PA 15251-7997	25-0965231	501(C)(3)	200,000.				UNITED WAY GRANT
(8) ARC OF BUTLER COUNTY (AERO) 112 HOLLYWOOD DRIVE BUTLER, PA 16007	25-1072143	501(C)(3)	13,000.				UNITED WAY GRANT
(9) BETHLEHEM HAVEN 905 WATSON STREET PITTSBURGH, PA 15219	25-1436685	501(C)(3)	72,037.				UNITED WAY GRANT
(10) BIG BROTHERS/BIG SISTERS OF THE LAUREL REGI 106 NORTH MAIN STREET GREENSBURG, PA 15601	25-1368402	501(C)(3)	20,020.				UNITED WAY GRANT
(11) BLACKBURN CENTER AGAINST DOMESTIC & SEXUAL P.O. BOX 398 GREENSBURG, PA 15601	25-1339836	501(C)(3)	193,750.				UNITED WAY GRANT
(12) BOYS & GIRLS CLUB OF WPA 5432 BUTLER STREET PITTSBURGH, PA 15201	25-1206970	501(C)(3)	350,000.				UNITED WAY GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 448

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

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

Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

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Name of the organization

Employer identification number

THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

25-1043578

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BOYS SCOUTS OF AMERICA, LAUREL HIGHLANDS 1275 BEDFORD AVENUE PITTSBURGH, PA 15219	25-0965214	501(C)(3)	50,000.				UNITED WAY GRANT
(2) CASA OF WESTMORELAND, INC. 2 NORTH MAIN STREET GREENSBURG, PA 15601	25-5046788	501(C)(3)	7,500.				UNITED WAY GRANT
(3) CATHOLIC CHARITIES DIOCESE OF PITTSBURGH 212 NINTH STREET PITTSBURGH, PA 15222	25-1326213	501(C)(3)	134,000.				UNITED WAY GRANT
(4) CATHOLIC CHARITIES OF THE DIOCESE OF GREENS 711 EAST PITTSBURGH ST GREENSBURG, PA 15601	32-0222403	501(C)(3)	65,000.				UNITED WAY GRANT
(5) CENTER FOR COMMUNITY RESOURCES 212-214 SOUTH MAIN STREET BUTLER, PA 16001	02-0585594	501(C)(3)	41,000.				UNITED WAY GRANT
(6) CENTER FOR HEARING & DEAF SERVICES, INC. 1011 OLD SALEM ROAD GREENSBURG, PA 15601	25-0974324	501(C)(3)	24,914.				UNITED WAY GRANT
(7) CENTER OF LIFE 161 HAZELWOOD AVENUE PITTSBURGH, PA 15207	01-0617023	501(C)(3)	50,000.				UNITED WAY GRANT
(8) CENTRAL WESTMORELAND HABITAT FOR HUMANITY P.O. BOX 516 GREENSBURG, PA 15601	25-1698880	501(C)(3)	8,500.				UNITED WAY GRANT
(9) COMMUNITY HUMAN SERVICE CORP 374 LAWN STREET PITTSBURGH, PA 15213	25-1219610	501(C)(3)	225,000.				UNITED WAY GRANT
(10) COMMUNITY CARE CONNECTIONS 114 SKYLINE DRIVE BUTLER, PA 16001	25-1211863	501(C)(3)	11,500.				UNITED WAY GRANT
(11) COMMUNITY KITCHEN PITTSBURGH 107 FLOWERS AVE. PITTSBURGH, PA 15207	90-1009621	501(C)(3)	70,000.				UNITED WAY GRANT
(12) CONNECT, INC./WELCOME HOME SHELTER 218 SOUTH MAPLE AVE GREENSBURG, PA 15601	25-1762305	501(C)(3)	60,000.				UNITED WAY GRANT

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

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

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Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2021

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Name of the organization

THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

Employer identification number

25-1043578

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CONNECTING 2 TOMORROW P.O. BOX 1884 BUTLER, PA 16003	45-1476734	501(C)(3)	8,000.				UNITED WAY GRANT
(2) CRIME VICTIMS' CENTER OF FAYETTE COUNTY 6 OLIVER ROAD UNIONTOWN, PA 15401	25-1397896	501(C)(3)	5,460.				UNITED WAY GRANT
(3) DOMESTIC VIOLENCE SERVICES OF SOUTHWESTERN 38 EAST MAIDEN STREET WASHINGTON, PA 15301	25-1521327	501(C)(3)	15,000.				UNITED WAY GRANT
(4) EARLY LEARNING CONNECTIONS 139 RIEGER ROAD BUTLER, PA 16001-0257	25-1249750	501(C)(3)	62,000.				UNITED WAY GRANT
(5) FAYETTE COUNTY COMMUNITY ACTION AGENCY, INC 137 NORTH BEESON AVENUE UNIONTOWN, PA 15401	25-1180898	501(C)(3)	35,000.				UNITED WAY GRANT
(6) GREENSBURG YMCA 101 SOUTH MAPLE AVENUE GREENSBURG, PA 15601	25-0965622	501(C)(3)	10,000.				UNITED WAY GRANT
(7) HAVIN, INC. P.O. BOX 983 KITTANNING, PA 16201	25-1393025	501(C)(3)	9,730.				UNITED WAY GRANT
(8) HOMEWOOD CHILDREN'S VILLAGE 801 N. HOMEWOOD AVENUE PITTSBURGH, PA 15208	27-1885583	501(C)(3)	50,000.				UNITED WAY GRANT
(9) HUMAN SERVICES CENTER CORP 519 PENN AVENUE PITTSBURGH, PA 15145	25-1427632	501(C)(3)	185,000.				UNITED WAY GRANT
(10) INTERFAITH VOLUNTEER CAREGIVERS OF FAYETTE, 79 W. FAYETTE STREET UNIONTOWN, PA 15401	25-1726856	501(C)(3)	20,000.				UNITED WAY GRANT
(11) JEAN B PURVIS COMM HEALTH CLINIC BUTLER CTY 103 BONNIE DRIVE BUTLER, PA 16002	20-4852135	501(C)(3)	14,000.				UNITED WAY GRANT
(12) JEWISH COMMUNITY CENTER OF GREATER PGH 5738 FORBS AVENUE PITTSBURGH, PA 15217	25-1094514	501(C)(3)	430,000.				UNITED WAY GRANT

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

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Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

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

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Employer identification number

25-1043578

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JEWISH FAMILY AND COMMUNITY SERVICES OF PGH 5743 BARTLETT STREET PITTSBURGH, PA 15217	25-0965407	501(C)(3)	573,024.				UNITED WAY GRANT
(2) JUST HARVEST EDUCATION FUND 317 E. CARSON ST PITTSBURGH, PA 15219	25-1555571	501(C)(3)	125,000.				UNITED WAY GRANT
(3) KIDSVOICE/LEGAL AID SOCIETY OF PGH 437 GRANT STREET PITTSBURGH, PA 15219	25-0983060	501(C)(3)	165,000.				UNITED WAY GRANT
(4) LAUREL AREA INTERFAITH VOLUNTEER CAREGIVERS P.O. BOX 854 LATROBE, PA 15650	20-4380836	501(C)(3)	25,000.				UNITED WAY GRANT
(5) LIFESTEPS 383 NEW CASTLE ROAD BUTLER, PA 16001	25-1665243	501(C)(3)	24,500.				UNITED WAY GRANT
(6) LIGHTHOUSE FOUNDATION 116 BROWNS HILL ROAD VALENCIA, PA 16059	25-1547324	501(C)(3)	35,000.				UNITED WAY GRANT
(7) MACEDONIA FACE 1835 CENTRE AVENUE PITTSBURGH, PA 15219	25-1778222	501(C)(3)	300,537.				UNITED WAY GRANT
(8) MON VALLEY INITIATIVE 303 - 305 EAST 8TH AVE HOMESTEAD, PA 15120	25-1591350	501(C)(3)	115,000.				UNITED WAY GRANT
(9) NEIGHBORHOOD LEARNING ALLIANCE 5429 PENN AVENUE PITTSBURGH, PA 15206	20-0557748	501(C)(3)	150,000.				UNITED WAY GRANT
(10) NEIGHBORHOOD LEGAL SERVICES 928 PENN AVENUE PITTSBURGH, PA 15222	25-1157129	501(C)(3)	95,000.				UNITED WAY GRANT
(11) NEW CENTURY CAREERS INC. 305 EAST CARSON STREET PITTSBURGH, PA 15219	25-1852131	501(C)(3)	10,010.				UNITED WAY GRANT
(12) NORTH HILLS COMMN OUTREACH INC 1975 FERGUSON ROAD ALLISON PARK, PA 15101	25-1553057	501(C)(3)	100,000.				UNITED WAY GRANT

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

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

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Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2021

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Name of the organization

Employer identification number

THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

25-1043578

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NORTHERN AREA MULTI SERVIC CTR 209 13TH STREET PITTSBURGH, PA 15215-2491	23-7139992	501(C)(3)	46,500.				UNITED WAY GRANT
(2) PROGRAM TO AID CITIZEN ENTERPRISE (PACE) 603 STANWIX ST PITTSBURGH, PA 15222	25-1205316	501(C)(3)	175,000.				UNITED WAY GRANT
(3) PROVIDENCE CONNECTIONS 3113 BRIGHTON ROAD PITTSBURGH, PA 15212	25-1730893	501(C)(3)	70,000.				UNITED WAY GRANT
(4) SALVATION ARMY 440 WEST NYACK ROAD WEST NYACK, NY 10994	25-0965551	501(C)(3)	200,000.				UNITED WAY GRANT
(5) SOUTH HILLS INTERFAITH MOVEMENT 5301 PARK AVENUE BETHEL PARK, PA 15102	25-1213332	501(C)(3)	96,049.				UNITED WAY GRANT
(6) TRAVELERS AID SOCIETY 343 BLVD OF THE ALLIES PITTSBURGH, PA 15222	25-0965581	501(C)(3)	161,049.				UNITED WAY GRANT
(7) UNION MISSION OF LATROBE, INC. P.O. BOX 271 LATROBE, PA 15650	25-1516480	501(C)(3)	38,000.				UNITED WAY GRANT
(8) URBAN LEAGUE OF GREATER PGH 332 FIFTH AVE PITTSBURGH, PA 15222	25-0965592	501(C)(3)	95,000.				UNITED WAY GRANT
(9) VALLEY POINTS FAMILY YMCA 5021 FREEPORT RD NATRONA HEIGHTS, PA 15065	25-0965625	501(C)(3)	45,000.				UNITED WAY GRANT
(10) VETERANS LEADERSHIP PROGRAM 2934 SMALLMAN STREET PITTSBURGH, PA 15201	25-1434643	501(C)(3)	262,493.				UNITED WAY GRANT
(11) VINTAGE INC 421 NORTH HIGHLAND AVE PITTSBURGH, PA 15206	23-7394576	501(C)(3)	160,000.				UNITED WAY GRANT
(12) WESLEY FAMILY SERVICES 221 PENN AVENUE PITTSBURGH, PA 15221	82-0653875	501(C)(3)	408,650.				UNITED WAY GRANT

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Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2021

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▶ Attach to Form 990.

