

Return of Organization Exempt From Income Tax

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2020 calendar year, or tax year beginning 07/01, 2020, and ending 06/30, 2021

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA</u>		D Employer identification number <u>25-1043578</u>
	Doing business as		E Telephone number <u>(412) 261-6010</u>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ <u>66,203,240.</u>
	<u>1250 PENN AVENUE, P.O. BOX 735</u>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
City or town, state or province, country, and ZIP or foreign postal code <u>PITTSBURGH, PA 15230-0735</u>		F Name and address of principal officer: <u>BOBBI WATT GEER, PHD</u> <u>1250 PENN AVENUE, P.O. BOX 735, PITTSBURGH, PA 15230</u>	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ <u>WWW.UWSWPA.ORG</u>	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: <u>1974</u> M State of legal domicile: <u>PA</u>	

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>UNITED WAY OF SOUTHWESTERN PENNSYLVANIA, SERVING ALLEGHENY, WESTMORELAND, FAYETTE, SOUTHERN 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	69.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	69.
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	97.
	6 Total number of volunteers (estimate if necessary)	6	4,004.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	40,466,179.	47,689,680.
	9 Program service revenue (Part VIII, line 2g)	2,999,856.	3,679,094.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	653,860.	2,238,087.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-4,795.	17,745.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	44,115,100.	53,624,606.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	22,439,695.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,378,445.	7,025,428.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>2,887,235.</u>			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,025,466.	14,871,744.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		38,843,606.	41,987,504.
19 Revenue less expenses. Subtract line 18 from line 12		5,271,494.	11,637,102.
Net Assets or Fund Balances		20 Total assets (Part X, line 16)	Beginning of Current Year 60,269,380.
	21 Total liabilities (Part X, line 26)	24,390,068.	20,857,054.
	22 Net assets or fund balances. Subtract line 21 from line 20.	35,879,312.	56,079,298.

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	<u>Bobbi Watt Geer</u> Signature of officer	<u>8 March 2022</u> Date			
	<u>BOBBI WATT GEER, PHD</u> Type or print name and title	<u>PRESIDENT AND CEO</u>			
Paid Preparer Use Only	Print/Type preparer's name <u>JACOB COOK</u>	Preparer's signature <u>Jacob Cook</u>	Date <u>3/2/2022</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P01240455</u>
	Firm's name ▶ <u>BDO USA, LLP</u>	Firm's EIN ▶ <u>13-5381590</u>		Phone no. <u>412-281-2501</u>	
	Firm's address ▶ <u>339 SIXTH AVE, 8TH FL PITTSBURGH, PA 15222</u>				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2020)

Part III Statement of Program Service Accomplishments

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

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 [X] 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 [X] 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 \$ 16,881,095. including grants of \$ 4,219,944.) (Revenue \$ 0.)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 3,988,526. including grants of \$ 2,347,637.) (Revenue \$ 0.)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 3,917,318. including grants of \$ 1,738,729.) (Revenue \$ 0.)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)

(Expenses \$ 12,347,132. including grants of \$ 11,784,022.) (Revenue \$ 3,679,094.)

4e Total program service expenses 37,134,071.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions about organizational activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 97		
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? If "No" to line 3b, provide an explanation on Schedule O		
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? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		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

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 (69), 1b (69), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) 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 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 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			
(1) BOBBI WATT GEER, PH.D. PRESIDENT & CEO	40.00 0.			X			247,150.	0.	46,630.	
(2) LINDA A. JONES SECRETARY & SR. VP COMM. PHIL.	40.00 0.			X			152,115.	0.	17,094.	
(3) LEONARD E. HAWKINS CFO & TREASURER	40.00 0.			X			141,860.	0.	21,771.	
(4) JULIE DESEYN CHIEF PROGRAM & POLICY OFFICER	40.00 0.					X	127,945.	0.	30,260.	
(5) TRACY GROSS CHIEF MARKETING OFFICER	40.00 0.					X	127,750.	0.	26,501.	
(6) ALYSSA CHOLODOFSKY WESTMORELAND REGIONAL DIRECTOR	40.00 0.					X	103,405.	0.	28,805.	
(7) NEIL DIBIASE CHIEF STRATEGY OFFICER	40.00 0.					X	108,236.	0.	9,003.	
(8) JOE WELSH ASST SEC & SENIOR DIR. OF OPER	40.00 0.			X			80,920.	0.	25,159.	
(9) WILL ALLEN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(10) KENNETH J. ALTEMUS BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(11) JOSIE BADGER, DHCE, CRC BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(12) LEROY M. BALL BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(13) JOHN A. BARBOUR BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(14) BIBIANA BOERIO BOARD MEMBER	1.00 0.	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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 0.	X						0.	0.	0.
16) KENNY BONUS, CPA BOARD MEMBER	1.00 0.	X						0.	0.	0.
17) BROOKS BROADHURST BOARD MEMBER	1.00 0.	X						0.	0.	0.
18) KERI BROWN BOARD MEMBER	1.00 0.	X						0.	0.	0.
19) CHRISTINE BRYANT BOARD MEMBER	1.00 0.	X						0.	0.	0.
20) RAYMOND W. BUEHLER, JR. BOARD MEMBER	1.00 0.	X						0.	0.	0.
21) FRANCINE B. CAMERON, CPA, MBA BOARD MEMBER	1.00 0.	X						0.	0.	0.
22) FRANKLIN CARDENAS BOARD MEMBER	1.00 0.	X						0.	0.	0.
23) LOUIS R. CESTELLO BOARD MEMBER	1.00 0.	X						0.	0.	0.
24) JEFFERY P. CRAFT BOARD MEMBER	1.00 0.	X						0.	0.	0.
25) LESLIE DAVIS BOARD MEMBER UNTIL 12/31/20	1.00 0.	X						0.	0.	0.
1b Sub-total								1,089,381.	0.	205,223.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,089,381.	0.	205,223.

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>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

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 **17**

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 ----- 0.	X						0.	0.	0.
(27) ROBERT A. DEMICHIEI ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(28) MICHAEL R. DENOVE ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(29) PATRICK D. DUGAN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(30) ANNIE ENGEL ----- BOARD MEMBER UNTIL 12/31/20	1.00 ----- 0.	X						0.	0.	0.
(31) GEORGE J. FARAH ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(32) KIM TILLOTSON FLEMING ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(33) PETER J. GERMAIN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(34) REVEREND GLENN G. GRAYSON, SR. ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(35) GRETCHEN R. HAGGERTY ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
(36) HAYLEY A. HALDEMAN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
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 **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>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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 0.	X					0.	0.	0.	
(38) CAIN A. HAYES BOARD MEMBER UNTIL 06/30/21	1.00 0.	X					0.	0.	0.	
(39) DAVID B. HEATON BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(40) DIANE P. HOLDER BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(41) CYNTHIA HUNDORFEAN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(42) SHANE JAKUBOVIC BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(43) STACY M. JUCHNO BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(44) LAURA KARET BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(45) JUSTIN KAUFMAN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(46) REBEKAH BYERS KCEHOWSKI BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(47) KATHARINE EAGAN KELLEMAN BOARD MEMBER	1.00 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
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 **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>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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 0.	X					0.	0.	0.	
(49) JOHN P. KLINE BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(50) TIMOTHY M. KNAVISH BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(51) JEFFREY M. KRAKOWIAK BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(52) ELIZABETH E. KRISHER, CPA BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(53) KAREN L. LARRIMER BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(54) DAN LAVALLEE BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(55) MICHAEL T. LORDI BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(56) JEFF MALLORY, ED.D. BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(57) DAVID J. MALONE BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(58) JAMES J. MCQUADE BOARD MEMBER	1.00 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
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 **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>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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 0.	X						0.	0.	0.
(60) TAMRA MINNIER, RN, MSN, FACHE BOARD MEMBER	1.00 0.	X						0.	0.	0.
(61) COURTNEY A. MURPHY BOARD MEMBER	1.00 0.	X						0.	0.	0.
(62) MORGAN K. O'BRIEN BOARD MEMBER	1.00 0.	X						0.	0.	0.
(63) RONALD H. OTT, MPH BOARD MEMBER	1.00 0.	X						0.	0.	0.
(64) JULIE A. PATTER BOARD MEMBER	1.00 0.	X						0.	0.	0.
(65) RON PORT BOARD MEMBER UNTIL 10/20/20	1.00 0.	X						0.	0.	0.
(66) DEBORAH L. RICE-JOHNSON BOARD MEMBER	1.00 0.	X						0.	0.	0.
(67) ARTHUR J. ROONEY II BOARD MEMBER	1.00 0.	X						0.	0.	0.
(68) CATHERINE ("CASEY") RYAN BOARD MEMBER	1.00 0.	X						0.	0.	0.
(69) HARI SASTRY BOARD MEMBER	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
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 **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>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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) SHANNON SCHREIB BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(71) STEPHANIE L. SCIULLO BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(72) JAMES R. SEGERDAHL BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(73) WENDY ETHERIDGE SMITH, PH.D. BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(74) MEKAEL T. TESHOME BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(75) STEVEN D. THOMPSON, CPA BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(76) DAVID THUMA BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(77) MARK TWERDOK BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(78) TOM VANKIRK BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(79) CHRIS L. WINTON BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(80) MOST REVEREND DAVID A. ZUBIK BOARD MEMBER	1.00 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
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 **▶** 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>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	561,126.				
	b	Membership dues	1b					
	c	Fundraising events	1c	60,485.				
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e	14,978,938.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	32,089,131.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 1,378,058.				
	h	Total. Add lines 1a-1f			47,689,680.			
	Program Service Revenue	2a	2-1-1 COMMUNITY IMPACT SERVICES	Business Code	900099	2,432,556.	2,432,556.	
b		DESIGNATION COST RECOVERY		900099	1,245,609.	1,245,609.		
c		REGISTRATION & MEAL REIMBURSEMENT		900099	929.	929.		
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			3,679,094.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).			762,586.		762,586.	
	4	Income from investment of tax-exempt bond proceeds .			0.			
	5	Royalties			0.			
	6a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)			0.			
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	14,035,288.			
				(ii) Other				
	b	Less: cost or other basis and sales expenses . .	7b	12,559,787.				
	c	Gain or (loss)	7c	1,475,501.				
d	Net gain or (loss)			1,475,501.		1,475,501.		
8a	Gross income from fundraising events (not including \$ 60,485. of contributions reported on line 1c). See Part IV, line 18	8a		32,610.				
			8b	18,847.				
					13,763.		13,763.	
c	Net income or (loss) from fundraising events.							
9a	Gross income from gaming activities. See Part IV, line 19	9a		0.				
			9b	0.				
					0.			
c	Net income or (loss) from gaming activities.			0.				
10a	Gross sales of inventory, less returns and allowances	10a		0.				
			10b	0.				
					0.			
c	Net income or (loss) from sales of inventory.			0.				
Miscellaneous Revenue	11a	MISCELLANEOUS	Business Code	900099	3,982.		3,982.	
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			3,982.			
12	Total revenue. See instructions			53,624,606.	3,679,094.		2,255,832.	

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	20,090,332.	20,090,332.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	751,879.	262,316.	241,932.	247,631.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	4,567,668.	2,452,771.	730,399.	1,384,498.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	431,306.	238,172.	78,945.	114,189.
9 Other employee benefits	910,732.	502,917.	166,698.	241,117.
10 Payroll taxes	363,843.	189,375.	59,066.	115,402.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	2,794.	2,499.	172.	123.
c Accounting	91,390.	45,713.	26,640.	19,037.
d Lobbying	30,820.	30,820.		
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ATCH 2	12,326,319.	11,842,384.	134,870.	349,065.
12 Advertising and promotion	0.			
13 Office expenses	69,940.	34,672.	18,977.	16,291.
14 Information technology	704,194.	391,867.	173,911.	138,416.
15 Royalties	0.			
16 Occupancy	449,730.	178,386.	155,386.	115,958.
17 Travel	5,694.	4,578.	213.	903.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	376,880.	374,948.	1,932.	
20 Interest	10,420.			10,420.
21 Payments to affiliates	348,453.	237,864.	69,104.	41,485.
22 Depreciation, depletion, and amortization	242,243.	121,117.	70,689.	50,437.
23 Insurance	82,719.	42,189.	22,656.	17,874.
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	45,103.	36,585.	3,458.	5,060.
b UW PA DUES	31,500.	31,500.		
c EQUIPMENT RENTAL & REPAIR	27,492.	10,890.	9,265.	7,337.
d TRAINING	17,625.	5,639.	1,350.	10,636.
e All other expenses	8,428.	6,537.	535.	1,356.
25 Total functional expenses. Add lines 1 through 24e	41,987,504.	37,134,071.	1,966,198.	2,887,235.
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)	0.			

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	8,404,190.	1	8,724,847.
	2 Savings and temporary cash investments	3,311,220.	2	3,320,922.
	3 Pledges and grants receivable, net	12,842,055.	3	11,506,840.
	4 Accounts receivable, net.	1,254,756.	4	9,204,509.
	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	0.	5	0.
	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)	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	54,931.	9	46,500.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,171,820.		
	b Less: accumulated depreciation	10b 3,978,720.	350,287.	10c 193,100.
	11 Investments - publicly traded securities	28,697,323.	11	37,182,613.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	5,354,618.	15	6,757,021.
16 Total assets. Add lines 1 through 15 (must equal line 33)	60,269,380.	16	76,936,352.	
Liabilities	17 Accounts payable and accrued expenses	6,381,136.	17	4,972,652.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	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	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	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	18,008,932.	25	15,884,402.
	26 Total liabilities. Add lines 17 through 25	24,390,068.	26	20,857,054.
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	18,303,562.	27	32,206,522.
	28 Net assets with donor restrictions	17,575,750.	28	23,872,776.
	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	35,879,312.	32	56,079,298.	
33 Total liabilities and net assets/fund balances	60,269,380.	33	76,936,352.	