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Name of the organization

THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

Employer identification number

25-1043578

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WESLEY HEALTH CENTER, INC. 410 S PITTSBURGH ST CONNELLSVILLE, PA 15425	25-1844565	501(C)(3)	28,000.				UNITED WAY GRANT
(2) WESTERN PENNSYLVANIA DIAPER BANK 201 N. BRADDOCK AVENUE PITTSBURGH, PA 15208	35-2461923	501(C)(3)	10,500.				UNITED WAY GRANT
(3) WESTMORELAND COMMUNITY ACTION, INC. 226 SOUTH MAPLE AVE GREENSBURG, PA 15601	25-1383079	501(C)(3)	8,500.				UNITED WAY GRANT
(4) WESTMORELAND COUNTY FOOD BANK, INC. 100 DEVONSHIRE DRIVE DELMONT, PA 15626	25-1422682	501(C)(3)	140,000.				UNITED WAY GRANT
(5) WOMEN'S CENTER & SHELTER OF GREATER PGH P.O. BOX 9024 PITTSBURGH, PA 15224	25-1264376	501(C)(3)	197,037.				UNITED WAY GRANT
(6) YMCA OF PGH 420 FT. DUQUESNE BLVD PITTSBURGH, PA 15222	25-0969497	501(C)(3)	225,000.				UNITED WAY GRANT
(7) YWCA OF GREATER PGH 305 WOOD STREET PITTSBURGH, PA 15222	25-0965639	501(C)(3)	271,049.				UNITED WAY GRANT
(8) YWCA OF WESTMORELAND COUNTY 424 NORTH MAIN STREET GREENSBURG, PA 15601	25-1117999	501(C)(3)	26,000.				UNITED WAY GRANT
(9) CLAREMONT SOUP KITCHEN, INC. P.O. BOX 957 CLAREMONT, NH 03743	02-0367045	501(C)(3)	5,501.				DONOR DESIGNATION PR
(10) TICKETS FOR KIDS CHARITIES 700 BLAW AVENUE PITTSBURGH, PA 15238	02-0559825	501(C)(3)	12,309.				DONOR DESIGNATION PR
(11) THE SISTER THEA BOWMAN FOUNDATION 8235 OHIO RIVER BLVD PITTSBURGH, PA 15202	03-0322037	501(C)(3)	14,080.				DONOR DESIGNATION PR
(12) UNITED WAY OF MASSACHUSETTS BAY 51 SLEEPER STREET BOSTON, MA 02210	04-2382233	501(C)(3)	8,793.				DONOR DESIGNATION PR

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(1) UNITED WAY OF NORTHWEST CONNECTICUT P.O. BOX 1001 TORRINGTON, CT 06790	06-6009309	501(C)(3)	5,036.				DONOR DESIGNATION PR
(2) AMERICAN DIABETES ASSOCIATION/PA 2 CHATHAM CENTER PITTSBURGH, PA 15219	13-1623888	501(C)(3)	14,678.				DONOR DESIGNATION PR
(3) UNITED WAY WORLDWIDE P.O. BOX 358086 PITTSBURGH, PA 15251-5086	13-1635294	501(C)(3)	572,267.				DONOR DESIGNATION PR
(4) AMERICAN CANCER SOCIETY, PA DIVISION ROUTE 422 & SIPE AVENUE HERSHEY, PA 17033	13-1788491	501(C)(3)	52,306.				DONOR DESIGNATION PR
(5) MARCH OF DIMES 300 CEDAR RIDGE DRIVE PITTSBURGH, PA 15205	13-1846366	501(C)(3)	25,353.				DONOR DESIGNATION PR
(6) CYSTIC FIBROSIS FOUNDATION - WESTERN PA 600 WATERFRONT DRIVE PITTSBURGH, PA 15212	13-1930701	501(C)(3)	12,993.				DONOR DESIGNATION PR
(7) UNITED WAY OF NEW YORK CITY 205 EAST 42ND STREET NEW YORK, NY 10017	13-2617681	501(C)(3)	19,600.				DONOR DESIGNATION PR
(8) ALZHEIMERS ASSOCIATION 1100 LIBERTY AVE PITTSBURGH, PA 15219	13-3039607	501(C)(3)	22,021.				DONOR DESIGNATION PR
(9) HUNTINGTON'S DISEASE SOCIETY OF P.O. BOX 110223 PITTSBURGH, PA 15232	13-3349872	501(C)(3)	5,105.				DONOR DESIGNATION PR
(10) DOCTORS WITHOUT BORDERS USA/MED SAN 333 7TH AVENUE FLOOR #2 NEW YORK, NY 10001	13-3433452	501(C)(3)	7,721.				DONOR DESIGNATION PR
(11) UNITED WAY OF GREATER STARK COUNTY 4825 HIGBEE AVENUE, NW CANTON, OH 44718	13-4254191	501(C)(3)	15,645.				DONOR DESIGNATION PR
(12) SALVATION ARMY 700 NORTH BELL AVENUE CARNEGIE, PA 15106	13-5562351	501(C)(3)	105,616.				DONOR DESIGNATION PR

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(1) AMERICAN HEART ASSOCIATION 777 PENN CENTER BLVD. PITTSBURGH, PA 15235	13-5613797	501(C)(3)	54,156.				DONOR DESIGNATION PR
(2) LEUKEMIA AND LYMPHOMA SOCIETY 101 ERFORD ROAD CAMP HILL, PA 17011	13-5644916	501(C)(3)	17,236.				DONOR DESIGNATION PR
(3) NATIONAL MULTIPLE SCLEROSIS SOCIETY 1501 REEDSDALE ST PITTSBURGH, PA 15233	13-5661935	501(C)(3)	20,747.				DONOR DESIGNATION PR
(4) CROHN'S AND COLITIS FOUNDATION, WPA-WV 5001 BAUM BLVD PITTSBURGH, PA 15213	13-6193105	501(C)(3)	14,098.				DONOR DESIGNATION PR
(5) UNITED WAY OF THE GREATER CAPITAL REGION 1 STEUBEN PL ALBANY, NY 12207	14-1364505	501(C)(3)	10,346.				DONOR DESIGNATION PR
(6) UNITED WAY OF ULSTER COUNTY, INC. 450 ALBANY AVENUE KINGSTON, NY 12401	14-1409654	501(C)(3)	9,077.				DONOR DESIGNATION PR
(7) UNITED WAY OF SOUTHERN CHAUTAUQUA COUNTY 413 N MAIN ST. JAMESTOWN, NY 14701	16-0772743	501(C)(3)	10,365.				DONOR DESIGNATION PR
(8) NEIGHBORHOOD LEARNING ALLIANCE 5429 PENN AVENUE PITTSBURGH, PA 15206	20-0557748	501(C)(3)	7,671.				DONOR DESIGNATION PR
(9) ACCULTURATION FOR JUSTICE, ACCESS AND PEACE 2900 BEDFORD AVENUE PITTSBURGH, PA 15219	20-0645829	501(C)(3)	27,667.				DONOR DESIGNATION PR
(10) PROPEL AFTERSCHOOL MAGIC 3447 EAST CARSON ST PITTSBURGH, PA 15203	20-1100963	501(C)(3)	15,071.				DONOR DESIGNATION PR
(11) STRONG WOMEN, STRONG GIRLS 1901 CENTRE AVENUE PITTSBURGH, PA 15219	20-2321377	501(C)(3)	16,911.				DONOR DESIGNATION PR
(12) AUTISM SPEAKS 1060 STATE ROAD PRINCETON, NJ 08540	20-2329938	501(C)(3)	9,492.				DONOR DESIGNATION PR

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(1) WOUNDED WARRIOR PROJECT, INC. 600 RIVER AVE PITTSBURGH, PA 15212	20-2370934	501(C)(3)	25,550.				DONOR DESIGNATION PR
(2) DRESS FOR SUCCESS PITTSBURGH 5001 BAUM BLVD PITTSBURGH, PA 15213	20-2388089	501(C)(3)	10,516.				DONOR DESIGNATION PR
(3) UNITED WAY FOR SOUTHEASTERN MICHIGAN 660 WOODWARD AVENUE DETROIT, MI 48226	20-3099071	501(C)(3)	48,692.				DONOR DESIGNATION PR
(4) GREATER STARK COUNTY URBAN LEAGUE P.O. BOX 9463 CANTON, OH 44711	20-3863189	501(C)(3)	16,488.				DONOR DESIGNATION PR
(5) COMMUNITY HEALTH CLINIC OF BUTLER COUNTY 103 BONNIE DRIVE BUTLER, PA 16002	20-4852135	501(C)(3)	10,657.				DONOR DESIGNATION PR
(6) (THE) FRIENDSHIP CIRCLE OF PITTSBURGH 5872 NORTHUMBERLAND ST PITTSBURGH, PA 15217	20-8950616	501(C)(3)	25,083.				DONOR DESIGNATION PR
(7) UNITED WAY OF CENTRAL JERSEY 32 FORD AVENUE MILLTOWN, NJ 08850	22-1520408	501(C)(3)	6,104.				DONOR DESIGNATION PR
(8) UNITED WAY OF MONMOUTH COUNTY 4814 OUTLLOK DRIVE WALL TWP, NJ 07753	22-1828435	501(C)(3)	7,688.				DONOR DESIGNATION PR
(9) THE SALVATION ARMY 700 NORTH BELL AVENUE CARNEGIE, PA 15106	22-2406433	501(C)(3)	17,978.				DONOR DESIGNATION PR
(10) UPMC PINNACLE FOUNDATION 409 S 2ND STREET HARRISBURG, PA 17104	22-2691718	501(C)(3)	67,106.				DONOR DESIGNATION PR
(11) DISABLED AMERICAN VETERANS OF PENNSYLVANIA 4219 TRINDLE ROAD CAMP HILL, PA 17011	23-0520283	501(C)(3)	11,756.				DONOR DESIGNATION PR
(12) UNITED WAY OF BLAIR COUNTY 5414 6TH AVENUE ALTOONA, PA 16602-1203	23-1352003	501(C)(3)	32,235.				DONOR DESIGNATION PR

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(1) UNITED WAY OF LANCASTER COUNTY (PA) 1910 HARRINGTON DRIVE LANCASTER, PA 17601	23-1352093	501(C)(3)	10,352.				DONOR DESIGNATION PR
(2) UNITED WAY CAPITAL REGION 2235 MILLENNIUM WAY ENOLA, PA 17025	23-1352095	501(C)(3)	96,544.				DONOR DESIGNATION PR
(3) WORLD AFFAIRS COUNCIL OF PHILADELPHIA 1617 JOHN F KENNEDY PHILADELPHIA, PA 19103	23-1352586	501(C)(3)	22,000.				DONOR DESIGNATION PR
(4) UNITED WAY OF YORK COUNTY (PA) 140 E MARKET ST YORK, PA 17401	23-1352588	501(C)(3)	8,221.				DONOR DESIGNATION PR
(5) UNITED WAY OF BUCKS COUNTY 413 HOOD BOULEVARD FAIRLESS HILLS, PA 19030	23-1409706	501(C)(3)	8,382.				DONOR DESIGNATION PR
(6) UNITED WAY OF SOUTHEASTERN PA P.O. BOX 787897 PHILADELPHIA, PA 19178-7897	23-1556045	501(C)(3)	82,919.				DONOR DESIGNATION PR
(7) EAST END COOPERATIVE MINISTRY 6140 STATION STREET PITTSBURGH, PA 15206	23-1722988	501(C)(3)	5,204.				DONOR DESIGNATION PR
(8) JUVENILE DIABETES RESEARCH FDN - WESTERN PA 225 EAST CITY AVENUE BALA CYNWYD, PA 19004	23-1907729	501(C)(3)	34,812.				DONOR DESIGNATION PR
(9) SPECIAL OLYMPICS OF WESTMORELAND COUNTY 200 CEDAR RIDGE DRIVE PITTSBURGH, PA 15205	23-2078543	501(C)(3)	13,690.				DONOR DESIGNATION PR
(10) CENTRAL PA FOOD BANK 3908 COREY ROAD HARRISBURG, PA 17109	23-2202250	501(C)(3)	6,959.				DONOR DESIGNATION PR
(11) PHILABUNDANCE 3616 S GALLOWAY ST PHILADELPHIA, PA 19148	23-2290505	501(C)(3)	7,604.				DONOR DESIGNATION PR
(12) KEYSTONE CHILDREN AND FAMILY 3700 VARTAN WAY HARRISBURG, PA 17110	23-2480490	501(C)(3)	7,304.				DONOR DESIGNATION PR

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(1) MENTORING PARTNERSHIP OF SW 1901 CENTRE AVENUE PITTSBURGH, PA 15219	23-2876447	501(C)(3)	26,554.				DONOR DESIGNATION PR
(2) PITTSBURGH PARKS CONSERVANCY 45 SOUTH 23RD STREET PITTSBURGH, PA 15203	23-2882145	501(C)(3)	5,615.				DONOR DESIGNATION PR
(3) TRY LIFE CENTER, INC. 1155 WILDLIFE RD LOWER BURRELL, PA 15068	23-2889006	501(C)(3)	17,363.				DONOR DESIGNATION PR
(4) THE CHILDREN'S INSTITUTE OF PITTSBURGH 1405 SHADY AVENUE PITTSBURGH, PA 15217	23-2935278	501(C)(3)	40,924.				DONOR DESIGNATION PR
(5) NATIONAL PANCREAS FOUNDATION P.O. BOX 935 WEXFORD, PA 15090	23-2935929	501(C)(3)	6,545.				DONOR DESIGNATION PR
(6) GREATER WASHINGTON COUNTY FOOD BANK 909 NATIONAL PIKE W BROWNSVILLE, PA 15417	23-2939247	501(C)(3)	5,717.				DONOR DESIGNATION PR
(7) CRAFTON INGRAM FOOD PANTRY 80 BRADFORD AVENUE PITTSBURGH, PA 15205	23-6393377	501(C)(3)	15,069.				DONOR DESIGNATION PR
(8) PITTSBURGH BALLET THEATRE 2900 LIBERTY AVENUE PITTSBURGH, PA 15201	23-7101094	501(C)(3)	10,010.				DONOR DESIGNATION PR
(9) UNITED WAY OF MEDINA COUNTY 23 PUBLIC SQUARE L1 MEDINA, OH 44256	23-7110762	501(C)(3)	10,775.				DONOR DESIGNATION PR
(10) MANCHESTER CRAFTSMEN'S GUILD 1815 METROPOLITAN ST PITTSBURGH, PA 15233	23-7113478	501(C)(3)	7,332.				DONOR DESIGNATION PR
(11) AKRON CHILDREN'S HOSPITAL FOUNDATION 1 PERKINS SQUARE AKRON, OH 44308	23-7114013	501(C)(3)	6,983.				DONOR DESIGNATION PR
(12) UNITED WAY OF BLOUNT COUNTY (TN) 1615 E. BROADWAY AVENUE MARYVILLE, TN 37804	23-7122193	501(C)(3)	66,459.				DONOR DESIGNATION PR

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(1) FREE STORE/FOOD BANK 1250 TENNESSEE AVENUE CINCINNATI, OH 45229	23-7122205	501(C)(3)	6,292.				DONOR DESIGNATION PR
(2) ALS ASSOCIATION/WPA CHAPTER 416 LINCOLN AVENUE PITTSBURGH, PA 15209	23-7123851	501(C)(3)	10,844.				DONOR DESIGNATION PR
(3) FOCUS ON RENEWAL STO-ROX NEIGHBORHOOD CORP 420 CHARTIERS AVENUE MCKEES ROCKS, PA 15136	23-7181440	501(C)(3)	9,095.				DONOR DESIGNATION PR
(4) ELLEN O'BRIEN GAISER ADDICTION CENTER P. O. BOX 2127 BUTLER, PA 16003	23-7208331	501(C)(3)	6,163.				DONOR DESIGNATION PR
(5) EPILEPSY FOUNDATION WESTERN/CENTRAL PA 1501 REEDSDALE STREET PITTSBURGH, PA 15233	23-7241930	501(C)(3)	14,463.				DONOR DESIGNATION PR
(6) UNITED WAY OF MARTIN COUNTY, INC. P.O. BOX 362 STUART, FL 34995	23-7273540	501(C)(3)	8,156.				DONOR DESIGNATION PR
(7) UNITED WAY OF VIRGINIA P. O. BOX 11807 RICHMOND, VA 23230	23-7375346	501(C)(3)	14,048.				DONOR DESIGNATION PR
(8) CHRISTIAN CAMPS OF PITTSBURGH, INC., DBA 111 LAKE GLORIA ROAD BOSWELL, PA 15531	23-7389188	501(C)(3)	6,636.				DONOR DESIGNATION PR
(9) UNITED WAY OF LACKAWANNA COUNTY 615 JEFFERSON AVENUE SCRANTON, PA 18501	24-0824164	501(C)(3)	15,464.				DONOR DESIGNATION PR
(10) LYCOMING COUNTY UNITED WAY 1 WEST THIRD STREET WILLIAMSPORT, PA 17701	24-0828149	501(C)(3)	16,219.				DONOR DESIGNATION PR
(11) UNITED WAY OF WYOMING VALLEY 8 W MARKET STREET WILKES BARRE, PA 18711	24-0831490	501(C)(3)	5,284.				DONOR DESIGNATION PR
(12) FOUR DIAMONDS FUND AT PENN STATE 600 CENTERVIEW DR HERSHEY, PA 17033	24-6000376	501(C)(3)	7,131.				DONOR DESIGNATION PR

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

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

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Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

Employer identification number

THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

25-1043578

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHILDREN'S HOSPITAL OF PITTSBURGH 1251 WATERFRONT PL. PITTSBURGH, PA 15222	25-0402510	501(C)(3)	7,451.				DONOR DESIGNATION PR
(2) FAMILY SERVICES OF WPA - SECA 3230 WILLIAM PITT WAY PITTSBURGH, PA 15238	25-0728060	501(C)(3)	7,176.				DONOR DESIGNATION PR
(3) ANIMAL RESCUE LEAGUE SHELTER & WILDLIFE CTR 562 CAMP HOME ROAD PITTSBURGH, PA 15237	25-0951565	501(C)(3)	141,017.				DONOR DESIGNATION PR
(4) ALLEGHENY CONFERENCE/MASK COLLECTION 11 STANWIX STREET PITTSBURGH, PA 15222	25-0965213	501(C)(3)	10,025.				DONOR DESIGNATION PR
(5) BOYS SCOUTS OF AMERICA, LAUREL HIGHLANDS 1275 BEDFORD AVENUE PITTSBURGH, PA 15219	25-0965214	501(C)(3)	73,470.				DONOR DESIGNATION PR
(6) WESTMRELND FAYETTE CNCIL BOY SCOUTS AMERICA 2 GARDEN CENTER DRIVE GREENSBURG, PA 15601	25-0965266	501(C)(3)	6,533.				DONOR DESIGNATION PR
(7) CARNEGIE LIBRARY OF PITTSBURGH 4400 FORBES AVENUE PITTSBURGH, PA 15213	25-0965281	501(C)(3)	58,525.				DONOR DESIGNATION PR
(8) THE CHILDREN'S HOME & LEMIEUX FAMILY CENTER 5624 PENN AVENUE PITTSBURGH, PA 15224	25-0965292	501(C)(3)	21,656.				DONOR DESIGNATION PR
(9) DEPAUL SCHOOL FOR HEARING AND SPEECH 6202 ALDER STREET PITTSBURGH, PA 15206	25-0965321	501(C)(3)	15,064.				DONOR DESIGNATION PR
(10) FAMILY SERVICES OF WESTERN PA 3230 WILLIAM PITT WAY PITTSBURGH, PA 15238	25-0965341	501(C)(3)	26,113.				DONOR DESIGNATION PR
(11) UNITED WAY OF THE LAUREL HIGHLANDS, INC. 422 MAIN STREET JOHNSTOWN, PA 15901	25-0965383	501(C)(3)	28,100.				DONOR DESIGNATION PR
(12) SARAH HEINZ HOUSE ASSOCIATION ONE HEINZ STREET PITTSBURGH, PA 15212	25-0965390	501(C)(3)	19,093.				DONOR DESIGNATION PR

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(1) HEINZ HISTORY CENTER 1212 SMALLMAN STREET PITTSBURGH, PA 15222	25-0965391	501(C)(3)	11,244.				DONOR DESIGNATION PR
(2) JEWISH FAMILY AND COMMUNITY SERVICES 5743 BARTLETT STREET PITTSBURGH, PA 15217	25-0965407	501(C)(3)	116,021.				DONOR DESIGNATION PR
(3) UPMC- MERCY HOSPITAL PITTSBURGH 600 GRANT STREET PITTSBURGH, PA 15219	25-0965429	501(C)(3)	6,138.				DONOR DESIGNATION PR
(4) CARLOW UNIVERSITY/PRESIDENTS FUND 3333 FIFTH AVENUE PITTSBURGH, PA 15213	25-0965438	501(C)(3)	6,497.				DONOR DESIGNATION PR
(5) PITTSBURGH FOUNDATION/SARAH HRIVNAK FIVE PPG PLACE PITTSBURGH, PA 15222	25-0965466	501(C)(3)	42,644.				DONOR DESIGNATION PR
(6) ACTION-HOUSING, INC. 425 SIXTH AVENUE PITTSBURGH, PA 15219	25-0965469	501(C)(3)	9,501.				DONOR DESIGNATION PR
(7) PLANNED PARENTHOOD OF WESTERN PA 933 LIBERTY AVENUE PITTSBURGH, PA 15222	25-0965474	501(C)(3)	61,026.				DONOR DESIGNATION PR
(8) UPMC FORBES TOWER PITTSBURGH, PA 15213	25-0965480	501(C)(3)	31,707.				DONOR DESIGNATION PR
(9) UNIVERSITY OF PITTSBURGH 5150 CENTRE AVENUE PITTSBURGH, PA 15232	25-0965591	501(C)(3)	175,723.				DONOR DESIGNATION PR
(10) URBAN LEAGUE OF PITTSBURGH, INC. - SECA 610 WOOD STREET PITTSBURGH, PA 15222	25-0965592	501(C)(3)	22,130.				DONOR DESIGNATION PR
(11) HUMANE SOCIETY OF WPA 1101 WESTERN AVENUE PITTSBURGH, PA 15233	25-0965608	501(C)(3)	60,674.				DONOR DESIGNATION PR
(12) YWCA OF GREATER PITTSBURGH 305 WOOD STREET PITTSBURGH, PA 15222	25-0965639	501(C)(3)	24,197.				DONOR DESIGNATION PR

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(1) UPMC, SHADYSIDE HOSPITAL/SENIOR CARE 532 S. AIKEN AVE PITTSBURGH, PA 15232	25-0969485	501(C)(3)	14,970.				DONOR DESIGNATION PR
(2) ALLEGHENY SINGER RESEARCH 320 EAST NORTH AVENUE PITTSBURGH, PA 15212	25-0969492	501(C)(3)	5,010.				DONOR DESIGNATION PR
(3) YMCA OF GREATER PITTSBURGH 420 FT. DUQUESNE BLVD PITTSBURGH, PA 15222	25-0969497	501(C)(3)	61,561.				DONOR DESIGNATION PR
(4) LITTLE SISTERS OF THE POOR - SECA 1028 BENTON AVENUE PITTSBURGH, PA 15212	25-0974310	501(C)(3)	97,588.				DONOR DESIGNATION PR
(5) CENTER FOR HEARING & DEAF SERVICES, INC 1945 FIFTH AVENUE PITTSBURGH, PA 15219	25-0974324	501(C)(3)	9,057.				DONOR DESIGNATION PR
(6) SEWICKLEY VALLEY YMCA 625 BLACKBURN ROAD SEWICKLEY, PA 15143	25-0979384	501(C)(3)	14,953.				DONOR DESIGNATION PR
(7) JUNIOR ACHIEVEMENT OF WESTERN PA 90 EMERSON LANE BRIDGEVILLE, PA 15017	25-0983059	501(C)(3)	55,444.				DONOR DESIGNATION PR
(8) KIDSVOICE 437 GRANT ST. FRICK PITTSBURGH, PA 15219	25-0983060	501(C)(3)	75,167.				DONOR DESIGNATION PR
(9) HOLY FAMILY INSTITUTE 8235 OHIO RIVER BLVD PITTSBURGH, PA 15202	25-0984606	501(C)(3)	94,342.				DONOR DESIGNATION PR
(10) ST. ANTHONY SCHOOL PROGRAMS 2000 CORPORATE DR WEXFORD, PA 15090	25-0986055	501(C)(3)	16,185.				DONOR DESIGNATION PR
(11) UNITED WAY OF LAWRENCE COUNTY 223 NORTH MERCER ST NEW CASTLE, PA 16101	25-0987221	501(C)(3)	10,056.				DONOR DESIGNATION PR
(12) MULTIPLE SCLEROSIS SRVC SOCIETY DIVISION 1400 S BRADDOCK AVE PITTSBURGH, PA 15218	25-0987252	501(C)(3)	6,339.				DONOR DESIGNATION PR