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	53,624,606.
2	Total expenses (must equal Part IX, column (A), line 25)	2	41,987,504.
3	Revenue less expenses. Subtract line 2 from line 1	3	11,637,102.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	35,879,312.
5	Net unrealized gains (losses) on investments	5	6,888,389.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,674,495.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	56,079,298.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

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

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 or 990-EZ).)
- 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 in 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	35,723,744.	35,006,070.	35,851,320.	40,466,179.	47,689,680.	194,736,993.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	35,723,744.	35,006,070.	35,851,320.	40,466,179.	47,689,680.	194,736,993.
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).						742,542.
6 Public support. Subtract line 5 from line 4						193,994,451.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4.	35,723,744.	35,006,070.	35,851,320.	40,466,179.	47,689,680.	194,736,993.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	397,586.	483,976.	754,358.	692,731.	762,586.	3,091,237.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	472.	5,244.	49,705.	0.	13,763.	69,184.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	10,444.	22,915.	9,513.	8,983.	3,982.	55,837.
11 Total support. Add lines 7 through 10						197,953,251.
12 Gross receipts from related activities, etc. (see instructions)					12	14,231,036.
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 2020 (line 6, column (f), divided by line 11, column (f))	14	98.00 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	97.68 %
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in 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 in 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 in 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>):	1e	
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 2020 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-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020. 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 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

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.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
MISCELLANEOUS REVENUE	10,444.	22,915.	9,513.	8,983.	3,982.	55,837.
TOTALS	<u>10,444.</u>	<u>22,915.</u>	<u>9,513.</u>	<u>8,983.</u>	<u>3,982.</u>	<u>55,837.</u>

Schedule of Contributors

2020

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

Name of the organization THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA	Employer identification number 25-1043578
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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 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization **THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA**

Employer identification number
25-1043578

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 12,881,713.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 1,379,420.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	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
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(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

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 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

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
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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 or 990-EZ) 2020

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)		141.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		30,679.													
c Total lobbying expenditures (add lines 1a and 1b)		30,820.													
d Other exempt purpose expenditures		41,956,684.													
e Total exempt purpose expenditures (add lines 1c and 1d)		41,987,504.													
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-		0.	0.												
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	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) 2017	(b) 2018	(c) 2019	(d) 2020	(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	40,477.	279,795.	60,096.	30,820.	411,188.
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	1,875.	242,000.	10,150.	141.	254,166.

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
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).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

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."

1 Dues, assessments and similar amounts from members	1	
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).		
a Current year	2a	
b Carryover from last year.	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3	
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?	4	
5 Taxable amount of lobbying and political expenditures (See instructions)	5	

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.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

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 purposes of easements, a table for held at end of tax year, 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 historical treasures.

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

Schedule D (Form 990) 2020

JSA OE1268 1.000

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	7,055,254.	6,961,597.	6,542,820.	5,908,441.	5,083,747.
b Contributions	443,397.	389,996.	446,942.	487,095.	606,754.
c Net investment earnings, gains, and losses	2,125,430.	41,409.	273,720.	457,980.	541,848.
d Grants or scholarships	181,467.	265,532.	237,660.	250,678.	252,039.
e Other expenditures for facilities and programs					
f Administrative expenses	67,133.	72,216.	64,225.	60,018.	71,869.
g End of year balance	9,375,481.	7,055,254.	6,961,597.	6,542,820.	5,908,441.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 23.4300 %
- b** Permanent endowment ▶ 56.5200 %
- c** Term endowment ▶ 20.0500 %

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

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

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

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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.	77,998.	31,553.
d Equipment		524,106.	501,056.	23,050.
e Other		3,538,163.	3,399,666.	138,497.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				193,100.

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	6,757,021.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 6,757,021.

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 AGENCIES	7,815,989.
(3) CONTRIBUTOR CHOICE SUPPORT	4,600,625.
(4) OUT OF AREA ACCOUNT	3,467,788.
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 15,884,402.

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)

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.

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, 2021, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN. THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA IS SUBJECT TO ROUTINE AUDITS

Part XIII Supplemental Information (continued)

BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY
TAX PERIODS IN PROGRESS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PRIOR PERIOD PLEDGE RESERVE ADJUSTMENT	232,106
--	---------

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN CHARITABLE TRUST	-261,238
REVENUE TO BE DISTRIBUTED TO AGENCIES PER DONOR INSTRUCTIONS	10,972,859
SPECIAL EVENT COSTS	-18,847
SALE OF GIFTED SECURITIES	8,786
TOTAL TO SCHEDULE D, PART XI, LINE 4B	10,701,560

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS COSTS	18,847
SALE OF GIFTED SECURITIES	-8,786
TOTAL TO SCHEDULE D, PART XII, LINE 2D	10,061

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES TO BE DISTRIBUTED TO AGENCIES PER DONOR INSTRUCTIONS	10,972,859
---	------------

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)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	93,095.			93,095.
	2 Less: Contributions	60,485.			60,485.
	3 Gross income (line 1 minus line 2)	32,610.			32,610.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	15,744.			15,744.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	3,103.			3,103.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				18,847.
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				13,763.	

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).

PART II, (A):

EVENT #1: REVENUES AND EXPENSES RELATING TO THE GOLF OUTING OCCURRED IN BOTH FISCAL YEAR 2021 AND FISCAL YEAR 2022. PART II REFLECTS THE AMOUNTS RECOGNIZED IN FISCAL YEAR 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

2020

**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

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)	54,167.				UNITED WAY GRANT
(2) ACHIEVA 711 BINGHAM STREET PITTSBURGH, PA 15203	25-1505216	501(C)(3)	61,167.				UNITED WAY GRANT
(3) ACTION-HOUSING INC 611 WILLIAM PENN PLACE PITTSBURGH, PA 15219	25-0965469	501(C)(3)	400,833.				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)	150,597.				UNITED WAY GRANT
(6) AMERICAN RED CROSS OF CHESTNUT RIDGE 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	25-0965231	501(C)(3)	216,667.				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)	78,040.				UNITED WAY GRANT
(10) BIG BROTHERS & BIG SISTERS OF G PITTSBURGH 5989 PENN CIRCLE SOUTH PITTSBURGH, PA 15206	25-6074707	501(C)(3)	30,000.				UNITED WAY GRANT
(11) BIG BROTHERS/BIG SISTERS LAUREL REGION 106 NORTH MAIN STREET GREENSBURG, PA 15601	25-1368402	501(C)(3)	20,020.				UNITED WAY GRANT
(12) BLACKBURN CENTER AGST DOM & SEXUAL VIOLENCE PO BOX 398 GREENSBURG, PA 15601	25-1339836	501(C)(3)	193,752.				UNITED WAY GRANT

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Schedule I (Form 990) 2020

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

2020

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Name of the organization

THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

Employer identification number

25-1043578

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(1) BOYS & GIRLS CLUB OF WPA 5432 BUTLER STREET PITTSBURGH, PA 15201	25-1206970	501(C)(3)	417,083.				UNITED WAY GRANT
(2) BOYS SCOUTS OF AMERICA, LAUREL HIGHLANDS 1275 BEDFORD AVENUE PITTSBURGH, PA 15219	25-0965214	501(C)(3)	135,000.				UNITED WAY GRANT
(3) BUTLER COUNTY CHILDREN'S CENTER 139 RIEGER ROAD BUTLER, PA 16001-0257	25-1249750	501(C)(3)	62,000.				UNITED WAY GRANT
(4) CASA OF WESTMORELAND, INC. 2 NORTH MAIN STREET GREENSBURG, PA 15601	25-5046788	501(C)(3)	7,500.				UNITED WAY GRANT
(5) CATHOLIC CHARITIES DIOCESE OF PITTSBURGH 212 NINTH STREET PITTSBURGH, PA 15222	25-1326213	501(C)(3)	144,000.				UNITED WAY GRANT
(6) CATHOLIC CHARITIES DIOCESE OF GREENSBURG 711 EAST PITTSBURGH ST GREENSBURG, PA 15601	32-0222403	501(C)(3)	51,990.				UNITED WAY GRANT
(7) CENTER FOR COMMUNITY RESOURCES 212-214 SOUTH MAIN ST BUTLER, PA 16001	02-0585594	501(C)(3)	41,000.				UNITED WAY GRANT
(8) CENTER FOR HEARING & DEAF SERVICES, INC. 1011 OLD SALEM ROAD GREENSBURG, PA 15601	25-0974324	501(C)(3)	24,916.				UNITED WAY GRANT
(9) CENTRAL WESTMORELAND HABITAT FOR HUMANITY PO BOX 516 GREENSBURG, PA 15601	25-1698880	501(C)(3)	8,500.				UNITED WAY GRANT
(10) COMMUNITY HUMAN SERVICE CORP 374 LAWN STREET PITTSBURGH, PA 15213	25-1219610	501(C)(3)	243,750.				UNITED WAY GRANT
(11) COMMUNITY CARE CONNECTIONS 114 SKYLINE DRIVE BUTLER, PA 16001	25-1211863	501(C)(3)	8,125.				UNITED WAY GRANT
(12) COMMUNITY KITCHEN PITTSBURGH 107 FLOWERS AVE. PITTSBURGH, PA 15207	90-1009621	501(C)(3)	75,833.				UNITED WAY GRANT

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(1) CONNECT, INC./WELCOME HOME SHELTER 218 SOUTH MAPLE AVENUE GREENSBURG, PA 15601	25-1762305	501(C)(3)	60,000.				UNITED WAY GRANT
(2) CONNECTING 2 TOMORROW PO BOX 1884 BUTLER, PA 16003	45-1476734	501(C)(3)	8,000.				UNITED WAY GRANT
(3) CRIME VICTIMS' CENTER OF FAYETTE COUNTY 6 OLIVER ROAD UNIONTOWN, PA 15401	25-1397896	501(C)(3)	5,460.				UNITED WAY GRANT
(4) DOMESTIC VIOLENCE SVCS OF SOUTHWESTERN PA 38 EAST MAIDEN STREET WASHINGTON, PA 15301	25-1521327	501(C)(3)	15,000.				UNITED WAY GRANT
(5) FAMILY SERVICES OF WESTERN PA 3230 WILLIAM PITT WAY PITTSBURGH, PA 15238	25-0965341	501(C)(3)	121,989.				UNITED WAY GRANT
(6) FAYETTE COUNTY COMMUNITY ACTION AGENCY 137 NORTH BEESON AVENUE UNIONTOWN, PA 15401	25-1180898	501(C)(3)	35,000.				UNITED WAY GRANT
(7) GREENSBURG YMCA 101 SOUTH MAPLE AVENUE GREENSBURG, PA 15601	25-0965622	501(C)(3)	10,000.				UNITED WAY GRANT
(8) HAVIN, INC. PO BOX 983 KITTANNING, PA 16201	25-1393025	501(C)(3)	9,732.				UNITED WAY GRANT
(9) HOMEWOOD CHILDREN'S VILLAGE 801 N. HOMEWOOD AVENUE PITTSBURGH, PA 15208	27-1885583	501(C)(3)	54,167.				UNITED WAY GRANT
(10) HUMAN SERVICES CENTER CORP 519 PENN AVENUE PITTSBURGH, PA 15145	25-1427632	501(C)(3)	200,417.				UNITED WAY GRANT
(11) INTERFAITH VOLUNTEER CAREGIVERS OF FAYETTE 79 W. FAYETTE STREET UNIONTOWN, PA 15401	25-1726856	501(C)(3)	20,000.				UNITED WAY GRANT
(12) JEAN B PURVIS COMM HEALTH CLINIC BUTLER CTY 103 BONNIE DRIVE BUTLER, PA 16002	20-4852135	501(C)(3)	14,000.				UNITED WAY GRANT

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(1) JEWISH COMMUNITY CENTER OF GREATER PGH 5738 FORBS AVENUE PITTSBURGH, PA 15217	25-1094514	501(C)(3)	462,917.				UNITED WAY GRANT
(2) JEWISH FAMILY AND COMMUNITY SERVICES OF PGH 5743 BARTLETT STREET PITTSBURGH, PA 15217	25-0965407	501(C)(3)	620,776.				UNITED WAY GRANT
(3) JUST HARVEST EDUCATION FUND 16 TERMINAL WAY PITTSBURGH, PA 15219	25-1555571	501(C)(3)	135,417.				UNITED WAY GRANT
(4) KIDSVOICE/LEGAL AID SOCIETY OF PGH 437 GRANT STREET PITTSBURGH, PA 15219	25-0983060	501(C)(3)	167,917.				UNITED WAY GRANT
(5) LAUREL AREA INTERFAITH VOLUNTEER CAREGIVERS PO BOX 854 LATROBE, PA 15650	20-4380836	501(C)(3)	25,000.				UNITED WAY GRANT
(6) LIFESTEPS 383 NEW CASTLE ROAD BUTLER, PA 16001	25-1665243	501(C)(3)	24,500.				UNITED WAY GRANT
(7) LIGHTHOUSE FOUNDATION 116 BROWNS HILL ROAD VALENCIA, PA 16059	25-1547324	501(C)(3)	35,000.				UNITED WAY GRANT
(8) MACEDONIA FACE 1835 CENTRE AVENUE PITTSBURGH, PA 15219	25-1778222	501(C)(3)	175,540.				UNITED WAY GRANT
(9) MON VALLEY INITIATIVE 303 - 305 EAST 8TH AVE HOMESTEAD, PA 15120	25-1591350	501(C)(3)	124,583.				UNITED WAY GRANT
(10) NEIGHBORHOOD LEARNING ALLIANCE 5429 PENN AVENUE PITTSBURGH, PA 15206	20-0557748	501(C)(3)	162,500.				UNITED WAY GRANT
(11) NEW CENTURY CAREERS INC. 305 EAST CARSON STREET PITTSBURGH, PA 15219	25-1852131	501(C)(3)	10,012.				UNITED WAY GRANT
(12) NORTH HILLS COMM OUTREACH INC 1975 FERGUSON ROAD ALLISON PARK, PA 15101	25-1553057	501(C)(3)	111,833.				UNITED WAY GRANT

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(1) NORTHERN AREA MULTI SERVIC CTR 209 13TH STREET PITTSBURGH, PA 15215-2491	23-7139992	501(C)(3)	167,917.				UNITED WAY GRANT
(2) PROGRAM TO AID CITIZEN ENTERPRISE (PACE) 603 STANWIX ST PITTSBURGH, PA 15222	25-1205316	501(C)(3)	189,583.				UNITED WAY GRANT
(3) SALVATION ARMY 440 WEST NYACK ROAD WEST NYACK, NY 10994	25-0965551	501(C)(3)	216,667.				UNITED WAY GRANT
(4) SOUTH HILLS INTERFAITH MOVEMENT 5301 PARK AVENUE BETHEL PARK, PA 15102	25-1213332	501(C)(3)	104,053.				UNITED WAY GRANT
(5) TRAVELERS AID SOCIETY 343 BLVD OF THE ALLIES PITTSBURGH, PA 15222	25-0965581	501(C)(3)	174,470.				UNITED WAY GRANT
(6) UNION MISSION OF LATROBE, INC. 2217 E HARRISON AVE LATROBE, PA 15650	25-1516480	501(C)(3)	38,000.				UNITED WAY GRANT
(7) URBAN LEAGUE OF GREATER PGH 332 FIFTH AVE PITTSBURGH, PA 15222	25-0965592	501(C)(3)	102,917.				UNITED WAY GRANT
(8) VALLEY POINTS FAMILY YMCA 5021 FREEPORT RD NATRONA HEIGHTS, PA 15065	25-0965625	501(C)(3)	45,000.				UNITED WAY GRANT
(9) VETERANS LEADERSHIP PROGRAM 2934 SMALLMAN STREET PITTSBURGH, PA 15201	25-1434643	501(C)(3)	284,367.				UNITED WAY GRANT
(10) VINTAGE INC 421 NORTH HIGHLAND AVE PITTSBURGH, PA 15206	23-7394576	501(C)(3)	167,917.				UNITED WAY GRANT
(11) WESLEY FAMILY SERVICES 221 PENN AVENUE PITTSBURGH, PA 15221	82-0653875	501(C)(3)	375,496.				UNITED WAY GRANT
(12) WESLEY HEALTH CENTER, INC. 410 S PITTSBURGH ST CONNELLSVILLE, PA 15425	25-1844565	501(C)(3)	28,000.				UNITED WAY GRANT

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(1) WESTERN PENNSYLVANIA DIAPER BANK 201 N. BRADDOCK AVENUE PITTSBURGH, PA 15208	35-2461923	501(C)(3)	10,500.				UNITED WAY GRANT
(2) WESTMORELAND COMMUNITY ACTION, INC. 226 SOUTH MAPLE AVE GREENSBURG, PA 15601	25-1383079	501(C)(3)	90,900.				UNITED WAY GRANT
(3) WESTMORELAND COUNTY FOOD BANK, INC. 100 DEVONSHIRE DRIVE DELMONT, PA 15626	25-1422682	501(C)(3)	165,000.				UNITED WAY GRANT
(4) WOMEN'S CENTER & SHELTER OF GREATER PGH P.O. BOX 9024 PITTSBURGH, PA 15224	25-1264376	501(C)(3)	213,457.				UNITED WAY GRANT
(5) YMCA OF PGH 420 FT. DUQUESNE BLVD PITTSBURGH, PA 15222	25-0969497	501(C)(3)	243,750.				UNITED WAY GRANT
(6) YWCA BUTLER 120 WEST CUNNINGHAM STREET BUTLER, PA 16001	25-0965634	501(C)(3)	11,000.				UNITED WAY GRANT
(7) YWCA OF GREATER PGH 305 WOOD STREET PITTSBURGH, PA 15222	25-0965639	501(C)(3)	316,253.				UNITED WAY GRANT
(8) YWCA OF WESTMORELAND COUNTY 424 NORTH MAIN STREET GREENSBURG, PA 15601	25-1117999	501(C)(3)	15,000.				UNITED WAY GRANT
(9) FEEDING THE SPIRIT 611 SOUTHWEST AVENUE GREENSBURG, PA 15601	45-2838281	501(C)(3)	10,000.				UNITED WAY GRANT
(10) TICKETS FOR KIDS CHARITIES 700 BLAW AVENUE PITTSBURGH, PA 15238	02-0559825	501(C)(3)	12,110.				DONOR DESIGNATION PR
(11) THE SISTER THEA BOWMAN BLACK CATHOLIC ED FDN 4870 WOODRIDGE DRIVE HERMANTOWN, MN 55811	03-0322037	501(C)(3)	15,381.				DONOR DESIGNATION PR
(12) UNITED WAY MA BAY & MERRIMACK VALLEY 51 SLEEPER STREET BOSTON, MA 02210	04-2382233	501(C)(3)	9,681.				DONOR DESIGNATION PR

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(1) AMERICAN DIABETES ASSOCIATION/PA 2 CHATHAM CENTER PITTSBURGH, PA 15219	13-1623888	501(C)(3)	14,702.				DONOR DESIGNATION PR
(2) UNITED WAY WORLDWIDE PO BOX 358086 PITTSBURGH, PA 15251-5086	13-1635294	501(C)(3)	15,009.				DONOR DESIGNATION PR
(3) AMERICAN CANCER SOCIETY, PA DIVISION ROUTE 422 AND SIPE AVENUE HERSHEY, PA 17033	13-1788491	501(C)(3)	56,324.				DONOR DESIGNATION PR
(4) MARCH OF DIMES 300 CEDAR RIDGE DRIVE PITTSBURGH, PA 15205	13-1846366	501(C)(3)	43,349.				DONOR DESIGNATION PR
(5) CYSTIC FIBROSIS FOUNDATION - WESTERN PA 600 WATERFRONT DRIVE PITTSBURGH, PA 15212	13-1930701	501(C)(3)	15,776.				DONOR DESIGNATION PR
(6) UNITED WAY OF NEW YORK CITY 205 EAST 42ND ST NEW YORK, NY 10017	13-2617681	501(C)(3)	19,914.				DONOR DESIGNATION PR
(7) ALZHEIMERS ASSOCIATION 1100 LIBERTY AVENUE PITTSBURGH, PA 15219	13-3039607	501(C)(3)	22,092.				DONOR DESIGNATION PR
(8) DOCTORS WITHOUT BORDERS USA/MED SAN 333 7TH AVENUE FLOOR #2 NEW YORK, NY 10001	13-3433452	501(C)(3)	6,356.				DONOR DESIGNATION PR
(9) UNITED WAY OF GREATER STARK COUNTY 4825 HIGBEE AVENUE, NW CANTON, OH 44718	13-4254191	501(C)(3)	14,308.				DONOR DESIGNATION PR
(10) SALVATION ARMY 700 NORTH BELL AVENUE CARNEGIE, PA 15106	13-5562351	501(C)(3)	91,252.				DONOR DESIGNATION PR
(11) AMERICAN HEART ASSOCIATION 777 PENN CENTER BLVD. PITTSBURGH, PA 15235	13-5613797	501(C)(3)	84,759.				DONOR DESIGNATION PR
(12) LEUKEMIA AND LYMPHOMA SOCIETY 333 EAST CARSON ST PITTSBURGH, PA 15219	13-5644916	501(C)(3)	26,874.				DONOR DESIGNATION PR

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(1) NATIONAL MULTIPLE SCLEROSIS SOCIETY 1501 REEDSDALE STREET PITTSBURGH, PA 15233	13-5661935	501(C)(3)	14,325.				DONOR DESIGNATION PR
(2) CROHN'S AND COLITIS FOUNDATION, WPA-WV 5001 BAUM BLVD PITTSBURGH, PA 15213	13-6193105	501(C)(3)	14,455.				DONOR DESIGNATION PR
(3) UNITED WAY OF ULSTER COUNTY, INC. 450 ALBANY AVENUE KINGSTON, NY 12401	14-1409654	501(C)(3)	6,629.				DONOR DESIGNATION PR
(4) UNITED WAY OF SOUTHERN CHAUTAUQUA COUNTY 413 N MAIN ST. JAMESTOWN, NY 14701	16-0772743	501(C)(3)	9,433.				DONOR DESIGNATION PR
(5) RANKIN CHRISTIAN CENTER 230 THIRD STREET RANKIN, PA 15104	20-0114753	501(C)(3)	12,397.				DONOR DESIGNATION PR
(6) CENTRAL CATHOLIC HIGH SCHOOL 4720 FIFTH AVENUE PITTSBURGH, PA 15213	20-0478989	501(C)(3)	7,000.				DONOR DESIGNATION PR
(7) ACCULTURTN JUSTICE, ACCESS & PEACE OUTREACH 2900 BEDFORD AVENUE PITTSBURGH, PA 15219	20-0645829	501(C)(3)	14,030.				DONOR DESIGNATION PR
(8) STRONG WOMEN, STRONG GIRLS 1901 CENTRE AVENUE PITTSBURGH, PA 15219	20-2321377	501(C)(3)	12,986.				DONOR DESIGNATION PR
(9) AUTISM SPEAKS 1060 STATE ROAD PRINCETON, NJ 08540	20-2329938	501(C)(3)	11,252.				DONOR DESIGNATION PR
(10) WOUNDED WARRIOR PROJECT, INC. 600 RIVER AVE STE 400 PITTSBURGH, PA 15212	20-2370934	501(C)(3)	9,940.				DONOR DESIGNATION PR
(11) DRESS FOR SUCCESS PITTSBURGH 5001 BAUM BLVD STE 550 PITTSBURGH, PA 15213	20-2388089	501(C)(3)	7,044.				DONOR DESIGNATION PR
(12) UNITED WAY FOR SOUTHEASTERN MICHIGAN 660 WOODWARD AVENUE DETROIT, MI 48226	20-3099071	501(C)(3)	66,359.				DONOR DESIGNATION PR

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Schedule I (Form 990) 2020

**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

2020

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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.

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(1) COMMUNITY HEALTH CLINIC OF BUTLER COUNTY 103 BONNIE DRIVE BUTLER, PA 16002	20-4852135	501(C)(3)	5,385.				DONOR DESIGNATION PR
(2) (THE) FRIENDSHIP CIRCLE OF PITTSBURGH 5872 NORTHUMBERLAND ST PITTSBURGH, PA 15217	20-8950616	501(C)(3)	16,181.				DONOR DESIGNATION PR
(3) UNITED WAY OF CENTRAL JERSEY 32 FORD AVENUE MILLTOWN, NJ 08850	22-1520408	501(C)(3)	8,851.				DONOR DESIGNATION PR
(4) UNITED WAY OF MONMOUTH COUNTY 4814 OUTLLOK DRIVE WALL TWP, NJ 07753	22-1828435	501(C)(3)	5,598.				DONOR DESIGNATION PR
(5) THE SALVATION ARMY 700 NORTH BELL AVENUE CARNEGIE, PA 15106	22-2406433	501(C)(3)	16,760.				DONOR DESIGNATION PR
(6) DISABLED AMERICAN VETERANS OF PENNSYLVANIA 4219 TRINDLE ROAD CAMP HILL, PA 17011	23-0520283	501(C)(3)	10,774.				DONOR DESIGNATION PR
(7) UNITED WAY OF BLAIR COUNTY 5414 6TH AVENUE ALTOONA, PA 16602-1203	23-1352003	501(C)(3)	27,477.				DONOR DESIGNATION PR
(8) UNITED WAY OF LANCASTER COUNTY (PA) 1910 HARRINGTON DRIVE LANCASTER, PA 17601	23-1352093	501(C)(3)	10,100.				DONOR DESIGNATION PR
(9) UNITED WAY OF THE CAPITAL REGION 2235 MILLENNIUM WAY ENOLA, PA 17025	23-1352095	501(C)(3)	34,552.				DONOR DESIGNATION PR
(10) WORLD AFFAIRS COUNCIL OF PHILADELPHIA ONE SOUTH BROAD ST PHILADELPHIA, PA 19107	23-1352586	501(C)(3)	22,000.				DONOR DESIGNATION PR
(11) UNITED WAY OF BUCKS COUNTY 413 HOOD BOULEVARD FAIRLESS HILLS, PA 19030	23-1409706	501(C)(3)	8,866.				DONOR DESIGNATION PR
(12) UNITED WAY OF GREATER PHILADELPHIA & S. NJ 1709 BENJ FRKLN PKWY PHILADELPHIA, PA 19103	23-1556045	501(C)(3)	84,799.				DONOR DESIGNATION PR