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(1) WQED/MULTIMEDIA PROGRAMMING 4802 FIFTH AVENUE PITTSBURGH, PA 15213	25-1010296	501(C)(3)	8,362.				DONOR DESIGNATION PR
(2) UNITED JEWISH FED HOLOCAUST CENTER 2000 TECHNOLOGY DRIVE PITTSBURGH, PA 15219	25-1017602	501(C)(3)	314,692.				DONOR DESIGNATION PR
(3) CITY MUSIC CENTER/DUQUESNE UNIVERSITY 600 FORBES AVENUE PITTSBURGH, PA 15282	25-1035663	501(C)(3)	6,296.				DONOR DESIGNATION PR
(4) UNITED WAY OF MERCER COUNTY (PA) 493 SOUTH HERMITAGE RD HERMITAGE, PA 16148	25-1039297	501(C)(3)	17,063.				DONOR DESIGNATION PR
(5) WASHINGTON CITY MISSION 84 W. WHEELING STREET WASHINGTON, PA 15301	25-1051749	501(C)(3)	21,539.				DONOR DESIGNATION PR
(6) UNITED WAY OF ERIE COUNTY (PA) - HEALTH 650 EAST AVENUE, SUITE 200 ERIE, PA 16503	25-1053091	501(C)(3)	190,180.				DONOR DESIGNATION PR
(7) LIGHT OF LIFE RESCUE MISSION, INC. 10 EAST NORTH AVENUE PITTSBURGH, PA 15212	25-1056389	501(C)(3)	73,085.				DONOR DESIGNATION PR
(8) UNITED WAY OF BEAVER COUNTY 3582 BRODHEAD ROAD MONACA, PA 15061	25-1086798	501(C)(3)	48,795.				DONOR DESIGNATION PR
(9) JEWISH COMMUNITY CENTER 5738 FORBES AVENUE PITTSBURGH, PA 15217	25-1094514	501(C)(3)	21,485.				DONOR DESIGNATION PR
(10) WESTERN PENNSYLVANIA SCHOOL FOR BLIND 201 N. BELLEFIELD AVE PITTSBURGH, PA 15213	25-1095385	501(C)(3)	22,171.				DONOR DESIGNATION PR
(11) VARIETY THE CHILDREN'S CHARITY 11279 PERRY HIGHWAY WEXFORD, PA 15090	25-1098099	501(C)(3)	11,573.				DONOR DESIGNATION PR
(12) UNITED WAY OF MON VALLEY 304 CHAMBER PLAZA CHARLEROI, PA 15022	25-1098320	501(C)(3)	13,178.				DONOR DESIGNATION PR

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(1) NORTHSIDE COMMON MINISTRIES 118 52ND STREET PITTSBURGH, PA 15201	25-1098928	501(C)(3)	13,194.				DONOR DESIGNATION PR
(2) MARIAN MANOR CORPORATION 2695 WINCHESTER DRIVE PITTSBURGH, PA 15220	25-1123606	501(C)(3)	8,023.				DONOR DESIGNATION PR
(3) GIRL SCOUTS WESTERN PENNSYLVANIA 30 ISABELLA STREET PITTSBURGH, PA 15212	25-1126094	501(C)(3)	26,134.				DONOR DESIGNATION PR
(4) FAMILY GUIDANCE, INC. 307 DUFF ROAD SEWICKLEY, PA 15143	25-1128116	501(C)(3)	6,215.				DONOR DESIGNATION PR
(5) NEIGHBORHOOD LEGAL SERVICE 928 PENN AVENUE PITTSBURGH, PA 15222	25-1157129	501(C)(3)	21,128.				DONOR DESIGNATION PR
(6) FAYETTE COUNTY COMMUNITY ACTION 137 NORTH BEESON AVENUE UNIONTOWN, PA 15401	25-1180898	501(C)(3)	5,419.				DONOR DESIGNATION PR
(7) ANCHORPOINT COUNSELING MINISTRY, INC. 802 MCKNIGHT PARK DR PITTSBURGH, PA 15237	25-1196957	501(C)(3)	15,898.				DONOR DESIGNATION PR
(8) PROGRAM TO AID CITIZEN ENTERPRISE (PACE) 603 STANWIX STREET PITTSBURGH, PA 15222	25-1205316	501(C)(3)	5,098.				DONOR DESIGNATION PR
(9) BOYS AND GIRLS CLUB OF WPA 5432 BUTLER STREET PITTSBURGH, PA 15201	25-1206970	501(C)(3)	45,495.				DONOR DESIGNATION PR
(10) FAMILYLINKS 401 N. HIGHLAND AVE PITTSBURGH, PA 15206	25-1209266	501(C)(3)	7,074.				DONOR DESIGNATION PR
(11) SOUTH HILLS INTERFAITH MINISTRIES 5301 PARK AVENUE BETHEL PARK, PA 15102	25-1213332	501(C)(3)	27,276.				DONOR DESIGNATION PR
(12) THE FRED ROGERS COMPANY 2100 WHARTON ST PITTSBURGH, PA 15203	25-1215087	501(C)(3)	12,128.				DONOR DESIGNATION PR

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(1) CENTRE COUNTY UNITED WAY 2790 W. COLLEGE AVE STATE COLLEGE, PA 16801	25-1215290	501(C)(3)	6,065.				DONOR DESIGNATION PR
(2) MAINSTAY LIFE SERVICES 200 ROESSLER ROAD PITTSBURGH, PA 15220	25-1215557	501(C)(3)	9,280.				DONOR DESIGNATION PR
(3) COALITION FOR CHRISTIAN OUTREACH 5912 PENN AVENUE PITTSBURGH, PA 15206	25-1216330	501(C)(3)	23,931.				DONOR DESIGNATION PR
(4) UNITED WAY OF VENANGO COUNTY, INC. P.O. BOX 303 RENO, PA 16343	25-1219187	501(C)(3)	5,948.				DONOR DESIGNATION PR
(5) PERSAD CENTER INC/AIDS FUND DRIVE 5150 PENN AVENUE PITTSBURGH, PA 15224	25-1234680	501(C)(3)	18,196.				DONOR DESIGNATION PR
(6) PITTSBURGH ACTION AGAINST RAPE - SECA 81 SOUTH 19TH STREET PITTSBURGH, PA 15203	25-1253675	501(C)(3)	6,396.				DONOR DESIGNATION PR
(7) WOMEN'S CENTER AND SHELTER OF GREATER P. O. BOX 9024 PITTSBURGH, PA 15224	25-1264376	501(C)(3)	129,098.				DONOR DESIGNATION PR
(8) SHADYSIDE HOSP FDT/HILLMAN CANCER CTR., 532 SOUTH AIKEN AVE PITTSBURGH, PA 15232	25-1290546	501(C)(3)	51,360.				DONOR DESIGNATION PR
(9) CRANBERRY PUBLIC LIBRARY/COMM SRVCS 2525 ROCHESTER RD	25-1305780	501(C)(3)	6,609.				DONOR DESIGNATION PR
(10) GENESIS OF PGH/GENESIS HOUSE - SECA P. O. BOX 41017 PITTSBURGH, PA 15202	25-1306977	501(C)(3)	9,982.				DONOR DESIGNATION PR
(11) LIFELINE OF SWPA/CRANBERRY 239 FOURTH AVENUE PITTSBURGH, PA 15222	25-1317150	501(C)(3)	6,774.				DONOR DESIGNATION PR
(12) BIRTHRIGHT OF PITTSBURGH, INC. 201 SOUTH CRAIG STREET PITTSBURGH, PA 15213	25-1317908	501(C)(3)	12,827.				DONOR DESIGNATION PR

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(1) RONALD MCDONALD HOUSE CHARITIES OF 451 44TH STREET PITTSBURGH, PA 15201	25-1320272	501(C)(3)	11,713.				DONOR DESIGNATION PR
(2) CATHOLIC CHARITIES DIOCESE OF PITTSBURGH 212 NINTH STREET PITTSBURGH, PA 15222	25-1326213	501(C)(3)	248,907.				DONOR DESIGNATION PR
(3) PROVIDENCE HEIGHTS ALPHA SCHOOL 9000 BABCOCK BLVD ALLISON PARK, PA 15101	25-1331152	501(C)(3)	5,570.				DONOR DESIGNATION PR
(4) WOMENS CENTER OF BEAVER CTY P. O. BOX 428 BEAVER, PA 15009	25-1338317	501(C)(3)	9,275.				DONOR DESIGNATION PR
(5) BLACKBURN CNTR AGNST DOMESTIC & SEXUAL VLNC P.O. BOX 398 GREENSBURG, PA 15601	25-1339836	501(C)(3)	12,745.				DONOR DESIGNATION PR
(6) PAULINE AUBERLE FOUNDATION 1101 HARTMAN STREET MCKEESPORT, PA 15132	25-1344183	501(C)(3)	23,302.				DONOR DESIGNATION PR
(7) PITTSBURGH LEADERSHIP FOUNDATION 616 N HIGHLAND AVE. PITTSBURGH, PA 15206	25-1345815	501(C)(3)	9,568.				DONOR DESIGNATION PR
(8) CHILDREN'S MUSEUM OF PITTSBURGH TEN CHILDREN'S WAY PITTSBURGH, PA 15212	25-1379704	501(C)(3)	36,628.				DONOR DESIGNATION PR
(9) GREENE COUNTY UNITED WAY 748 EAST HIGH STREET WAYNESBURG, PA 15370	25-1383659	501(C)(3)	7,823.				DONOR DESIGNATION PR
(10) NORTH WAY CHRISTIAN COMMUNITY/FOOD 12121 PERRY HIGHWAY WEXFORD, PA 15090	25-1392339	501(C)(3)	17,797.				DONOR DESIGNATION PR
(11) GREATER PITTSBURGH LITERACY COUNCIL 100 SHERIDAN SQUARE PITTSBURGH, PA 15206	25-1392652	501(C)(3)	25,742.				DONOR DESIGNATION PR
(12) AMACHI PITTSBURGH 100W. STATION SQ DR PITTSBURGH, PA 15219	25-1393426	501(C)(3)	82,376.				DONOR DESIGNATION PR

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

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Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2021

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Internal Revenue Service

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Name of the organization

Employer identification number

THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

25-1043578

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JUBILEE ASSOCIATION, INC. 2005 WYANDOTTE STREET PITTSBURGH, PA 15219	25-1394229	501(C)(3)	23,274.				DONOR DESIGNATION PR
(2) OUTREACH TEEN AND FAMILY SERVICES INC 666 WASHINGTON ROAD PITTSBURGH, PA 15228	25-1402188	501(C)(3)	9,776.				DONOR DESIGNATION PR
(3) ST. CLAIR HOSPITAL 1000 BOWER HILL ROAD PITTSBURGH, PA 15243	25-1407399	501(C)(3)	9,353.				DONOR DESIGNATION PR
(4) PASSAVANT HOSPITAL FOUNDATION, UPMC 9100 BABCOCK BLVD PITTSBURGH, PA 15237	25-1407815	501(C)(3)	34,641.				DONOR DESIGNATION PR
(5) LUPUS FOUNDATION OF PENNSYLVANIA 100 STATION SQUARE DR PITTSBURGH, PA 15219	25-1410157	501(C)(3)	5,132.				DONOR DESIGNATION PR
(6) PITTSBURGH ZOO ONE WILD ROAD PITTSBURGH, PA 15206	25-1418766	501(C)(3)	15,601.				DONOR DESIGNATION PR
(7) GREATER PITTSBURGH COMMUNITY FOOD BANK 1 NORTH LINDEN STREET DUQUESNE, PA 15110	25-1420599	501(C)(3)	267,289.				DONOR DESIGNATION PR
(8) WESTMORELAND COUNTY FOOD BANK, INC. 100 DEVONSHIRE DRIVE DELMONT, PA 15626	25-1422682	501(C)(3)	57,536.				DONOR DESIGNATION PR
(9) MON VALLEY UNEMPLOYED COMMITTEE 338 E 9TH AVENUE HOMESTEAD, PA 15120	25-1422887	501(C)(3)	53,098.				DONOR DESIGNATION PR
(10) UPMC THOMAS E. STARZL TRANSPLANT 3600 FORBES AVE PITTSBURGH, PA 15213	25-1423657	501(C)(3)	51,733.				DONOR DESIGNATION PR
(11) LIGONIER VALLEY YMCA 110 WEST CHURCH STREET LIGONIER, PA 15658	25-1428011	501(C)(3)	8,937.				DONOR DESIGNATION PR
(12) WOMENS CARE CENTER OF ERIE 2503 W. 15TH ST., SUITE3 ERIE, PA 16505	25-1433389	501(C)(3)	6,322.				DONOR DESIGNATION PR

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(1) VETERANS LEADERSHIP PROGRAM OF WESTERN PA 2417 EAST CARSON ST PITTSBURGH, PA 15203	25-1434643	501(C)(3)	11,962.				DONOR DESIGNATION PR
(2) BETHLEHEM HAVEN, INC. 905 WATSON STREET PITTSBURGH, PA 15219	25-1436685	501(C)(3)	46,080.				DONOR DESIGNATION PR
(3) COMMUNITY UNITED METHODIST CHURCH 3487 ROUTE 130 IRWIN, PA 15642	25-1436704	501(C)(3)	6,974.				DONOR DESIGNATION PR
(4) FOX CENTER FOR VISION RESTORATION 203 LOTHROP STREET PITTSBURGH, PA 15213	25-1439732	501(C)(3)	32,087.				DONOR DESIGNATION PR
(5) ADELPHOI VILLAGE INC 354 MAIN STREET LATROBE, PA 15650	25-1441744	501(C)(3)	6,101.				DONOR DESIGNATION PR
(6) DOLLAR ENERGY FUND, INC. - SECA P. O. BOX 42329 PITTSBURGH, PA 15203	25-1442933	501(C)(3)	5,844.				DONOR DESIGNATION PR
(7) ANGELS' PLACE, INC. SWISSVALE 2615 NORWOOD AVENUE PITTSBURGH, PA 15214	25-1450489	501(C)(3)	25,547.				DONOR DESIGNATION PR
(8) MAGEE-WOMENS FOUNDATION 300 HALKET STREET PITTSBURGH, PA 15213	25-1462312	501(C)(3)	50,826.				DONOR DESIGNATION PR
(9) NORTH HILLS FOOD BANK 845 PERRY HIGHWAY PITTSBURGH, PA 15229	25-1463532	501(C)(3)	8,210.				DONOR DESIGNATION PR
(10) MAKE-A-WISH FOUNDATION OF GREATER PA & S WV 707 GRANT ST, 37TH FL PITTSBURGH, PA 15219	25-1464177	501(C)(3)	43,588.				DONOR DESIGNATION PR
(11) MERCY FOUNDATION/OPERATION SAFETY NET 101 BRADFORD ROAD WEXFORD, PA 15090	25-1464211	501(C)(3)	18,365.				DONOR DESIGNATION PR
(12) WEST PENN HOSPITAL 4818 LIBERTY AVENUE PITTSBURGH, PA 15224	25-1470766	501(C)(3)	6,652.				DONOR DESIGNATION PR

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(1) YOUTH FOR CHRIST CAMPUS LIFE/METRO PGH. 6314 LIBRARY ROAD LIBRARY, PA 15129	25-1476054	501(C)(3)	5,589.				DONOR DESIGNATION PR
(2) RAINBOW KITCHEN/COMMUNITY SERVICES 135 EAST NINTH AVENUE HOMESTEAD, PA 15120	25-1476536	501(C)(3)	6,100.				DONOR DESIGNATION PR
(3) NAMI KEYSTONE PA 105 BRAUNLICH DRIVE PITTSBURGH, PA 15237	25-1477291	501(C)(3)	5,217.				DONOR DESIGNATION PR
(4) MERCY FOUNDATION 600 GRANT STREET PITTSBURGH, PA 15219	25-1479026	501(C)(3)	5,657.				DONOR DESIGNATION PR
(5) CLOVERLEAF AREA ECUMENCIAL GROVE PLACE PITTSBURGH, PA 15236	25-1483771	501(C)(3)	5,684.				DONOR DESIGNATION PR
(6) WOMEN'S CHOICE NETWORK P.O. BOX 15034 PITTSBURGH, PA 15237	25-1485574	501(C)(3)	6,968.				DONOR DESIGNATION PR
(7) GROVE CITY AREA UNITED WAY 119 SOUTH BROAD STREET GROVE CITY, PA 16127	25-1488637	501(C)(3)	8,164.				DONOR DESIGNATION PR
(8) PHIPPS CONSERVATORY 1 SCHENLEY PARK PITTSBURGH, PA 15213	25-1492587	501(C)(3)	5,408.				DONOR DESIGNATION PR
(9) HIGHMARK CARING FOUNDATION 501 PENN AVENUE PITTSBURGH, PA 15222	25-1494238	501(C)(3)	362,892.				DONOR DESIGNATION PR
(10) ACHIEVA 711 BINGHAM STREET PITTSBURGH, PA 15203	25-1505216	501(C)(3)	72,118.				DONOR DESIGNATION PR
(11) FAMILY HOUSE OF PITTSBURGH 5501 BAUM BLVD PITTSBURGH, PA 15213	25-1519959	501(C)(3)	35,250.				DONOR DESIGNATION PR
(12) ST. MARGARET FOUNDATION 815 FREEPORT ROAD PITTSBURGH, PA 15215	25-1520340	501(C)(3)	19,558.				DONOR DESIGNATION PR

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(1) DOMESTIC VIOLENCE SERVICES OF SW PA 308 EAST MAIDEN STREET WASHINGTON, PA 15301	25-1521327	501(C)(3)	9,541.				DONOR DESIGNATION PR
(2) FAMILY HOSPICE AND PALLIATIVE CARE - 50 MOFFETT STREET PITTSBURGH, PA 15243	25-1529649	501(C)(3)	6,896.				DONOR DESIGNATION PR
(3) HABITAT FOR HUMANITY GREATER 212 YOST BLVD PITTSBURGH, PA 15221-4818	25-1529652	501(C)(3)	14,532.				DONOR DESIGNATION PR
(4) BEAVER AREA SCHOOL DISTRICT EDUCATION FOUND 1300 5TH STREET BEAVER, PA 15009	25-1533595	501(C)(3)	9,220.				DONOR DESIGNATION PR
(5) PITTSBURGH AIDS TASK FORCE 5913 PENN AVENUE PITTSBURGH, PA 15206-3818	25-1537128	501(C)(3)	10,841.				DONOR DESIGNATION PR
(6) THE LIGHTHOUSE FOUNDATION P. O. BOX 366 BAKERSTOWN, PA 15007	25-1547324	501(C)(3)	18,913.				DONOR DESIGNATION PR
(7) ST. VINCENT DE PAUL SOCIETY OF BUTLER 550 SLEEPY HOLLOW ROAD PITTSBURGH, PA 15228	25-1549926	501(C)(3)	14,598.				DONOR DESIGNATION PR
(8) NORTH HILLS COMMN OUTREACH INC 1975 FERGUSON ROAD ALLISON PARK, PA 15101	25-1553057	501(C)(3)	34,668.				DONOR DESIGNATION PR
(9) READING IS FUNDAMENTAL/PITTSBURGH 10 CHILDREN'S WAY PITTSBURGH, PA 15212	25-1558336	501(C)(3)	17,402.				DONOR DESIGNATION PR
(10) WATSON INSTITUTE (THE) 301 CAMPMEETING ROAD SEWICKLEY, PA 15143	25-1561504	501(C)(3)	35,206.				DONOR DESIGNATION PR
(11) UPMC SENIOR COMMUNITIES 200 LOTHROP STREET PITTSBURGH, PA 15213	25-1574736	501(C)(3)	11,192.				DONOR DESIGNATION PR
(12) UNITED WAY OF BEDFORD COUNTY 127 S. JULIANA ST BEDFORD, PA 15522	25-1583419	501(C)(3)	6,611.				DONOR DESIGNATION PR

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(1) PITTSBURGH PROJECT (THE) - SECA 2801 NORTH CHARLES ST PITTSBURGH, PA 15214	25-1594578	501(C)(3)	11,002.				DONOR DESIGNATION PR
(2) NORTH HILLS AFFORDABLE HOUSING, INC. 1975 FERGUSON ROAD ALLISON PARK, PA 15101	25-1605139	501(C)(3)	18,540.				DONOR DESIGNATION PR
(3) PRIME TIME ADULT CARE, INC. 44 HIGHLAND ROAD BETHEL PARK, PA 15102	25-1608242	501(C)(3)	6,474.				DONOR DESIGNATION PR
(4) EXTRA MILE EDUCATION FOUNDATION 603 STANWIX ST PITTSBURGH, PA 15222	25-1621067	501(C)(3)	52,137.				DONOR DESIGNATION PR
(5) CHURCH ARMY USA/SOCIAL SERVICES 380 FRANKLIN AVENUE ALIQUIPPA, PA 15001	25-1624453	501(C)(3)	6,378.				DONOR DESIGNATION PR
(6) GIRLS HOPE OF PGH 1005 BEAVER GRADE RD CORAOPOLIS, PA 15108	25-1625524	501(C)(3)	12,937.				DONOR DESIGNATION PR
(7) IRELAND INSTITUTE OF PITTSBURGH 239 FOURTH AVENUE PITTSBURGH, PA 15222	25-1626106	501(C)(3)	10,144.				DONOR DESIGNATION PR
(8) HOSANNA INDUSTRIES INC 109 RINARD LANE ROCHESTER, PA 15074	25-1626784	501(C)(3)	12,074.				DONOR DESIGNATION PR
(9) MT. ARARAT COMMUNITY ACTIVITY CENTER 271 PAULSON AVENUE PITTSBURGH, PA 15206	25-1628168	501(C)(3)	12,219.				DONOR DESIGNATION PR
(10) MONTOUR TRAIL COUNCIL - SECA 304 HICKMAN ST BRIDGEVILLE, PA 15017	25-1634718	501(C)(3)	5,442.				DONOR DESIGNATION PR
(11) POWER (PA ORG FOR WOMEN IN EARLY 7501 PENN AVENUE PITTSBURGH, PA 15208	25-1643651	501(C)(3)	21,031.				DONOR DESIGNATION PR
(12) BIG BROTHERS BIG SISTERS OF BEAVER 1475 THIRD AVENUE NEW BRIGHTON, PA 15066	25-1643665	501(C)(3)	7,247.				DONOR DESIGNATION PR

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(1) COMMUNITY FOUNDATION OF WESTMORELAND COUNTY 135 CLELIAN HEIGHTS LN GREENSBURG, PA 15601	25-1647865	501(C)(3)	5,474.				DONOR DESIGNATION PR
(2) HUMANE SOCIETY/WESTMORELAND COUNTY P.O. BOX 1552 GREENSBURG, PA 15601	25-1650554	501(C)(3)	8,565.				DONOR DESIGNATION PR
(3) PRESSLEY RIDGE 5500 CORPORATE DR PITTSBURGH, PA 15237	25-1653944	501(C)(3)	10,795.				DONOR DESIGNATION PR
(4) PARENTS FAMILIES AND FRIENDS OF P.O. BOX 5406 PITTSBURGH, PA 15206	25-1664862	501(C)(3)	5,568.				DONOR DESIGNATION PR
(5) LIFESTEPS, INC. 383 NEW CASTLE ROAD BUTLER, PA 16001	25-1665243	501(C)(3)	11,954.				DONOR DESIGNATION PR
(6) NATIONAL AVIARY ALLEGHENY COMMONS WEST PITTSBURGH, PA 15212	25-1667146	501(C)(3)	15,213.				DONOR DESIGNATION PR
(7) INTERNATIONAL ORTHODOX CHRISTIAN CHARIT 110 WEST ROAD BALTIMORE, MD 21204	25-1679348	501(C)(3)	7,117.				DONOR DESIGNATION PR
(8) FREEPORT AREA FOOD BANK 312 HIGH STREET FREEPORT, PA 16229	25-1686270	501(C)(3)	5,522.				DONOR DESIGNATION PR
(9) MCGUIRE MEMORIAL HOME 2119 MERCER ROAD NEW BRIGHTON, PA 15066	25-1687137	501(C)(3)	25,834.				DONOR DESIGNATION PR
(10) HOLY FAMILY INSTITUTE FOUNDATION (THE) 8235 OHIO RIVER BLVD PITTSBURGH, PA 15202	25-1688439	501(C)(3)	42,719.				DONOR DESIGNATION PR
(11) REBUILDING TOGETHER PITTSBURGH 7800 SUSQUEHANNA ST PITTSBURGH, PA 15208	25-1696634	501(C)(3)	6,981.				DONOR DESIGNATION PR
(12) WASHINGTON HOSPITAL FOUNDATION 155 WILSON AVENUE WASHINGTON, PA 15301	25-1708215	501(C)(3)	7,691.				DONOR DESIGNATION PR