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(1) AMERICAN CIVIL LIBERTIES UNION 313 ATWOOD STREET PITTSBURGH, PA 15213	23-1742013	501(C)(3)	6,517.				DONOR DESIGNATION PR
(2) JUVENILE DIABETES RESEARCH FDN - WESTERN PA 960 PENN AVENUE PITTSBURGH, PA 15222	23-1907729	501(C)(3)	41,373.				DONOR DESIGNATION PR
(3) SPECIAL OLYMPICS OF WESTMORELAND COUNTY 404 1ST STREET HEIDELBERG, PA 15106	23-2078543	501(C)(3)	12,189.				DONOR DESIGNATION PR
(4) PHILABUNDANCE 3616 S GALLOWAY ST PHILADELPHIA, PA 19148	23-2290505	501(C)(3)	6,030.				DONOR DESIGNATION PR
(5) KEYSTONE CHILDREN AND FAMILY 3700 VARTAN WAY HARRISBURG, PA 17110	23-2480490	501(C)(3)	5,565.				DONOR DESIGNATION PR
(6) MENTORING PARTNERSHIP OF SW 1901 CENTRE AVENUE PITTSBURGH, PA 15219	23-2876447	501(C)(3)	27,298.				DONOR DESIGNATION PR
(7) TRY LIFE CENTER, INC. 1155 WILDLIFE LODGE LOWER BURRELL, PA 15068	23-2889006	501(C)(3)	9,638.				DONOR DESIGNATION PR
(8) THE CHILDREN'S INSTITUTE OF PITTSBURGH 1405 SHADY AVENUE PITTSBURGH, PA 15217	23-2935278	501(C)(3)	44,552.				DONOR DESIGNATION PR
(9) NATIONAL PANCREAS FOUNDATION PO BOX 935 WEXFORD, PA 15090	23-2935929	501(C)(3)	6,541.				DONOR DESIGNATION PR
(10) CRAFTON INGRAM FOOD PANTRY 799 WASHINGTON ROAD PITTSBURGH, PA 15228	23-6393377	501(C)(3)	16,306.				DONOR DESIGNATION PR
(11) UNITED WAY OF MEDINA COUNTY 37 NORTH HIGH STREET AKRON, OH 44308	23-7110762	501(C)(3)	10,356.				DONOR DESIGNATION PR
(12) MANCHESTER CRAFTSMEN'S GUILD 1815 METROPOLITAN ST PITTSBURGH, PA 15233	23-7113478	501(C)(3)	9,727.				DONOR DESIGNATION PR

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(1) AKRON CHILDREN'S HOSPITAL FOUNDATION ONE PERKINS SQUARE AKRON, OH 44308	23-7114013	501(C)(3)	8,309.				DONOR DESIGNATION PR
(2) UNITED WAY OF BLOUNT COUNTY (TN) 1615 E. BROADWAY AVENUE MARYVILLE, TN 37804	23-7122193	501(C)(3)	49,316.				DONOR DESIGNATION PR
(3) FREE STORE/FOOD BANK 1250 TENNESSEE AVENUE CINCINNATI, OH 45229	23-7122205	501(C)(3)	5,057.				DONOR DESIGNATION PR
(4) ALS ASSOCIATION/WPA CHAPTER 416 LINCOLN AVENUE PITTSBURGH, PA 15209	23-7123851	501(C)(3)	11,716.				DONOR DESIGNATION PR
(5) N. AREA MULTI-SERVICE CTR OF ALLEGHENY CTY 209 13TH STREET PITTSBURGH, PA 15215	23-7139992	501(C)(3)	5,452.				DONOR DESIGNATION PR
(6) LAKE AREA UNITED WAY 221 WEST RIDGE ROAD GRIFFITH, IN 46319	23-7170019	501(C)(3)	83,270.				DONOR DESIGNATION PR
(7) FOCUS ON RENEWAL STO-ROX NEIGHBORHOOD CORP 420 CHARTIERS AVENUE MCKEES ROCKS, PA 15136	23-7181440	501(C)(3)	10,956.				DONOR DESIGNATION PR
(8) ELLEN O'BRIEN GAISER ADDICTION CENTER 165 OLD PLK RD PO BOX 2127 BUTLER, PA 16003	23-7208331	501(C)(3)	5,189.				DONOR DESIGNATION PR
(9) EPILEPSY FOUNDATION WESTERN/CENTRAL PA 1501 REEDSDALE STREET PITTSBURGH, PA 15233	23-7241930	501(C)(3)	16,193.				DONOR DESIGNATION PR
(10) AUTISM SOCIETY OF PGH/USAAC 4371 NORTHERN PIKE MONROEVILLE, PA 15146	23-7350636	501(C)(3)	5,166.				DONOR DESIGNATION PR
(11) UNITED WAY OF GREATER RICHMOND AND 2001 MAYWILL STREET RICHMOND, VA 23230	23-7375346	501(C)(3)	23,346.				DONOR DESIGNATION PR
(12) CHRISTIAN CAMPS OF PITTSBURGH, INC., DBA 111 LAKE GLORIA ROAD BOSWELL, PA 15531	23-7389188	501(C)(3)	9,053.				DONOR DESIGNATION PR

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- 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.

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(1) UNITED WAY OF LACKAWANNA COUNTY 615 JEFFERSON AVENUE SCRANTON, PA 18501	24-0824164	501(C)(3)	16,427.				DONOR DESIGNATION PR
(2) LYCOMING COUNTY UNITED WAY ONE WEST THIRD ST WILLIAMSPORT, PA 17701	24-0828149	501(C)(3)	18,146.				DONOR DESIGNATION PR
(3) UNITED WAY OF WYOMING VALLEY 8 W MARKET STREET WILKES BARRE, PA 18711	24-0831490	501(C)(3)	6,876.				DONOR DESIGNATION PR
(4) FOUR DIAMONDS FUND AT PENN STATE 600 CENTERVIEW DR HERSHEY, PA 17033	24-6000376	501(C)(3)	5,624.				DONOR DESIGNATION PR
(5) CHILDREN'S HOSPITAL-UPMC 1251 WATERFRONT PL PITTSBURGH, PA 15222	25-0402510	501(C)(3)	13,039.				DONOR DESIGNATION PR
(6) FAMILY SERVICES OF WPA - SECA 3230 WILLIAM PITT WAY PITTSBURGH, PA 15238	25-0728060	501(C)(3)	8,790.				DONOR DESIGNATION PR
(7) ANIMAL RESCUE LEAGUE SHELTER & WILDLIFE CTR 562 CAMP HORNE ROAD PITTSBURGH, PA 15237	25-0951565	501(C)(3)	128,409.				DONOR DESIGNATION PR
(8) LAUREL HIGHLANDS COUNCIL BOY SCOUTS AMERICA 1275 BEDFORD AVENUE PITTSBURGH, PA 15219	25-0965214	501(C)(3)	68,518.				DONOR DESIGNATION PR
(9) WESTMRELND FAYETTE CNCIL BOY SCOUTS AMERICA 2 GARDEN CENTER DRIVE GREENSBURG, PA 15601	25-0965266	501(C)(3)	8,138.				DONOR DESIGNATION PR
(10) CARNEGIE LIBRARY OF PITTSBURGH 4400 FORBES AVE PITTSBURGH, PA 15213-4080	25-0965281	501(C)(3)	63,837.				DONOR DESIGNATION PR
(11) THE CHILDREN'S HOME & LEMIEUX FAMILY CENTER 5324 PENN AVENUE PITTSBURGH, PA 15224	25-0965292	501(C)(3)	18,031.				DONOR DESIGNATION PR
(12) DEPAUL SCHOOL FOR HEARING AND SPEECH 6202 ALDER STREET PITTSBURGH, PA 15206	25-0965321	501(C)(3)	12,590.				DONOR DESIGNATION PR

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(1) FAMILY SERVICES OF WESTERN PA 3230 WILLIAM PITT WAY PITTSBURGH, PA 15238	25-0965341	501(C)(3)	33,711.				DONOR DESIGNATION PR
(2) UNITED WAY OF THE LAUREL HIGHLANDS, INC. 422 MAIN STREET JOHNSTOWN, PA 15901	25-0965383	501(C)(3)	29,999.				DONOR DESIGNATION PR
(3) SARAH HEINZ HOUSE ASSOCIATION ONE HEINZ STREET PITTSBURGH, PA 15212	25-0965390	501(C)(3)	21,087.				DONOR DESIGNATION PR
(4) HEINZ HISTORY CENTER 1212 SMALLMAN STREET PITTSBURGH, PA 15222	25-0965391	501(C)(3)	14,204.				DONOR DESIGNATION PR
(5) JEWISH FAMILY AND COMMUNITY SERVICES 5743 BARTLETT STREET PITTSBURGH, PA 15217	25-0965407	501(C)(3)	16,439.				DONOR DESIGNATION PR
(6) UPMC- MERCY HOSPITAL PITTSBURGH 3600 FORBES AVENUE PITTSBURGH, PA 15213	25-0965429	501(C)(3)	7,424.				DONOR DESIGNATION PR
(7) PITTSBURGH FOUNDATION/SARAH HRIVNAK 5 PPG PLACE PITTSBURGH, PA 15222	25-0965466	501(C)(3)	38,763.				DONOR DESIGNATION PR
(8) ACTION-HOUSING, INC. 425 SIXTH AVENUE PITTSBURGH, PA 15219	25-0965469	501(C)(3)	9,540.				DONOR DESIGNATION PR
(9) PLANNED PARENTHOOD WOMENS HEALTH SERVICE 933 PENN AVENUE PITTSBURGH, PA 15222	25-0965474	501(C)(3)	69,438.				DONOR DESIGNATION PR
(10) UPMC FORBES TOWER PITTSBURGH, PA 15213	25-0965480	501(C)(3)	39,729.				DONOR DESIGNATION PR
(11) UNIVERSITY OF PITTSBURGH 5150 CENTRE AVENUE PITTSBURGH, PA 15232	25-0965591	501(C)(3)	138,560.				DONOR DESIGNATION PR
(12) URBAN LEAGUE OF PITTSBURGH, INC. - SECA 610 WOOD STREET PITTSBURGH, PA 15222	25-0965592	501(C)(3)	23,701.				DONOR DESIGNATION PR

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(1) WESTERN PA HUMANE SOCIETY 1101 WESTERN AVENUE PITTSBURGH, PA 15233	25-0965608	501(C)(3)	68,684.				DONOR DESIGNATION PR
(2) YWCA OF GREATER PITTSBURGH 305 WOOD STREET PITTSBURGH, PA 15222	25-0965639	501(C)(3)	10,271.				DONOR DESIGNATION PR
(3) VINCENTIAN HOME 111 PERRYMONT ROAD PITTSBURGH, PA 15237	25-0966629	501(C)(3)	5,743.				DONOR DESIGNATION PR
(4) UPMC, SHADYSIDE HOSPITAL/SENIOR CARE 1251 WATERFRONT PL PITTSBURGH, PA 15222	25-0969485	501(C)(3)	12,507.				DONOR DESIGNATION PR
(5) ALLEGHENY SINGER RESEARCH 4818 LIBERTY AVENUE PITTSBURGH, PA 15224	25-0969492	501(C)(3)	8,910.				DONOR DESIGNATION PR
(6) YMCA OF GREATER PITTSBURGH 420 FT. DUQUESNE BLVD PITTSBURGH, PA 15222	25-0969497	501(C)(3)	71,082.				DONOR DESIGNATION PR
(7) LITTLE SISTERS OF THE POOR 1028 BENTON AVENUE PITTSBURGH, PA 15212	25-0974310	501(C)(3)	89,888.				DONOR DESIGNATION PR
(8) CENTER FOR HEARING & DEAF SERVICES, INC 1945 FIFTH AVENUE PITTSBURGH, PA 15219	25-0974324	501(C)(3)	9,855.				DONOR DESIGNATION PR
(9) TRINITY EVANGELICAL LUTHERAN CHURCH LATROBE 331 WELDON STREET LATROBE, PA 15650	25-0979382	501(C)(3)	7,250.				DONOR DESIGNATION PR
(10) SEWICKLEY VALLEY YMCA 625 BLACKBURN ROAD SEWICKLEY, PA 15143	25-0979384	501(C)(3)	16,370.				DONOR DESIGNATION PR
(11) MORAINES TRAILS COUNCIL, BOY SCOUTS AMERICA 830 MORTON AVENUE EXT. BUTLER, PA 16001	25-0981518	501(C)(3)	5,182.				DONOR DESIGNATION PR
(12) JUNIOR ACHIEVEMENT OF WESTERN PA 90 EMERSON LANE BRIDGEVILLE, PA 15017	25-0983059	501(C)(3)	31,997.				DONOR DESIGNATION PR