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(1) MARIO LEMIEUX FOUNDATION 112 WASHINGTON PLACE PITTSBURGH, PA 15219	25-1708231	501(C)(3)	38,794.				DONOR DESIGNATION PR
(2) FUND ADVANCEMENT OF MINORITIES THROUGH 6031 BROAD ST PITTSBURGH, PA 15206	25-1717655	501(C)(3)	53,667.				DONOR DESIGNATION PR
(3) JEWISH ASSOCIATION ON AGING 200 JHF DRIVE PITTSBURGH, PA 15217	25-1720606	501(C)(3)	32,692.				DONOR DESIGNATION PR
(4) SISTERS PLACE, INC. 111 BROWNSVILLE RD MOUNT OLIVER, PA 15210	25-1728330	501(C)(3)	12,692.				DONOR DESIGNATION PR
(5) CASA PROGRAM/ALLEGHENY COUNTY 564 FORBES AVE PITTSBURGH, PA 15219	25-1735360	501(C)(3)	5,025.				DONOR DESIGNATION PR
(6) SOJOURNER HOUSE, INC. 5460 PENN AVENUE PITTSBURGH, PA 15206	25-1737004	501(C)(3)	17,045.				DONOR DESIGNATION PR
(7) URBAN IMPACT FOUNDATION P.O. BOX 99518 PITTSBURGH, PA 15233	25-1752269	501(C)(3)	54,317.				DONOR DESIGNATION PR
(8) SISTERS OF ST JOSEPH FOSTER CARE 1020 STATE STREET BADEN, PA 15005	25-1753409	501(C)(3)	7,677.				DONOR DESIGNATION PR
(9) A.B.O.A.R.D. ADVISORY BOARD ON AUTISM 35 WILSON ST PITTSBURGH, PA 15223	25-1760214	501(C)(3)	6,014.				DONOR DESIGNATION PR
(10) LEADERSHIP PITTSBURGH INC. 535 SMITHFIELD ST PITTSBURGH, PA 15222	25-1767779	501(C)(3)	25,726.				DONOR DESIGNATION PR
(11) MACEDONIA FACE 5001 BAUM BLVD PITTSBURGH, PA 15213	25-1778222	501(C)(3)	8,848.				DONOR DESIGNATION PR
(12) MARS HOME FOR YOUTH 521 ROUTE 228 MARS, PA 16046	25-1793268	501(C)(3)	5,665.				DONOR DESIGNATION PR

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

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Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2021

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

▶ Attach to Form 990.

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

Name of the organization

Employer identification number

THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

25-1043578

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BLIND AND VISION REHABILITATION 1816 LOCUST STREET PITTSBURGH, PA 15219	25-1803195	501(C)(3)	19,445.				DONOR DESIGNATION PR
(2) PARKINSON FOUNDATION WESTERN PA 575 LINCOLN AVENUE PITTSBURGH, PA 15202	25-1803585	501(C)(3)	5,049.				DONOR DESIGNATION PR
(3) IMANI CHRISTIAN ACADEMY 2150 EAST HILLS DRIVE PITTSBURGH, PA 15221	25-1816131	501(C)(3)	19,933.				DONOR DESIGNATION PR
(4) NEIGHBORHOOD ACADEMY (THE) 709 NORTH AIKEN AVE PITTSBURGH, PA 15206	25-1816609	501(C)(3)	37,204.				DONOR DESIGNATION PR
(5) WOODLANDS FOUNDATION - SECA 134 SHENOT ROAD WEXFORD, PA 15090	25-1818538	501(C)(3)	68,388.				DONOR DESIGNATION PR
(6) HOMELESS CHILDREN'S EDUCATION FUND 1901 CENTRE AVE PITTSBURGH, PA 15219	25-1820564	501(C)(3)	21,492.				DONOR DESIGNATION PR
(7) MANCHESTER - BIDWELL CORPORATION 1815 METROPOLITAN ST PITTSBURGH, PA 15233	25-1842945	501(C)(3)	69,476.				DONOR DESIGNATION PR
(8) MIDWIFE CENTER FOR BIRTH 2831 PENN AVENUE PITTSBURGH, PA 15222	25-1864282	501(C)(3)	6,928.				DONOR DESIGNATION PR
(9) CHILDREN'S HOSPITAL OF PITTSBURGH 1251 WATERFRONT PL. PITTSBURGH, PA 15222	25-1865744	501(C)(3)	325,982.				DONOR DESIGNATION PR
(10) UPMC CANCER CENTERS 5115 CENTRE AVE PITTSBURGH, PA 15232	25-1899326	501(C)(3)	23,865.				DONOR DESIGNATION PR
(11) NETWORK OF HOPE 3035 PERRYVILLE AVE PITTSBURGH, PA 15214	25-1900531	501(C)(3)	6,051.				DONOR DESIGNATION PR
(12) CREATIVE VISION PROGRAM-CIVIC LIGHT 719 LIBERTY AVENUE PITTSBURGH, PA 15222	25-6000890	501(C)(3)	17,663.				DONOR DESIGNATION PR

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(1) UNITED WAY OF WASHINGTON COUNTY 70 EAST BEAU ST WASHINGTON, PA 15301	25-6070133	501(C)(3)	99,318.				DONOR DESIGNATION PR
(2) BIG BROS AND SISTERS OF SWPA 5989 PENN CIRCLE SOUTH PITTSBURGH, PA 15206	25-6074707	501(C)(3)	47,819.				DONOR DESIGNATION PR
(3) AC-ACLD/ASSOCIATION FOR CHILDREN AND 4900 GIRARD ROAD PITTSBURGH, PA 15227	25-6094749	501(C)(3)	5,788.				DONOR DESIGNATION PR
(4) WORKSHOP FOR WARRIORS 2970 MAIN STREET SAN DIEGO, CA 92113	26-1721255	501(C)(3)	30,987.				DONOR DESIGNATION PR
(5) THE PITTSBURGH PROMISE 1901 CENTRE AVE PITTSBURGH, PA 15219	26-1982661	501(C)(3)	74,265.				DONOR DESIGNATION PR
(6) HOMEWOOD CHILDREN'S VILLAGE 801 N. HOMEWOOD AVENUE PITTSBURGH, PA 15208	27-1885583	501(C)(3)	115,989.				DONOR DESIGNATION PR
(7) GUARDIAN ANGELS MEDICAL SERVICE DOGS, INC. 3251 NE 180TH AVE. WILLISTON, FL 32696	27-2667123	501(C)(3)	5,026.				DONOR DESIGNATION PR
(8) THE BLESSING BOARD 1392 FREY ROAD PITTSBURGH, PA 15235	27-2775566	501(C)(3)	8,009.				DONOR DESIGNATION PR
(9) UNITED WAY OF METROPOLITAN CHICAGO 333 SOUTH WABASH AVE CHICAGO, IL 60604	30-0200478	501(C)(3)	89,435.				DONOR DESIGNATION PR
(10) ACH CLEAR PATHWAYS P.O. BOX 53091 PITTSBURGH, PA 15219	30-0609317	501(C)(3)	7,114.				DONOR DESIGNATION PR
(11) UNITED WAY OF THE GREATER DAYTON AREA 33 WEST 1ST ST DAYTON, OH 45402	31-0536658	501(C)(3)	30,726.				DONOR DESIGNATION PR
(12) UNITED WAY OF GREATER CINCINNATI 2400 READING ROAD CINCINNATI, OH 45202	31-0537502	501(C)(3)	61,307.				DONOR DESIGNATION PR

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(1) UNITED WAY OF FAIRFIELD COUNTY P.O. BOX 2299 LANCASTER, OH 43130	31-0644804	501(C)(3)	5,591.				DONOR DESIGNATION PR
(2) SHELDON CALVARY CAMP 315 SHADY AVE. PITTSBURGH, PA 15206	31-1629166	501(C)(3)	15,062.				DONOR DESIGNATION PR
(3) COLUMBUS URBAN LEAGUE, INC. 788 MT. VERNON AVE. COLUMBUS, OH 43203	31-4379453	501(C)(3)	16,796.				DONOR DESIGNATION PR
(4) UNITED WAY OF CENTRAL OHIO 360 SOUTH THIRD STREET COLUMBUS, OH 43215	31-4393712	501(C)(3)	62,788.				DONOR DESIGNATION PR
(5) UNITED WAY COMMUNITY SERVICE/DELAWARE P.O. BOX 319 DELAWARE, OH 43015	31-4423899	501(C)(3)	11,454.				DONOR DESIGNATION PR
(6) CATHOLIC CHARITIES DIOCESE OF GREENSBURG 711 EAST PITTSBURGH ST GREENSBURG, PA 15601	32-0222403	501(C)(3)	41,529.				DONOR DESIGNATION PR
(7) YOUNGSTOWN/MAHONING VALLEY UNITED WAY 255 WATT STREET YOUNGSTOWN, OH 44505	34-0714598	501(C)(3)	23,888.				DONOR DESIGNATION PR
(8) UNITED WAY OF ASHTABULA COUNTY 2801 C COURT ASHTABULA, OH 44004	34-0846640	501(C)(3)	7,881.				DONOR DESIGNATION PR
(9) UNITED WAY OF GREATER LORAIN COUNTY 642 BROADWAY AVE LORAIN, OH 44052	34-1011104	501(C)(3)	18,196.				DONOR DESIGNATION PR
(10) UNITED WAY OF TRUMBULL COUNTY 3601 YOUNGSTOWN ROAD SE WARREN, OH 44484	34-1083629	501(C)(3)	5,660.				DONOR DESIGNATION PR
(11) UNITED WAY OF LAKE COUNTY INC. 9285 PROGRESS PARKWAY MENTOR, OH 44060	34-1105038	501(C)(3)	17,055.				DONOR DESIGNATION PR
(12) UNITED WAY OF SUMMIT & MEDINA 37 N. HIGH STREET SUITE A AKRON, OH 44308	34-1169257	501(C)(3)	35,182.				DONOR DESIGNATION PR

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(1) LORAIN COUNTY URBAN LEAGUE 200 MIDDLE AVE STE 200 ELYRIA, OH 44035	34-1263379	501(C)(3)	16,208.				DONOR DESIGNATION PR
(2) RONALD MCDONALD HOUSE CHARITIES OF NORTHEAS 10415 EUCLID AVENUE CLEVELAND, OH 44106	34-1269123	501(C)(3)	5,262.				DONOR DESIGNATION PR
(3) CLEVELAND FOODBANK 15500 SOUTH WATERLOO RD CLEVELAND, OH 44110	34-1292848	501(C)(3)	5,045.				DONOR DESIGNATION PR
(4) CATHOLIC CHARITIES OF GEAUGA COUNTY 7911 DETROIT AVENUE CLEVELAND, OH 44102	34-1318541	501(C)(3)	22,390.				DONOR DESIGNATION PR
(5) AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307	34-1369388	501(C)(3)	9,482.				DONOR DESIGNATION PR
(6) STARK COUNTY HUNGER TASK FORCE 408 9TH ST SW #1637 CANTON, OH 44707	34-1374549	501(C)(3)	9,567.				DONOR DESIGNATION PR
(7) SECOND HARVEST FOOD BANK 7445 DEER TRAIL LANE LORAIN, OH 44053	34-1446685	501(C)(3)	9,319.				DONOR DESIGNATION PR
(8) RAINBOW BABIES AND CHILDREN'S HOSPITAL 11100 EUCLID AVENUE CLEVELAND, OH 44106	34-1567805	501(C)(3)	6,751.				DONOR DESIGNATION PR
(9) UNITED WAY SERVICES OF GEAUGA COUNTY 209 CENTER STREET CHARDON, OH 44024	34-1873816	501(C)(3)	13,416.				DONOR DESIGNATION PR
(10) BEST OF BATCH FOUNDATION 2000 WEST STREET MUNHALL, PA 15120	34-1900914	501(C)(3)	35,320.				DONOR DESIGNATION PR
(11) UNITED WAY OF GREATER TOLEDO 424 JACKSON STREET TOLEDO, OH 43604	34-4427947	501(C)(3)	12,163.				DONOR DESIGNATION PR
(12) UNITED WAY SERVICES OF GEAUGA COUNTY 1331 EUCLID AVENUE CLEVELAND, OH 44115	34-6516654	501(C)(3)	185,244.				DONOR DESIGNATION PR

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(1) BROTHER'S BROTHER FOUNDATION (THE) 1200 GALVESTON AVENUE PITTSBURGH, PA 15233	34-6562544	501(C)(3)	9,035.				DONOR DESIGNATION PR
(2) UNITED WAY OF GREATER LAFAYETTE AND 1114 E. STATE ST LAFAYETTE, IN 47902	35-0891621	501(C)(3)	16,809.				DONOR DESIGNATION PR
(3) UNITED WAY OF CENTRAL INDIANA 3901 N MERIDIAN ST INDIANAPOLIS, IN 46208	35-1007590	501(C)(3)	55,498.				DONOR DESIGNATION PR
(4) ALLIES FOR CHILDREN 10 CHILDREN'S WAY PITTSBURGH, PA 15222	35-2191961	501(C)(3)	82,467.				DONOR DESIGNATION PR
(5) WESTERN PENNSYLVANIA DIAPER BANK 201 N. BRADDOCK AVENUE PITTSBURGH, PA 15208	35-2461923	501(C)(3)	5,758.				DONOR DESIGNATION PR
(6) UNITED WAY OF NORTHWEST INDIANA 951 EASTPORT CENTER DR VALPARAISO, IN 46385	35-6006484	501(C)(3)	20,720.				DONOR DESIGNATION PR
(7) SHRINERS HOSPITAL FOR CHILDREN 1645 WEST EIGHTH STREET ERIE, PA 16505	36-2193608	501(C)(3)	19,169.				DONOR DESIGNATION PR
(8) UNITED WAY OF THE QUAD CITIES AREA 852 MIDDLE ROAD BETTENDORF, IA 52722	36-2725960	501(C)(3)	125,851.				DONOR DESIGNATION PR
(9) HORIZONS FOR YOUTH 703 W. MONROE ST. CHICAGO, IL 60661	36-3796784	501(C)(3)	7,446.				DONOR DESIGNATION PR
(10) HEART OF ILLINOIS UNITED WAY 509 W. HIGH STREET PEORIA, IL 61606	37-0661504	501(C)(3)	25,438.				DONOR DESIGNATION PR
(11) GREATER KALAMAZOO UNITED WAY 709B S WESTNEDGE AVE KALAMAZOO, MI 49007	38-1359193	501(C)(3)	26,886.				DONOR DESIGNATION PR
(12) HEART OF WEST MICHIGAN UNITED WAY 118 COMMERCE AVE GRAND RAPIDS, MI 49503	38-1360923	501(C)(3)	18,321.				DONOR DESIGNATION PR

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(1) CAPITAL AREA UNITED WAY, INC. 330 MARSHALL ST LANSING, MI 48912	38-1363572	501(C)(3)	7,179.				DONOR DESIGNATION PR
(2) UNITED WAY OF THE LAKESHORE 31 E. CLAY AVENUE MUSKEGON, MI 49442	38-1426895	501(C)(3)	56,217.				DONOR DESIGNATION PR
(3) GLEANERS COMMUNITY FOOD BANK, INC. 2131 BEAUFAIT DETROIT, MI 48207	38-2156255	501(C)(3)	6,441.				DONOR DESIGNATION PR
(4) MAKE-A-WISH FOUNDATION OF MICHIGAN 7600 GRAND RIVER AVE BRIGHTON, MI 48114	38-2505812	501(C)(3)	5,661.				DONOR DESIGNATION PR
(5) UNITED WAY OF GREATER MILWAUKEE & WAUKESHA 225 WEST VINE STREET MILWAUKEE, WI 53212	39-0806190	501(C)(3)	32,714.				DONOR DESIGNATION PR
(6) UNITED WAY OF NORTHEASTERN MINNESOTA 608 E DRIVE CHISHOLM, MN 55719	41-0908454	501(C)(3)	147,518.				DONOR DESIGNATION PR
(7) GREATER TWIN CITIES UNITED WAY 404 SOUTH EIGHT ST MINNEAPOLIS, MN 55404	41-1973442	501(C)(3)	6,291.				DONOR DESIGNATION PR
(8) UNITED WAY OF EAST CENTRAL IOWA 317 7TH AVE SE CEDAR RAPIDS, IA 52401	42-0861239	501(C)(3)	9,213.				DONOR DESIGNATION PR
(9) UNITED WAY OF GREATER ST. LOUIS 910 NORTH 11TH STREET ST. LOUIS, MO 63101	43-0714167	501(C)(3)	27,882.				DONOR DESIGNATION PR
(10) UNITED WAY OF GREATER KANSAS CITY 1080 WASHINGTON ST KANSAS CITY, MO 64105	44-0545812	501(C)(3)	14,834.				DONOR DESIGNATION PR
(11) JEREMIAH'S PLACE 6435 FRANKSTOWN AVENUE PITTSBURGH, PA 15206	45-1866754	501(C)(3)	5,340.				DONOR DESIGNATION PR
(12) ALLEGHENY HEALTH NETWORK 4818 LIBERTY AVENUE PITTSBURGH, PA 15224	45-3674924	501(C)(3)	109,482.				DONOR DESIGNATION PR

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(1) FEEDING MEDINA COUNTY 650 WEST SMITH RD MEDINA, OH 44256	45-4049528	501(C)(3)	8,457.				DONOR DESIGNATION PR
(2) BEVERLY'S BIRTHDAYS 9799 LAUREL AVE NORTH HUNTINGTON, PA 15642	45-4248006	501(C)(3)	9,714.				DONOR DESIGNATION PR
(3) CATHOLIC DIOCESE OF PITTSBURGH 2900 NOBLESTOWN RD #1 PITTSBURGH, PA 15205	45-5483357	501(C)(3)	20,166.				DONOR DESIGNATION PR
(4) PITTSBURGH AVIATION ANIMAL RESCUE TEAM 15 ALLEGHENY CTY WEST MIFFLIN, PA 15122	45-5576740	501(C)(3)	7,290.				DONOR DESIGNATION PR
(5) ALLEGHENY HEALTH NETWORK 4818 LIBERTY AVENUE PITTSBURGH, PA 15224	45-5784836	501(C)(3)	16,169.				DONOR DESIGNATION PR
(6) CASA SAN JOSE LATINO RESOURCE CENTER 2116 BROADWAY AVE PITTSBURGH, PA 15216	46-4729004	501(C)(3)	12,468.				DONOR DESIGNATION PR
(7) WILL ALLEN FOUNDATION P.O. BOX 15262 PITTSBURGH, PA 15237	47-2025476	501(C)(3)	6,600.				DONOR DESIGNATION PR
(8) 412 FOOD RESCUE 6140 STATION STREET PITTSBURGH, PA 15206	47-3476140	501(C)(3)	28,401.				DONOR DESIGNATION PR
(9) UNITED WAY OF DELAWARE, INC. 625 ORANGE ST WILMINGTON, DE 19801	51-0073399	501(C)(3)	12,687.				DONOR DESIGNATION PR
(10) DANA'S ANGELS RESEARCH TRUST (DART) 15 EAST PUTNAM AVE GREENWICH, CT 06830	51-6528048	501(C)(3)	6,276.				DONOR DESIGNATION PR
(11) UNITED WAY OF CENTRAL MARYLAND, INC. 100 S. CHARLES ST BALTIMORE, MD 21203	52-0591543	501(C)(3)	40,705.				DONOR DESIGNATION PR
(12) UNITED WAY OF FREDERICK COUNTY, INC. P.O. BOX 307 FREDERICK, MD 21705	52-0607973	501(C)(3)	7,325.				DONOR DESIGNATION PR

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

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

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

Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

Employer identification number

THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

25-1043578

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNITED WAY OF ALLEGANY COUNTY P.O. BOX 307 CUMBERLAND, MD 21501	52-0695477	501(C)(3)	6,553.				DONOR DESIGNATION PR
(2) CURE ALZHEIMER'S FUND 34 WASHINGTON ST WELLESLEY HILLS, MA 02481	52-2396428	501(C)(3)	5,080.				DONOR DESIGNATION PR
(3) UNITED WAY OF LOWER EASTERN SHORE 803 N SALISBURY BLVD SALISBURY, MD 21801	52-6016589	501(C)(3)	6,693.				DONOR DESIGNATION PR
(4) AMERICAN RED CROSS 109 N. BRADY ST DUBOIS, PA 15801	53-0196605	501(C)(3)	63,204.				DONOR DESIGNATION PR
(5) UNITED WAY OF THE NATIONAL CAPITAL AREA SUITE. 200 VIENNA, VA 22182	53-0234290	501(C)(3)	66,592.				DONOR DESIGNATION PR
(6) UNITED WAY OF THE VIRGINIA PENINSULA SUITE. 200 VIENNA, VA 22182	54-0535602	501(C)(3)	5,492.				DONOR DESIGNATION PR
(7) UNITED WAY OF CENTRAL CAROLINAS, INC. P.O. BOX 890685 CHARLOTTE, NC 28289-0685	56-0529948	501(C)(3)	28,548.				DONOR DESIGNATION PR
(8) CAPE FEAR AREA UNITED WAY, INC. 5919 OLEANDER DR WILMINGTON, NC 28403-4757	56-0529949	501(C)(3)	5,080.				DONOR DESIGNATION PR
(9) ROCKY MOUNT AREA UNITED WAY 2501 SUNSET AVE ROCKY MOUNT, NC 27804-2534	56-0611545	501(C)(3)	10,330.				DONOR DESIGNATION PR
(10) UNITED WAY OF THE GREATER TRIANGLE 2400 PERIMETER PARK MORRISVILLE, NC 27560	56-1949103	501(C)(3)	25,233.				DONOR DESIGNATION PR
(11) UNITED WAY OF THE PIEDMONT, INC. P.O. BOX 5624 SPARTANBURG, SC 29303	57-0314377	501(C)(3)	13,569.				DONOR DESIGNATION PR
(12) TRIDENT UNITED WAY P.O. BOX 63305 NORTH CHARLESTON, SC 29419	57-0314378	501(C)(3)	13,404.				DONOR DESIGNATION PR

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

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

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Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Name of the organization