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(1) KIDSVOICE 437 GRANT STREET PITTSBURGH, PA 15219	25-0983060	501(C)(3)	61,733.				DONOR DESIGNATION PR
(2) HOLY FAMILY INSTITUTE 8235 OHIO RIVER BLVD PITTSBURGH, PA 15202	25-0984606	501(C)(3)	81,660.				DONOR DESIGNATION PR
(3) ST. ANTHONY SCHOOL PROGRAMS 2000 CORPORATE DRIVE WEXFORD, PA 15090	25-0986055	501(C)(3)	15,371.				DONOR DESIGNATION PR
(4) UNITED WAY OF LAWRENCE COUNTY 223 NORTH MERCER ST NEW CASTLE, PA 16101	25-0987221	501(C)(3)	11,504.				DONOR DESIGNATION PR
(5) MULTIPLE SCLEROSIS SRVC SOCIETY DIVISION 1400 S BRADDOCK AVE PITTSBURGH, PA 15218	25-0987252	501(C)(3)	17,951.				DONOR DESIGNATION PR
(6) WQED/MULTIMEDIA PROGRAMMING 4802 FIFTH AVENUE PITTSBURGH, PA 15213	25-1010296	501(C)(3)	6,254.				DONOR DESIGNATION PR
(7) UNITED JEWISH FED HOLOCAUST CENTER 2000 TECHNOLOGY DRIVE PITTSBURGH, PA 15219	25-1017602	501(C)(3)	272,617.				DONOR DESIGNATION PR
(8) CITY MUSIC CENTER/DUQUESNE UNIVERSITY 600 FORBES AVENUE PITTSBURGH, PA 15282	25-1035663	501(C)(3)	21,735.				DONOR DESIGNATION PR
(9) UNITED WAY OF MERCER COUNTY (PA) 493 S HERMITAGE ROAD HERMITAGE, PA 16148	25-1039297	501(C)(3)	23,084.				DONOR DESIGNATION PR
(10) WASHINGTON CITY MISSION 84 W. WHEELING STREET WASHINGTON, PA 15301	25-1051749	501(C)(3)	23,585.				DONOR DESIGNATION PR
(11) UNITED WAY OF ERIE COUNTY (PA) - HEALTH 420 WEST SIXTH STREET ERIE, PA 16507	25-1053091	501(C)(3)	109,120.				DONOR DESIGNATION PR
(12) WPA CONSERVANCY/COMMUNITY CONSERVATION 800 WATERFRONT DRIVE PITTSBURGH, PA 15222	25-1053485	501(C)(3)	5,262.				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) 2020

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2020

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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

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

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1 (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) LIGHT OF LIFE MINISTRIES, INC. 10 EAST NORTH AVENUE PITTSBURGH, PA 15212	25-1056389	501(C)(3)	86,648.				DONOR DESIGNATION PR
(2) UNITED WAY OF BEAVER COUNTY 3582 BRODHEAD ROAD MONACA, PA 15061	25-1086798	501(C)(3)	63,921.				DONOR DESIGNATION PR
(3) UNITED WAY OF ARMSTRONG COUNTY 705 BUTLER ROAD KITTANNING, PA 16201	25-1086801	501(C)(3)	11,098.				DONOR DESIGNATION PR
(4) UNITED WAY OF INDIANA COUNTY 982 PHILADELPHIA STREET INDIANA, PA 15701	25-1088186	501(C)(3)	8,257.				DONOR DESIGNATION PR
(5) JEWISH COMMUNITY CENTER 5738 FORBES AVENUE PITTSBURGH, PA 15217	25-1094514	501(C)(3)	9,722.				DONOR DESIGNATION PR
(6) WESTERN PENNSYLVANIA SCHOOL FOR BLIND 201 N. BELLEFIELD AVE PITTSBURGH, PA 15213	25-1095385	501(C)(3)	22,904.				DONOR DESIGNATION PR
(7) VARIETY THE CHILDREN'S CHARITY 11279 PERRY HIGHWAY WEXFORD, PA 15090	25-1098099	501(C)(3)	22,857.				DONOR DESIGNATION PR
(8) UNITED WAY OF MON VALLEY 304 CHAMBER PLAZA CHARLEROI, PA 15022	25-1098320	501(C)(3)	15,522.				DONOR DESIGNATION PR
(9) NORTHSIDE COMMON MINISTRIES 118 52ND STREET PITTSBURGH, PA 15201	25-1098928	501(C)(3)	17,164.				DONOR DESIGNATION PR
(10) MARIAN MANOR CORPORATION 2695 WINCHESTER DRIVE PITTSBURGH, PA 15220	25-1123606	501(C)(3)	8,283.				DONOR DESIGNATION PR
(11) GIRL SCOUTS WESTERN PA 30 ISABELLA STREET PITTSBURGH, PA 15212	25-1126094	501(C)(3)	23,803.				DONOR DESIGNATION PR
(12) FAMILY GUIDANCE, INC. 307 DUFF ROAD SEWICKLEY, PA 15143	25-1128116	501(C)(3)	8,462.				DONOR DESIGNATION PR

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(1) NEIGHBORHOOD LEGAL SERVICE 928 PENN AVENUE PITTSBURGH, PA 15222	25-1157129	501(C)(3)	23,211.				DONOR DESIGNATION PR
(2) FAYETTE COUNTY COMMUNITY ACTION AGENCY 137 NORTH BEESON AVENUE UNIONTOWN, PA 15401	25-1180898	501(C)(3)	7,330.				DONOR DESIGNATION PR
(3) ANCHORPOINT COUNSELING MINISTRY, INC. 802 MCKNIGHT PARK DR PITTSBURGH, PA 15237	25-1196957	501(C)(3)	23,203.				DONOR DESIGNATION PR
(4) GATEWAY REHABILITATION CENTER MOFFET RUN ROAD ALIQUIPPA, PA 15001	25-1204418	501(C)(3)	14,869.				DONOR DESIGNATION PR
(5) THREE RIVERS YOUTH 6117 BROAD STREET PITTSBURGH, PA 15206	25-1206924	501(C)(3)	5,332.				DONOR DESIGNATION PR
(6) BOYS AND GIRLS CLUB OF WESTERN PA 5432 BUTLER STREET PITTSBURGH, PA 15201	25-1206970	501(C)(3)	42,431.				DONOR DESIGNATION PR
(7) SOUTH HILLS INTERFAITH MINISTRIES 5301 PARK AVENUE BETHEL PARK, PA 15102	25-1213332	501(C)(3)	27,378.				DONOR DESIGNATION PR
(8) CENTRE COUNTY UNITED WAY 2790 W. COLLEGE AVE STATE COLLEGE, PA 16801	25-1215290	501(C)(3)	5,499.				DONOR DESIGNATION PR
(9) MAINSTAY LIFE SERVICES 200 ROESSLER ROAD PITTSBURGH, PA 15220	25-1215557	501(C)(3)	7,126.				DONOR DESIGNATION PR
(10) COALITION FOR CHRISTIAN OUTREACH 5912 PENN AVENUE PITTSBURGH, PA 15206	25-1216330	501(C)(3)	29,464.				DONOR DESIGNATION PR
(11) UNITED WAY OF VENANGO COUNTY, INC. PO BOX 303 RENO, PA 16343	25-1219187	501(C)(3)	9,650.				DONOR DESIGNATION PR
(12) PERSAD CENTER INC/AIDS FUND DRIVE 5150 PENN AVENUE PITTSBURGH, PA 15224	25-1234680	501(C)(3)	18,504.				DONOR DESIGNATION PR

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(1) PITTSBURGH ACTION AGAINST RAPE - SECA 81 SOUTH 19TH STREET PITTSBURGH, PA 15203	25-1253675	501(C)(3)	11,124.				DONOR DESIGNATION PR
(2) WOMEN'S CENTER AND SHELTER OF GREATER P. O. BOX 9024 PITTSBURGH, PA 15224	25-1264376	501(C)(3)	113,752.				DONOR DESIGNATION PR
(3) SHADYSIDE HOSP FDT/HILLMAN CANCER CTR., 532 S. AIKEN AVENUE PITTSBURGH, PA 15232	25-1290546	501(C)(3)	52,384.				DONOR DESIGNATION PR
(4) THE PROGRAM FOR OFFENDERS, INC. 100 NORTH BRADDOCK AVE PITTSBURGH, PA 15208	25-1296999	501(C)(3)	5,996.				DONOR DESIGNATION PR
(5) CRANBERRY PUBLIC LIBRARY/COMM SRVCS 2525 RCHSTR RD CRANBERRY TOWNSHIP, PA 16066	25-1305780	501(C)(3)	5,446.				DONOR DESIGNATION PR
(6) GENESIS OF PITTSBURGH, INC. P. O. BOX 41017 PITTSBURGH, PA 15202	25-1306977	501(C)(3)	10,603.				DONOR DESIGNATION PR
(7) LIFELINE OF SWPA/CRANBERRY 239 FOURTH AVENUE PITTSBURGH, PA 15222	25-1317150	501(C)(3)	5,900.				DONOR DESIGNATION PR
(8) RONALD MCDONALD HOUSE CHARITIES PITTSBURGH 451 44TH STREET PITTSBURGH, PA 15201	25-1320272	501(C)(3)	10,971.				DONOR DESIGNATION PR
(9) CATHOLIC CHARITIES DIOCESE OF PITTSBURGH 212 NINTH STREET PITTSBURGH, PA 15222	25-1326213	501(C)(3)	270,729.				DONOR DESIGNATION PR
(10) PROVIDENCE HEIGHTS ALPHA SCHOOL 9000 BABCOCK BLVD ALLISON PARK, PA 15101	25-1331152	501(C)(3)	5,207.				DONOR DESIGNATION PR
(11) WOMENS CENTER OF BEAVER CTY P. O. BOX 428 BEAVER, PA 15009	25-1338317	501(C)(3)	9,236.				DONOR DESIGNATION PR
(12) BLACKBURN CNTR AGNST DOMESTIC & SEXUAL VLNC PO BOX 398 GREENSBURG, PA 15601	25-1339836	501(C)(3)	13,605.				DONOR DESIGNATION PR

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(1) PAULINE AUBERLE FOUNDATION 1101 HARTMAN STREET MCKEESPORT, PA 15132	25-1344183	501(C)(3)	17,314.				DONOR DESIGNATION PR
(2) PITTSBURGH LEADERSHIP FOUNDATION 100 ROSS STREET PITTSBURGH, PA 15219	25-1345815	501(C)(3)	11,274.				DONOR DESIGNATION PR
(3) CHILDREN'S MUSEUM OF PITTSBURGH TEN CHILDREN'S WAY PITTSBURGH, PA 15212	25-1379704	501(C)(3)	39,372.				DONOR DESIGNATION PR
(4) ALLEGHENY COUNTY BAR FOUNDATION 436 SEVENTH AVENUE PITTSBURGH, PA 15219	25-1383622	501(C)(3)	5,365.				DONOR DESIGNATION PR
(5) GREENE COUNTY UNITED WAY 748 EAST HIGH STREET WAYNESBURG, PA 15370	25-1383659	501(C)(3)	6,941.				DONOR DESIGNATION PR
(6) NORTH WAY CHRISTIAN COMMUNITY/FOOD 12121 PERRY HIGHWAY WEXFORD, PA 15090	25-1392339	501(C)(3)	15,636.				DONOR DESIGNATION PR
(7) GREATER PITTSBURGH LITERACY COUNCIL 100 SHERIDAN SQUARE PITTSBURGH, PA 15206	25-1392652	501(C)(3)	15,489.				DONOR DESIGNATION PR
(8) AMACHI PITTSBURGH 603 STANWIX STREET PITTSBURGH, PA 15222	25-1393426	501(C)(3)	27,045.				DONOR DESIGNATION PR
(9) OUTREACH TEEN AND FAMILY SERVICES INC 666 WASHINGTON ROAD PITTSBURGH, PA 15228	25-1402188	501(C)(3)	9,530.				DONOR DESIGNATION PR
(10) ST CLAIR HOSPITAL 1000 BOWER HILL ROAD PITTSBURGH, PA 15243	25-1407399	501(C)(3)	12,527.				DONOR DESIGNATION PR
(11) PASSAVANT HOSPITAL FOUNDATION, UPMC 9100 BABCOCK BOULEVARD PITTSBURGH, PA 15237	25-1407815	501(C)(3)	30,645.				DONOR DESIGNATION PR
(12) PITTSBURGH ZOO HEAD START LIFE SCIENCE ONE WILD PLACE PITTSBURGH, PA 15206	25-1418766	501(C)(3)	6,714.				DONOR DESIGNATION PR

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(1) GREATER PITTSBURGH COMMUNITY FOOD BANK ONE NORTH LINDEN STREET DUQUESNE, PA 15110	25-1420599	501(C)(3)	209,328.				DONOR DESIGNATION PR
(2) WESTMORELAND COUNTY FOOD BANK, INC. 100 DEVONSHIRE DRIVE DELMONT, PA 15626	25-1422682	501(C)(3)	46,613.				DONOR DESIGNATION PR
(3) MON VALLEY UNEMPLOYED COMMITTEE 338 E 9TH AVENUE HOMESTEAD, PA 15120	25-1422887	501(C)(3)	55,957.				DONOR DESIGNATION PR
(4) UPMC THOMAS E. STARZL TRANSPLANT 3600 FORBES AVE PITTSBURGH, PA 15213	25-1423657	501(C)(3)	100,793.				DONOR DESIGNATION PR
(5) VETERANS LEADERSHIP PROGRAM OF WESTERN PA 2417 EAST CARSON ST PITTSBURGH, PA 15203	25-1434643	501(C)(3)	17,667.				DONOR DESIGNATION PR
(6) BETHLEHEM HAVEN, INC. 905 WATSON STREET PITTSBURGH, PA 15219	25-1436685	501(C)(3)	44,412.				DONOR DESIGNATION PR
(7) FOX CENTER FOR VISION RESTORATION 203 LOTHROP STREET PITTSBURGH, PA 15213	25-1439732	501(C)(3)	26,471.				DONOR DESIGNATION PR
(8) LAURI ANN WEST COMMUNITY CENTER 1220 POWERS RUN ROAD PITTSBURGH, PA 15238	25-1442274	501(C)(3)	5,151.				DONOR DESIGNATION PR
(9) ANGELS' PLACE, INC. SWISSVALE 2615 NORWOOD AVENUE PITTSBURGH, PA 15214	25-1450489	501(C)(3)	28,315.				DONOR DESIGNATION PR
(10) PINE SPRINGS CAMP 371 PINE SPGS CAMP RD JENNERSTOWN, PA 15547	25-1461213	501(C)(3)	6,069.				DONOR DESIGNATION PR
(11) MAGEE-WOMENS FOUNDATION 300 HALKET STREET PITTSBURGH, PA 15213	25-1462312	501(C)(3)	54,319.				DONOR DESIGNATION PR
(12) NORTH HILLS FOOD BANK 845 PERRY HIGHWAY PITTSBURGH, PA 15229	25-1463532	501(C)(3)	7,206.				DONOR DESIGNATION PR