Employer identification number

THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

25-1043578

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNITED WAY OF THE MIDLANDS SC 1818 BLANDING STREET COLUMBIA, SC 29201	57-0314396	501(C)(3)	14,702.				DONOR DESIGNATION PR
(2) UNITED WAY OF GREENVILLE COUNTY INC 105 EDINBURGH COURT GREENVILLE, SC 29607	57-0362066	501(C)(3)	8,605.				DONOR DESIGNATION PR
(3) UNITED WAY OF METROPOLITAN ATLANTA 100 EDGEWOOD AVENUE, NE ATLANTA, GA 30303	58-0566194	501(C)(3)	18,962.				DONOR DESIGNATION PR
(4) SAMARITAN'S PURSE P.O. BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	6,545.				DONOR DESIGNATION PR
(5) HAVEN HOUSE, INC. 101 W BROADWAY AVE #209 MARYVILLE, TN 37801	58-1534034	501(C)(3)	6,731.				DONOR DESIGNATION PR
(6) UNITED WAY OF NORTHEAST FLORIDA, INC. 40 E. ADAMS ST JACKSONVILLE, FL 32202	59-0637825	501(C)(3)	15,900.				DONOR DESIGNATION PR
(7) UNITED WAY OF PALM BEACH COUNTY (FL) 2600 QUANTUM BLVD BOYNTON BEACH, FL 33426	59-0683258	501(C)(3)	11,197.				DONOR DESIGNATION PR
(8) UNITED WAY OF BREVARD COUNTY 1100 ROCKLEDGE BLVD ROCKLEDGE, FL 32955	59-0836384	501(C)(3)	19,260.				DONOR DESIGNATION PR
(9) UNITED WAY OF TAMPA BAY 5201 W. KENNEDY BLVD TAMPA, FL 33609	59-3725701	501(C)(3)	15,817.				DONOR DESIGNATION PR
(10) UNITED WAY OF THE BLUEGRASS 100 MIDLAND AVE LEXINGTON, KY 40508	61-0444679	501(C)(3)	8,049.				DONOR DESIGNATION PR
(11) METRO UNITED WAY P.O. BOX 4488 LOUISVILLE, KY 40204-0488	61-0444680	501(C)(3)	39,571.				DONOR DESIGNATION PR
(12) UNITED WAY OF METROPOLITAN NASHVILLE 250 VENTURE CIRCLE NASHVILLE, TN 37228	62-0533104	501(C)(3)	8,955.				DONOR DESIGNATION PR

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

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

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Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Name of the organization

Employer identification number

THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

25-1043578

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNITED WAY OF HAMBLEEN COUNTY P.O. BOX 1794 MORRISTOWN, TN 37816	62-0627919	501(C)(3)	26,777.				DONOR DESIGNATION PR
(2) ST. JUDE CHILDREN'S HOSPITAL 501 ST. JUDE PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	50,119.				DONOR DESIGNATION PR
(3) UNITED WAY OF CENTRAL ALABAMA, INC. P.O. BO 320189 BIRMINGHAM, AL 35232	63-0288846	501(C)(3)	48,678.				DONOR DESIGNATION PR
(4) UNITED WAY OF MADISON COUNTY (AL) 701 ANDREW JACKSON WAY HUNTSVILLE, AL 35801	63-0366294	501(C)(3)	5,361.				DONOR DESIGNATION PR
(5) CATHOLIC CHARITIES FREE HEALTH 212 NINTH STREET PITTSBURGH, PA 15222	65-1307739	501(C)(3)	12,503.				DONOR DESIGNATION PR
(6) UNITED WAY OF SOUTHEAST ARKANSAS P.O. BOX 8702 PINE BLUFF, AR 71611	71-0236869	501(C)(3)	7,754.				DONOR DESIGNATION PR
(7) CHRISTIAN LEGAL AID OF PITTSBURGH, INC. 801 UNION PLACE PITTSBURGH, PA 15212	71-0988357	501(C)(3)	19,706.				DONOR DESIGNATION PR
(8) UNITED WAY OF GREATER HOUSTON 50 WAUGH DRIVE HOUSTON, TX 77007	74-1167964	501(C)(3)	11,980.				DONOR DESIGNATION PR
(9) UNITED WAY OF METROPOLITAN TARRANT 1500 N MAIN ST FORT WORTH, TX 76164	75-0858360	501(C)(3)	34,293.				DONOR DESIGNATION PR
(10) NORTH TEXAS AREA UNITED WAY P.O. BOX 660 WICHITA FALLS, TX 76307	75-0950126	501(C)(3)	16,732.				DONOR DESIGNATION PR
(11) GWEN'S GIRLS 711 W COMMONS ST PITTSBURGH, PA 15212	75-3114136	501(C)(3)	119,175.				DONOR DESIGNATION PR
(12) UNITED WAY OF METROPOLITAN DALLAS, INC. 1800 NORTH LAMAR STREET DALLAS, TX 75202	75-6005352	501(C)(3)	15,721.				DONOR DESIGNATION PR

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

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

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Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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Name of the organization

Employer identification number

THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

25-1043578

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ANGLICAN DIOCESE OF PITTSBURGH ONE ALLEGHENY SQUARE PITTSBURGH, PA 15212	76-0754677	501(C)(3)	5,571.				DONOR DESIGNATION PR
(2) SUSAN G. KOMEN P.O. BOX 801889 DALLAS, TX 75380	81-0665396	501(C)(3)	12,289.				DONOR DESIGNATION PR
(3) KNEAD COMMUNITY CAFE 1011 BARNES STREET NEW KENSINGTON, PA 15068	81-0705565	501(C)(3)	7,753.				DONOR DESIGNATION PR
(4) FOSTER LOVE PROJECT P.O. BOX 8779 PITTSBURGH, PA 15221	81-2263514	501(C)(3)	5,523.				DONOR DESIGNATION PR
(5) CATAPULT 134 S. HIGHLAND AVE PITTSBURGH, PA 15206	82-5271900	501(C)(3)	17,002.				DONOR DESIGNATION PR
(6) YOUNG LIFE OF ALLEGHENY VALLEY - PA 54 6003 FREEPORT RD NATRONA HEIGHTS, PA 15065	84-0385934	501(C)(3)	8,938.				DONOR DESIGNATION PR
(7) MILE HIGH UNITED WAY 711 PARK AVENUE WEST DENVER, CO 80205	84-0404235	501(C)(3)	13,541.				DONOR DESIGNATION PR
(8) PITTSBURGH CURE SARCOMA 2731 COLE ROAD WEXFORD, PA 15090	84-3322815	501(C)(3)	9,311.				DONOR DESIGNATION PR
(9) THE SHORTEST LINE TWO PPG PLACE PITTSBURGH, PA 15222	84-3846588	501(C)(3)	6,129.				DONOR DESIGNATION PR
(10) THE ADVANCED LEADERSHIP INSTITUTE 500 GRANT STREET PITTSBURGH, PA 15219	85-3695252	501(C)(3)	20,001.				DONOR DESIGNATION PR
(11) VALLEY OF THE SUN UNITED WAY 1515 EAST OSBORN ROAD PHOENIX, AZ 85014	86-0104419	501(C)(3)	20,414.				DONOR DESIGNATION PR
(12) PITTSBURGH FOOD FOR GOOD 5050 AMBERSON PLACE PITTSBURGH, PA 15232	86-1763257	501(C)(3)	9,646.				DONOR DESIGNATION PR

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

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

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Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

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Name of the organization

Employer identification number

THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

25-1043578

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNITED WAY OF NORTHERN NEVADA & SIERRA 639 ISBELL ROAD, SUITE 460 RENO, NV 89505	88-0059327	501(C)(3)	5,402.				DONOR DESIGNATION PR
(2) THE EDUCATION PARTNERSHIP 281 CORLISS STREET PITTSBURGH, PA 15220	90-0438744	501(C)(3)	8,390.				DONOR DESIGNATION PR
(3) UNITED WAY OF THE BAY AREA 221 MAIN ST SAN FRANCISCO, CA 94105	94-1312348	501(C)(3)	5,284.				DONOR DESIGNATION PR
(4) UNITED WAY, INC. OF GREATER LOS ANGELES 1150 S. OLIVE ST LOS ANGELES, CA 90015	95-2274801	501(C)(3)	5,605.				DONOR DESIGNATION PR
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

Schedule I (Form 990) 2021

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 non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, 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

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 non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT AND (2) THE AGENCY IS
AN IRS CODE SECTION 501(C)(3) NON-PROFIT ORGANIZATION.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

Employer identification number

25-1043578

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in or receive payment from a supplemental nonqualified retirement plan?
 - c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 BOBBI WATT GEER, PHD. PRESIDENT & CEO	(i)	254,809.	20,000.	NONE	45,616.	21,273.	341,698.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 LINDA JONES SVP & SECRETARY	(i)	155,841.	1,750.	NONE	32,305.	2,267.	192,163.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 LEONARD HAWKINS CFO & TREASURER	(i)	144,830.	1,750.	NONE	25,023.	10,931.	182,534.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 JULIE DESEYN (UNTIL 12 CHIEF PROGRAM & POLIC	(i)	137,716.	1,750.	NONE	18,130.	28,825.	186,421.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 TRACY GROSS CHIEF MARKETING OFFIC	(i)	138,220.	1,750.	NONE	16,275.	28,779.	185,024.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 ALYSSA CHOLODOFSKY CHIEF PROGRAM & POLIC	(i)	115,662.	1,750.	NONE	11,154.	25,863.	154,429.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

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Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

25-1043578

Part I Types of 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) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	63	1,367,569.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b 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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
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.		

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

Schedule M (Form 990) 2021

JSA

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

THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA REPORTS THE NUMBER OF
CONTRIBUTIONS.

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

UWSWPA HAS A BROKER WHO PROCESSES AND SELLS STOCK GIFTS.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

Supplemental Information to Form 990 or 990-EZ

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

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.

FORM 990, PART III, LINE 1 - 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. 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 4A - PROGRAM SERVICES:

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

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
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ELSE TO TURN. WE WORK EVERY DAY TO PREVENT PERSONAL SUFFERING AND
PRESERVE HUMAN DIGNITY.

FORM 990, PART III, LINE 4B - PROGRAM SERVICES:

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.

FORM 990, PART III, LINE 4C - PROGRAM SERVICES:

MOVING TO FINANCIAL STABILITY

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

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
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AND THEIR FAMILY LONG TERM. ALONG WITH OUR COMMUNITY 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 ADDITION, WE ASSIST VETERANS AS THEY NAVIGATE THEIR UNIQUE CHALLENGES ASSIMILATING BACK TO SOCIETY.

FORM 990, PART III, LINE 4D - 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.

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

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 2022. COMPENSATION FOR OTHER OFFICERS AND

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
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KEY EMPLOYEES IS BASED ON ANNUAL PERFORMANCE REVIEWS AND MARKET DATA.

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 2022. 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.

SCHEDULE O
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Department of the Treasury
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN CHARITABLE TRUSTS:	-269,258
SFAS 158 PENSION ADJUSTMENT:	1,115,425
PRIOR PERIOD PLEDGE RESERVE ADJUSTMENT:	177,479
TOTAL TO FORM 990, PART XI, LINE 9:	1,023,646

Name of the organization

Employer identification number

THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA**25-1043578**

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
EAT'N PARK HOSPITALITY GROUP, INC. P.O. BOX 644091 PITTSBURGH, PA 15264	PROGRAM SERVICES	1,649,590.
PEOPLESARE 100 SPRINGHOUSE DRIVE, SUITE 200 COLLEGEVILLE, PA 19426	TEMPORARY STAFFING	932,892.
COMMUNITY KITCHEN PITTSBURGH 107 FLOWERS AVENUE PITTSBURGH, PA 15207	PROGRAM SERVICES	430,441.
THE BUNCHE COMPANY P.O. BOX 768 PITTSBURGH, PA 15230	OCCUPANCY	368,053.
JUST HARVEST 317 E. CARSON STREET, SUITE 153 PITTSBURGH, PA 15219	PROGRAM SERVICES	275,623.

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THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA**25-1043578**

FORM 990, PART IX - OTHER FEES

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DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
-----	-----	-----	-----	-----
INITIATIVE EXPENSE	3,357,573.	3,352,511.	2,788.	2,274.
TEMPORARY SERVICES	1,078,504.	1,003,939.	43,182.	31,383.
MARKETING SERVICES	521,158.	290,711.	2,753.	227,694.
CALL CENTER FEES	222,887.	222,887.	NONE	NONE
BANK PROCESSING FEES	59,752.	36,823.	8,513.	14,416.
PAYROLL SERVICE FEES	44,574.	22,713.	12,752.	9,109.
OTHER FEES	311,918.	200,876.	68,854.	42,188.
TOTALS	----- 5,596,366. =====	----- 5,130,460. =====	----- 138,842. =====	----- 327,064. =====