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(1) MAKE-A-WISH FOUNDATION OF GREATER PA & S WV 707 GRANT ST PITTSBURGH, PA 15219	25-1464177	501(C)(3)	55,218.				DONOR DESIGNATION PR
(2) MERCY FOUNDATION/OPERATION SAFETY NET 101 BRADFORD ROAD WEXFORD, PA 15090	25-1464211	501(C)(3)	15,004.				DONOR DESIGNATION PR
(3) THE PITTSBURGH CULTURAL TRUST 803 LIBERTY AVENUE PITTSBURGH, PA 15222	25-1469002	501(C)(3)	16,002.				DONOR DESIGNATION PR
(4) GAY AND LESBIAN COMMUNITY CENTER 210 GRANT STREET PITTSBURGH, PA 15219	25-1469855	501(C)(3)	5,849.				DONOR DESIGNATION PR
(5) WEST PENN HOSPITAL-NICU-WPAHS 4818 LIBERTY AVENUE PITTSBURGH, PA 15224	25-1470766	501(C)(3)	7,266.				DONOR DESIGNATION PR
(6) YOUTH FOR CHRIST CAMPUS LIFE/METRO PGH. 6314 LIBRARY ROAD LIBRARY, PA 15129	25-1476054	501(C)(3)	10,754.				DONOR DESIGNATION PR
(7) RAINBOW KITCHEN/COMMUNITY SERVICES 135 EAST NINTH AVENUE HOMESTEAD, PA 15120	25-1476536	501(C)(3)	5,431.				DONOR DESIGNATION PR
(8) NAMI KEYSTONE PA 105 BRAUNLICH DRIVE PITTSBURGH, PA 15237	25-1477291	501(C)(3)	6,372.				DONOR DESIGNATION PR
(9) CLOVERLEAF AREA ECUMENCIAL GROVE PLACE PITTSBURGH, PA 15236	25-1483771	501(C)(3)	5,897.				DONOR DESIGNATION PR
(10) WOMEN'S CHOICE NETWORK 1000 BROOKTREE ROAD WEXFORD, PA 15090	25-1485574	501(C)(3)	8,082.				DONOR DESIGNATION PR
(11) PHIPPS CONSERVATORY 1059 SHADY AVENUE PITTSBURGH, PA 15232	25-1492587	501(C)(3)	10,310.				DONOR DESIGNATION PR
(12) HIGHMARK CARING FOUNDATION 501 PENN AVENUE PITTSBURGH, PA 15222	25-1494238	501(C)(3)	19,341.				DONOR DESIGNATION PR

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(1) ACHIEVA 711 BINGHAM STREET PITTSBURGH, PA 15203	25-1505216	501(C)(3)	66,350.				DONOR DESIGNATION PR
(2) FAMILY HOUSE OF PITTSBURGH 5501 BAUM BLVD PITTSBURGH, PA 15213	25-1519959	501(C)(3)	32,101.				DONOR DESIGNATION PR
(3) ST. MARGARET FOUNDATION 815 FREEPORT ROAD PITTSBURGH, PA 15215	25-1520340	501(C)(3)	18,309.				DONOR DESIGNATION PR
(4) DOMESTIC VIOLENCE SERVICES OF SW PA 308 EAST MAIDEN STREET WASHINGTON, PA 15301	25-1521327	501(C)(3)	7,230.				DONOR DESIGNATION PR
(5) FAMILY HOSPICE AND PALLIATIVE CARE 50 MOFFETT STREET PITTSBURGH, PA 15243	25-1529649	501(C)(3)	8,548.				DONOR DESIGNATION PR
(6) HABITAT FOR HUMANITY GREATER PITTSBURGH 212 YOST BLVD PITTSBURGH, PA 15221-4818	25-1529652	501(C)(3)	7,470.				DONOR DESIGNATION PR
(7) PITTSBURGH AIDS TASK FORCE 5913 PENN AVENUE PITTSBURGH, PA 15206-3818	25-1537128	501(C)(3)	10,860.				DONOR DESIGNATION PR
(8) LIGHTHOUSE FOUNDATION (THE) P. O. BOX 366 BAKERSTOWN, PA 15007	25-1547324	501(C)(3)	15,671.				DONOR DESIGNATION PR
(9) ST. VINCENT DE PAUL SOCIETY OF BUTLER 1243 NORTH FRANKLIN ST PITTSBURGH, PA 15233	25-1549926	501(C)(3)	16,255.				DONOR DESIGNATION PR
(10) NORTH HILLS COMMUNITY OUTREACH, INC. 1975 FERGUSON ROAD ALLISON PARK, PA 15101	25-1553057	501(C)(3)	45,031.				DONOR DESIGNATION PR
(11) READING IS FUNDAMENTAL/PITTSBURGH 10 CHILDREN'S WAY PITTSBURGH, PA 15212	25-1558336	501(C)(3)	16,766.				DONOR DESIGNATION PR
(12) WATSON INSTITUTE (THE) 301 CAMPMEETING ROAD SEWICKLEY, PA 15143	25-1561504	501(C)(3)	38,520.				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) 2020

**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

2020

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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) UNITED WAY OF BEDFORD COUNTY 127 S. JULIANA STREET BEDFORD, PA 15522	25-1583419	501(C)(3)	6,689.				DONOR DESIGNATION PR
(2) THE PITTSBURGH PROJECT 2801 NORTH CHARLES ST PITTSBURGH, PA 15214	25-1594578	501(C)(3)	12,704.				DONOR DESIGNATION PR
(3) NORTH ALLEGHENY FOUNDATION 200 HILLVUE LANE PITTSBURGH, PA 15237	25-1595781	501(C)(3)	5,736.				DONOR DESIGNATION PR
(4) NORTH HILLS AFFORDABLE HOUSING, INC. 4540 PERRYVILLE AVE PITTSBURGH, PA 15229	25-1605139	501(C)(3)	14,941.				DONOR DESIGNATION PR
(5) EXTRA MILE EDUCATION FOUNDATION 603 STANWIX STREET PITTSBURGH, PA 15222	25-1621067	501(C)(3)	51,668.				DONOR DESIGNATION PR
(6) CHURCH ARMY USA/SOCIAL SERVICES 380 FRANKLIN AVENUE ALIQUIPPA, PA 15001	25-1624453	501(C)(3)	5,056.				DONOR DESIGNATION PR
(7) GIRLS HOPE OF PITTSBURGH, INC. 1020 STATE STREET BADEN, PA 15005	25-1625524	501(C)(3)	18,594.				DONOR DESIGNATION PR
(8) IRELAND INSTITUTE OF PITTSBURGH 239 FOURTH AVENUE PITTSBURGH, PA 15222	25-1626106	501(C)(3)	9,893.				DONOR DESIGNATION PR
(9) HOSANNA INDUSTRIES INC 109 RINARD LANE ROCHESTER, PA 15074	25-1626784	501(C)(3)	8,947.				DONOR DESIGNATION PR
(10) HOSANNA HOUSE, INC. 807 WALLANCE AVENUE PITTSBURGH, PA 15221	25-1627718	501(C)(3)	5,322.				DONOR DESIGNATION PR
(11) MT. ARARAT COMMUNITY ACTIVITY CENTER 271 PAULSON AVENUE PITTSBURGH, PA 15206	25-1628168	501(C)(3)	8,686.				DONOR DESIGNATION PR
(12) EMMAUS COMMUNITY/PITTSBURGH INC 2821 SARAH STREET PITTSBURGH, PA 15203	25-1639506	501(C)(3)	5,171.				DONOR DESIGNATION PR

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(1) POWER (PA ORG FOR WOMEN IN EARLY 7501 PENN AVENUE PITTSBURGH, PA 15208	25-1643651	501(C)(3)	12,624.				DONOR DESIGNATION PR
(2) BIG BROTHERS BIG SISTERS OF BEAVER 1475 THIRD AVENUE NEW BRIGHTON, PA 15066	25-1643665	501(C)(3)	5,732.				DONOR DESIGNATION PR
(3) COMMUNITY FOUNDATION OF WESTMORELAND COUNTY 135 CLELIAN HEIGHTS LN GREENSBURG, PA 15601	25-1647865	501(C)(3)	6,105.				DONOR DESIGNATION PR
(4) HUMANE SOCIETY OF WESTMORELAND COUNTY RTE 119N, PO BOX 1552 GREENSBURG, PA 15601	25-1650554	501(C)(3)	8,439.				DONOR DESIGNATION PR
(5) PRESSLEY RIDGE 5500 CORPORATE DRIVE PITTSBURGH, PA 15237	25-1653944	501(C)(3)	9,850.				DONOR DESIGNATION PR
(6) PARENTS FAMILIES AND FRIENDS OF PO BOX 5406 PITTSBURGH, PA 15206	25-1664862	501(C)(3)	5,778.				DONOR DESIGNATION PR
(7) LIFESTEPS, INC. 383 NEW CASTLE ROAD BUTLER, PA 16001	25-1665243	501(C)(3)	8,578.				DONOR DESIGNATION PR
(8) NATIONAL AVIARY ALLEGHENY COMMONS WEST PITTSBURGH, PA 15212	25-1667146	501(C)(3)	6,086.				DONOR DESIGNATION PR
(9) MCGUIRE MEMORIAL HOME 2119 MERCER ROAD NEW BRIGHTON, PA 15066	25-1687137	501(C)(3)	23,521.				DONOR DESIGNATION PR
(10) HOLY FAMILY INSTITUTE FOUNDATION (THE) 8235 OHIO RIVER BLVD PITTSBURGH, PA 15202	25-1688439	501(C)(3)	47,404.				DONOR DESIGNATION PR
(11) REBUILDING TOGETHER PITTSBURGH 7800 SUSQUEHANNA ST PITTSBURGH, PA 15208	25-1696634	501(C)(3)	7,955.				DONOR DESIGNATION PR
(12) PITTSBURGH CARES 3505 BUTLER ST PITTSBURGH, PA 15201	25-1702048	501(C)(3)	6,229.				DONOR DESIGNATION PR

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(1) MARIO LEMIEUX FOUNDATION 816 FIFTH AVENUE PITTSBURGH, PA 15219	25-1708231	501(C)(3)	27,712.				DONOR DESIGNATION PR
(2) FUND ADVANCEMENT OF MINORITIES THROUGH 6031 BROAD STREET PITTSBURGH, PA 15206	25-1717655	501(C)(3)	52,864.				DONOR DESIGNATION PR
(3) JEWISH ASSOCIATION ON AGING 300 J H F DRIVE PITTSBURGH, PA 15217	25-1720606	501(C)(3)	8,051.				DONOR DESIGNATION PR
(4) SISTERS PLACE, INC. 418 MITCHELL AVENUE CLAIRTON, PA 15025	25-1728330	501(C)(3)	12,883.				DONOR DESIGNATION PR
(5) PINE-RICHLAND OPPORTUNITIES FUND 702 WARRENDALE ROAD GIBSONIA, PA 15044	25-1732737	501(C)(3)	6,911.				DONOR DESIGNATION PR
(6) CASA PROGRAM/ALLEGHENY COUNTY 564 FORBES AVENUE PITTSBURGH, PA 15219	25-1735360	501(C)(3)	6,020.				DONOR DESIGNATION PR
(7) URBAN IMPACT FOUNDATION 801 UNION PLACE PITTSBURGH, PA 15212	25-1752269	501(C)(3)	47,664.				DONOR DESIGNATION PR
(8) SISTERS OF ST JOSEPH FOSTER CARE 1020 STATE STREET BADEN, PA 15005	25-1753409	501(C)(3)	7,065.				DONOR DESIGNATION PR
(9) A.B.O.A.R.D. 35 WILSON STREET PITTSBURGH, PA 15223	25-1760214	501(C)(3)	6,906.				DONOR DESIGNATION PR
(10) LEADERSHIP PITTSBURGH INC. 650 SMITHFIELD STREET PITTSBURGH, PA 15222	25-1767779	501(C)(3)	25,170.				DONOR DESIGNATION PR
(11) VETERANS PLACE OF WASHINGTON BOULEVARD 945 WASHINGTON BLVD PITTSBURGH, PA 15206	25-1787030	501(C)(3)	5,512.				DONOR DESIGNATION PR
(12) BLIND AND VISION REHABILITATION 1816 LOCUST STREET PITTSBURGH, PA 15219	25-1803195	501(C)(3)	14,046.				DONOR DESIGNATION PR

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(1) UPMC MERCY - REHABILITATION NETWORK 3600 FORBES AVENUE PITTSBURGH, PA 15213	25-1804746	501(C)(3)	5,568.				DONOR DESIGNATION PR
(2) IMANI CHRISTIAN ACADEMY 2150 EAST HILLS DRIVE PITTSBURGH, PA 15221	25-1816131	501(C)(3)	45,633.				DONOR DESIGNATION PR
(3) NEIGHBORHOOD ACADEMY (THE) 709 NORTH AIKEN AVE PITTSBURGH, PA 15206	25-1816609	501(C)(3)	31,891.				DONOR DESIGNATION PR
(4) WOODLANDS FOUNDATION - SECA 134 SHENOT ROAD WEXFORD, PA 15090	25-1818538	501(C)(3)	52,419.				DONOR DESIGNATION PR
(5) HOMELESS CHILDREN'S EDUCATION FUND 1901 CENTRE AVE PITTSBURGH, PA 15219	25-1820564	501(C)(3)	20,049.				DONOR DESIGNATION PR
(6) MANCHESTER - BIDWELL CORPORATION 1815 METROPOLITAN ST PITTSBURGH, PA 15233	25-1842945	501(C)(3)	23,415.				DONOR DESIGNATION PR
(7) MIDWIFE CENTER FOR BIRTH 2831 PENN AVENUE PITTSBURGH, PA 15222	25-1864282	501(C)(3)	6,424.				DONOR DESIGNATION PR
(8) CHILDREN'S HOSPITAL OF PITTSBURGH 1251 WATERFRONT PL PITTSBURGH, PA 15222	25-1865744	501(C)(3)	299,727.				DONOR DESIGNATION PR
(9) UPMC CANCER CENTERS 3600 FORBES AVENUE PITTSBURGH, PA 15232	25-1899326	501(C)(3)	21,345.				DONOR DESIGNATION PR
(10) CREATIVE VISION PROGRAM-CIVIC LIGHT 719 LIBERTY AVENUE PITTSBURGH, PA 15222	25-6000890	501(C)(3)	13,166.				DONOR DESIGNATION PR
(11) UNITED WAY OF WASHINGTON COUNTY 590 WASHINGTON ROAD WASHINGTON, PA 15301	25-6070133	501(C)(3)	87,550.				DONOR DESIGNATION PR
(12) BIG BROS AND SISTERS OF SWPA 5989 PENN CIRCLE SOUTH PITTSBURGH, PA 15206	25-6074707	501(C)(3)	43,401.				DONOR DESIGNATION PR

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(1) THE PITTSBURGH PROMISE 1901 CENTRE AVENUE PITTSBURGH, PA 15219	26-1982661	501(C)(3)	62,090.				DONOR DESIGNATION PR
(2) HUMAN COALITION 101 DRAKE ROAD PITTSBURGH, PA 15241	26-4099950	501(C)(3)	14,535.				DONOR DESIGNATION PR
(3) HOMEWOOD CHILDREN'S VILLAGE 801 N. HOMEWOOD AVENUE PITTSBURGH, PA 15208	27-1885583	501(C)(3)	59,521.				DONOR DESIGNATION PR
(4) MIRACLE LEAGUE OF THE SOUTH HILLS P.O. BOX 12614 PITTSBURGH, PA 15241	27-1981498	501(C)(3)	5,020.				DONOR DESIGNATION PR
(5) THE BLESSING BOARD 1392 FREY ROAD PITTSBURGH, PA 15235	27-2775566	501(C)(3)	10,967.				DONOR DESIGNATION PR
(6) ARTHRITIS FOUNDATION, NORTHEASTERN OHIO 790 HOLIDAY DRIVE PITTSBURGH, PA 15220	27-4014550	501(C)(3)	5,465.				DONOR DESIGNATION PR
(7) UNITED WAY OF METROPOLITAN CHICAGO 333 SOUTH WABASH AVENUE CHICAGO, IL 60604	30-0200478	501(C)(3)	76,124.				DONOR DESIGNATION PR
(8) ACH CLEAR PATHWAYS P.O. BOX 53091 PITTSBURGH, PA 15219	30-0609317	501(C)(3)	8,223.				DONOR DESIGNATION PR
(9) UNITED WAY OF THE GREATER DAYTON AREA 33 WEST 1ST ST, SUITE 500 DAYTON, OH 45402	31-0536658	501(C)(3)	31,623.				DONOR DESIGNATION PR
(10) UNITED WAY OF GREATER CINCINNATI 2400 READING ROAD CINCINNATI, OH 45202	31-0537502	501(C)(3)	76,734.				DONOR DESIGNATION PR
(11) SHELDON CALVARY CAMP 13 PRIDE STREET PITTSBURGH, PA 15219	31-1629166	501(C)(3)	12,440.				DONOR DESIGNATION PR
(12) UNITED WAY OF CENTRAL OHIO 360 SOUTH THIRD STREET COLUMBUS, OH 43215	31-4393712	501(C)(3)	70,159.				DONOR DESIGNATION PR

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(1) UNITED WAY COMMUNITY SERVICE/DELAWARE P.O. BOX 319 DELAWARE, OH 43015	31-4423899	501(C)(3)	9,341.				DONOR DESIGNATION PR
(2) CATHOLIC CHARITIES DIOCESE OF GREENSBURG 711 EAST PITTSBURGH ST GREENSBURG, PA 15601	32-0222403	501(C)(3)	30,157.				DONOR DESIGNATION PR
(3) YOUNGSTOWN/MAHONING VALLEY UNITED WAY 255 WATT STREET YOUNGSTOWN, OH 44505	34-0714598	501(C)(3)	24,740.				DONOR DESIGNATION PR
(4) UNITED WAY OF ASHTABULA COUNTY 2801 C COURT ASHTABULA, OH 44004	34-0846640	501(C)(3)	12,528.				DONOR DESIGNATION PR
(5) UNITED WAY OF GREATER LORAIN COUNTY 642 BROADWAY AVENUE LORAIN, OH 44052	34-1011104	501(C)(3)	23,707.				DONOR DESIGNATION PR
(6) UNITED WAY OF TRUMBULL COUNTY 3601 YOUNGSTOWN ROAD SE WARREN, OH 44484	34-1083629	501(C)(3)	7,163.				DONOR DESIGNATION PR
(7) UNITED WAY OF LAKE COUNTY INC. 9285 PROGRESS PARKWAY MENTOR, OH 44060	34-1105038	501(C)(3)	16,223.				DONOR DESIGNATION PR
(8) UNITED WAY OF SUMMIT & MEDINA 37 N. HIGH STREET AKRON, OH 44308	34-1169257	501(C)(3)	35,699.				DONOR DESIGNATION PR
(9) CATHOLIC CHARITIES OF GEAUGA COUNTY 602 SOUTH ST SUITE D-1 CHARDON, OH 44024	34-1318541	501(C)(3)	12,227.				DONOR DESIGNATION PR
(10) RAINBOW BABIES AND CHILDREN'S HOSPITAL 11100 EUCLID AVENUE CLEVELAND, OH 44106	34-1567805	501(C)(3)	6,451.				DONOR DESIGNATION PR
(11) UNITED WAY SERVICES OF GEAUGA COUNTY 209 CENTER STREET CHARDON, OH 44024	34-1873816	501(C)(3)	12,755.				DONOR DESIGNATION PR
(12) BEST OF BATCH FOUNDATION 2000 WEST STREET MUNHALL, PA 15120	34-1900914	501(C)(3)	38,261.				DONOR DESIGNATION PR

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(1) UNITED WAY OF GREATER TOLEDO 424 JACKSON STREET TOLEDO, OH 43604	34-4427947	501(C)(3)	15,675.				DONOR DESIGNATION PR
(2) 211 / FIRST CALL FOR HELP 1331 EUCLID AVENUE CLEVELAND, OH 44115	34-6516654	501(C)(3)	223,591.				DONOR DESIGNATION PR
(3) BROTHER'S BROTHER FOUNDATION (THE) 1200 GALVESTON AVENUE PITTSBURGH, PA 15233	34-6562544	501(C)(3)	7,211.				DONOR DESIGNATION PR
(4) UNITED WAY OF ALLEN COUNTY 334 E BERRY STREET FORT WAYNE, IN 46802	35-0867932	501(C)(3)	6,054.				DONOR DESIGNATION PR
(5) UNITED WAY OF GREATER LAFAYETTE AND 1114 E. STATE ST #200 LAFAYETTE, IN 47902	35-0891621	501(C)(3)	10,851.				DONOR DESIGNATION PR
(6) UNITED WAY OF CENTRAL INDIANA 3901 N MERIDIAN ST INDIANAPOLIS, IN 46208	35-1007590	501(C)(3)	75,130.				DONOR DESIGNATION PR
(7) ALLIES FOR CHILDREN 10 CHILDREN'S WAY PITTSBURGH, PA 15222	35-2191961	501(C)(3)	92,924.				DONOR DESIGNATION PR
(8) WESTERN PENNSYLVANIA DIAPER BANK 201 N. BRADDOCK AVENUE PITTSBURGH, PA 15208	35-2461923	501(C)(3)	6,028.				DONOR DESIGNATION PR
(9) UNITED WAY OF PORTER COUNTY 951 EASTPORT CENTER DR VALPARAISO, IN 46385	35-6006484	501(C)(3)	16,231.				DONOR DESIGNATION PR
(10) SHRINERS HOSPITAL FOR CHILDREN 1645 WEST EIGHTH STREET ERIE, PA 16505	36-2193608	501(C)(3)	13,801.				DONOR DESIGNATION PR
(11) UNITED WAY OF THE QUAD CITIES AREA 3247 EAST 35TH ST COURT DAVENPORT, IA 52807	36-2725960	501(C)(3)	96,476.				DONOR DESIGNATION PR
(12) HORIZONS FOR YOUTH 703 W. MONROE ST. CHICAGO, IL 60661	36-3796784	501(C)(3)	9,138.				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) 2020

**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

2020

**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

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) HEART OF ILLINOIS UNITED WAY 509 W. HIGH STREET PEORIA, IL 61606	37-0661504	501(C)(3)	18,704.				DONOR DESIGNATION PR
(2) GREATER KALAMAZOO UNITED WAY 709B SOUTH WESTNEDGE AV KALAMAZOO, MI 49007	38-1359193	501(C)(3)	37,233.				DONOR DESIGNATION PR
(3) HEART OF WEST MICHIGAN UNITED WAY 118 COMMERCE AVE SW GRAND RAPIDS, MI 49503	38-1360923	501(C)(3)	20,321.				DONOR DESIGNATION PR
(4) CAPITAL AREA UNITED WAY, INC. 330 MARSHALL ST LANSING, MI 48912	38-1363572	501(C)(3)	8,857.				DONOR DESIGNATION PR
(5) DOLLY PARTON - IMAGINATION LIBRARY 31 E. CLAY AVENUE MUSKEGON, MI 49442	38-1426895	501(C)(3)	46,905.				DONOR DESIGNATION PR
(6) UNITED WAY GREATER MILWAUKEE & WAUKESHA CTY 225 WEST VINE STREET MILWAUKEE, WI 53212	39-0806190	501(C)(3)	28,611.				DONOR DESIGNATION PR
(7) UNITED WAY OF NORTHEASTERN MINNESOTA 229 WEST LAKE STREET CHISHOLM, MN 55719	41-0908454	501(C)(3)	114,529.				DONOR DESIGNATION PR
(8) GREATER TWIN CITIES UNITED WAY 404 SOUTH EIGHTH ST MINNEAPOLIS, MN 55404	41-1973442	501(C)(3)	8,374.				DONOR DESIGNATION PR
(9) UNITED WAY OF GREATER ST. LOUIS 910 NORTH 11TH STREET ST. LOUIS, MO 63101	43-0714167	501(C)(3)	38,681.				DONOR DESIGNATION PR
(10) UNITED WAY OF GREATER KANSAS CITY 1080 WASHINGTON ST KANSAS CITY, MO 64105	44-0545812	501(C)(3)	15,580.				DONOR DESIGNATION PR
(11) JEREMIAH'S PLACE 6435 FRANKSTOWN AVENUE PITTSBURGH, PA 15206	45-1866754	501(C)(3)	6,011.				DONOR DESIGNATION PR
(12) ALLEGHENY HEALTH NETWORK 4818 LIBERTY AVENUE PITTSBURGH, PA 15224	45-3674924	501(C)(3)	140,944.				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) 2020

**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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Name of the organization

THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

Employer identification number

25-1043578

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BEVERLY'S BIRTHDAYS 9799 LAUREL AVE NORTH HUNTINGTON, PA 15642	45-4248006	501(C)(3)	38,152.				DONOR DESIGNATION PR
(2) ALLEGHENY HEALTH NETWORK 30 ISABELLA STREET PITTSBURGH, PA 15212	45-5784836	501(C)(3)	21,832.				DONOR DESIGNATION PR
(3) CASA SAN JOSE LATINO RESOURCE CENTER 2116 BROADWAY AVE PITTSBURGH, PA 15216	46-4729004	501(C)(3)	9,942.				DONOR DESIGNATION PR
(4) STEEL CITY SQUASH, INC. 140 TREES HALL PITTSBURGH, PA 15261	47-1601203	501(C)(3)	8,404.				DONOR DESIGNATION PR
(5) WILL ALLEN FOUNDATION PO BOX 15262 PITTSBURGH, PA 15237	47-2025476	501(C)(3)	6,600.				DONOR DESIGNATION PR
(6) 412 FOOD RESCUE 6022 BROAD STREET PITTSBURGH, PA 15206	47-3476140	501(C)(3)	21,054.				DONOR DESIGNATION PR
(7) CARLYNTON EDUCATION FOUNDATION 435 KINGS HIGHWAY CARNEGIE, PA 15106	47-3663798	501(C)(3)	13,763.				DONOR DESIGNATION PR
(8) UNITED WAY OF DELAWARE, INC. 625 ORANGE ST WILMINGTON, DE 19801	51-0073399	501(C)(3)	19,065.				DONOR DESIGNATION PR
(9) DANA'S ANGELS RESEARCH TRUST (DART) 15 EAST PUTNAM AVE GREENWICH, CT 06830	51-6528048	501(C)(3)	7,688.				DONOR DESIGNATION PR
(10) UNITED WAY OF CENTRAL MARYLAND, INC. 100 S. CHARLES ST. BALTIMORE, MD 21203	52-0591543	501(C)(3)	49,318.				DONOR DESIGNATION PR
(11) UNITED WAY OF FREDERICK COUNTY, INC. PO BOX 307 22 S. MKT ST FREDERICK, MD 21705	52-0607973	501(C)(3)	9,089.				DONOR DESIGNATION PR
(12) GLOBAL LINKS 4809 PENN AVENUE PITTSBURGH, PA 15224	52-1629060	501(C)(3)	8,719.				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) 2020

**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

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) UNITED WAY OF LOWER EASTERN SHORE 803 N SALISBURY BLVD SALISBURY, MD 21801	52-6016589	501(C)(3)	8,323.				DONOR DESIGNATION PR
(2) AMERICAN RED CROSS 225 BLVD OF THE ALLIES PITTSBURGH, PA 15222	53-0196605	501(C)(3)	61,995.				DONOR DESIGNATION PR
(3) SAINT MARY OF MERCY RED DOOR 111 BLVD OF THE ALLIES PITTSBURGH, PA 15222	53-0196617	501(C)(3)	13,611.				DONOR DESIGNATION PR
(4) UNITED WAY OF THE NATIONAL CAPITAL AREA SUITE 200 VIENNA, VA 22182	53-0234290	501(C)(3)	65,335.				DONOR DESIGNATION PR
(5) UNITED WAY OF CENTRAL CAROLINAS, INC. 301 SOUTH BREVARD ST CHARLOTTE, NC 28202	56-0529948	501(C)(3)	36,179.				DONOR DESIGNATION PR
(6) CAPE FEAR AREA UNITED WAY, INC. 5919 OLEANDER DRIVE WILMINGTON, NC 28403	56-0529949	501(C)(3)	9,345.				DONOR DESIGNATION PR
(7) ROCKY MOUNT AREA UNITED WAY 2501 SUNSET AVENUE ROCKY MOUNT, NC 27804	56-0611545	501(C)(3)	13,239.				DONOR DESIGNATION PR
(8) UNITED WAY OF THE GREATER TRIANGLE 2400 PERIMTR PARK DR MORRISVILLE, NC 27560	56-1949103	501(C)(3)	30,735.				DONOR DESIGNATION PR
(9) MISTY MEADOWS MITEY RIDERS 455 PROVIDENCE ROAD SOUTH WAXHAW, NC 28173	56-5045099	501(C)(3)	11,964.				DONOR DESIGNATION PR
(10) UNITED WAY OF THE PIEDMONT, INC. P.O. BOX 5624 SPARTANBURG, SC 29303	57-0314377	501(C)(3)	5,148.				DONOR DESIGNATION PR
(11) TRIDENT UNITED WAY PO BOX 63305 NORTH CHARLESTON, SC 29419	57-0314378	501(C)(3)	13,077.				DONOR DESIGNATION PR
(12) UNITED WAY OF THE MIDLANDS (SC) 1818 BLANDING STREET COLUMBIA, SC 29201	57-0314396	501(C)(3)	27,125.				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) 2020

**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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Name of the organization

THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

Employer identification number

25-1043578

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNITED WAY OF GREENVILLE COUNTY INC 105 EDINBURGH COURT GREENVILLE, SC 29607	57-0362066	501(C)(3)	5,122.				DONOR DESIGNATION PR
(2) UNITED WAY OF METROPOLITAN ATLANTA 100 EDGEWOOD AVENUE, NE ATLANTA, GA 30303	58-0566194	501(C)(3)	17,268.				DONOR DESIGNATION PR
(3) UNITED WAY OF RUTHERFORD & CANNON COUNTIES PO BOX 330056 MURFREESBORO, TN 37133	58-1341880	501(C)(3)	5,358.				DONOR DESIGNATION PR
(4) UNITED WAY OF NORTHEAST FLORIDA, INC. 40 E. ADAMS ST JACKSONVILLE, FL 32202	59-0637825	501(C)(3)	15,097.				DONOR DESIGNATION PR
(5) UNITED WAY OF PALM BEACH COUNTY (FL) 2600 QUANTUM BLVD BOYNTON BEACH, FL 33426	59-0683258	501(C)(3)	12,467.				DONOR DESIGNATION PR
(6) HEART OF FLORIDA UNITED WAY 1940 TRAYLOR BOULEVARD ORLANDO, FL 32804	59-0808854	501(C)(3)	5,037.				DONOR DESIGNATION PR
(7) UNITED WAY OF BREVARD COUNTY 1100 ROCKLEDGE BLVD ROCKLEDGE, FL 32955	59-0836384	501(C)(3)	8,591.				DONOR DESIGNATION PR
(8) UNITED WAY OF TAMPA BAY 5201 W. KENNEDY BLVD TAMPA, FL 33609	59-3725701	501(C)(3)	17,864.				DONOR DESIGNATION PR
(9) UNITED WAY OF THE BLUEGRASS 100 MIDLAND AVENUE LEXINGTON, KY 40508	61-0444679	501(C)(3)	7,367.				DONOR DESIGNATION PR
(10) METRO UNITED WAY PO BOX 4488 LOUISVILLE, KY 40204-0488	61-0444680	501(C)(3)	50,484.				DONOR DESIGNATION PR
(11) UNITED WAY OF HAMBLEN COUNTY PO BOX 1794 MORRISTOWN, TN 37816	62-0627919	501(C)(3)	22,173.				DONOR DESIGNATION PR
(12) ST. JUDE CHILDREN'S HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	45,640.				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) 2020

**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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Name of the organization

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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) UNITED WAY OF WASHINGTON COUNTY TN, INC. 1907 N ROAN ST. JOHNSON CITY, TN 37601	62-6001105	501(C)(3)	8,841.				DONOR DESIGNATION PR
(2) UNITED WAY OF CENTRAL ALABAMA, INC. P.O. BO 320189 BIRMINGHAM, AL 35232	63-0288846	501(C)(3)	42,674.				DONOR DESIGNATION PR
(3) CATHOLIC CHARITIES FREE HEALTH 212 NINTH STREET PITTSBURGH, PA 15222	65-1307739	501(C)(3)	18,657.				DONOR DESIGNATION PR
(4) UNITED WAY OF SOUTHEAST ARKANSAS PO BOX 8702 PINE BLUFF, AR 71611	71-0236869	501(C)(3)	6,333.				DONOR DESIGNATION PR
(5) CHRISTIAN LEGAL AID OF PITTSBURGH, INC. 801 UNION PLACE PITTSBURGH, PA 15212	71-0988357	501(C)(3)	20,542.				DONOR DESIGNATION PR
(6) UNITED WAY OF GREATER HOUSTON 50 WAUGH DRIVE HOUSTON, TX 77007	74-1167964	501(C)(3)	8,409.				DONOR DESIGNATION PR
(7) UNITED WAY OF METROPOLITAN TARRANT 1500 N MAIN ST FORT WORTH, TX 76164	75-0858360	501(C)(3)	14,811.				DONOR DESIGNATION PR
(8) NORTH TEXAS AREA UNITED WAY PO BOX 660 WICHITA FALLS, TX 76307	75-0950126	501(C)(3)	12,149.				DONOR DESIGNATION PR
(9) GWEN'S GIRLS 711 W COMMONS STREET PITTSBURGH, PA 15212	75-3114136	501(C)(3)	22,173.				DONOR DESIGNATION PR
(10) UNITED WAY OF METROPOLITAN DALLAS 1800 NORTH LAMAR STREET DALLAS, TX 75202	75-6005352	501(C)(3)	13,449.				DONOR DESIGNATION PR
(11) ANGLICAN DIOCESE OF PITTSBURGH NOVA TWR 1 ALLEGHNY SQ PITTSBURGH, PA 15212	76-0754677	501(C)(3)	5,777.				DONOR DESIGNATION PR
(12) SUSAN G. KOMEN 1133 S BRADDOCK AVE PITTSBURGH, PA 15218	81-0665396	501(C)(3)	8,584.				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) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) KNEAD COMMUNITY CAFE 1011 BARNES STREET NEW KENSINGTON, PA 15068	81-0705565	501(C)(3)	5,487.				DONOR DESIGNATION PR
(2) YOUNG LIFE OF ALLEGHENY VALLEY - PA 54 PO BOX 551 AMBRIDGE, PA 15003	84-0385934	501(C)(3)	5,516.				DONOR DESIGNATION PR
(3) MILE HIGH UNITED WAY 711 PARK AVENUE WEST DENVER, CO 80205	84-0404235	501(C)(3)	11,643.				DONOR DESIGNATION PR
(4) BRITE WELLNESS PROGRAM 201 S HIGHLAND AVE PITTSBURGH, PA 15206	84-2514354	501(C)(3)	8,800.				DONOR DESIGNATION PR
(5) MB FOUNDATION 13922 NORMADY CT SUGAR LAND, TX 77498	84-2955915	501(C)(3)	13,200.				DONOR DESIGNATION PR
(6) VALLEY OF THE SUN UNITED WAY 1515 EAST OSBORN ROAD PHOENIX, AZ 85014	86-0104419	501(C)(3)	7,476.				DONOR DESIGNATION PR
(7) THE EDUCATION PARTNERSHIP 281 CORLISS STREET PITTSBURGH, PA 15220	90-0438744	501(C)(3)	5,754.				DONOR DESIGNATION PR
(8) UNITED WAY, INC. OF GREATER LOS ANGELES 1150 S. OLIVE ST LOS ANGELES, CA 90015	95-2274801	501(C)(3)	5,424.				DONOR DESIGNATION PR
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 416.

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) 2020

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.

PART I, LINE 2:

UNITED WAY OF SOUTHWESTERN PENNSYLVANIA HAS STAFF ASSIGNED TO PROVIDE OVERSIGHT FOR GRANTS TO PARTNER AGENCIES WITHIN THEIR FOCUS AREA. STAFF WORKING WITH TRAINED VOLUNTEERS REVIEW ANNUAL REPORTS FROM THE AGENCIES TO ASSURE THEY MEET UNITED WAY OF SOUTHWESTERN PENNSYLVANIA GUIDELINES. GRANTS ARE UP FOR COMPETITIVE REVIEW EVERY THREE YEARS. PRE-GRANT DUE DILIGENCE IS DONE FOR ORGANIZATIONS RECEIVING DONOR DESIGNATED CONTRIBUTIONS TO VERIFY THEY ARE 100% COMPLIANT WITH IRS REGULATIONS FOR CHARITABLE STATUS. THE VERIFICATION INCLUDES THAT (1) THE AGENCY IS IN COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT AND (2) THE AGENCY IS

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.

AN IRS CODE SECTION 501(C)(3) NON-PROFIT ORGANIZATION.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2020

**Open to Public
Inspection**

Name of the organization

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 checked="" type="checkbox"/> Written employment contract |
| <input 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) 2020

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 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, PH.D. PRESIDENT & CEO	(i)	247,150.	0.	0.	30,138.	16,492.	293,780.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 LEONARD E. HAWKINS CFO & TREASURER	(i)	141,860.	0.	0.	10,945.	10,826.	163,631.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 LINDA A. JONES SECRETARY & SR. VP COMM. PHIL.	(i)	152,115.	0.	0.	14,832.	2,262.	169,209.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 JULIE DESEYN CHIEF PROGRAM & POLICY OFFICER	(i)	127,945.	0.	0.	10,377.	19,883.	158,205.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 TRACY GROSS CHIEF MARKETING OFFICER	(i)	127,750.	0.	0.	6,635.	19,866.	154,251.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6	(i)							
	(ii)							
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)							

Part III Supplemental Information

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

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ 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.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

Employer identification number

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	77.	1,378,058.	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) 2020

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.

PART I, LINE 9, COLUMN (B):

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

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

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

Employer identification number

25-1043578

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

Name of the organization

THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA

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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:

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 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 4C - 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

Name of the organization THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA	Employer identification number 25-1043578
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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 4D - PROGRAM 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 UNITED WAY WORLDWIDE AND LOCAL NON-PROFIT ORGANIZATIONS. THESE REVIEWS ARE CONDUCTED ANNUALLY AND WERE LAST COMPLETED IN FISCAL YEAR 2021. COMPENSATION FOR OTHER OFFICERS AND 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

Name of the organization THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA	Employer identification number 25-1043578
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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 UNITED WAY WORLDWIDE AND LOCAL NON-PROFIT ORGANIZATIONS. THESE REVIEWS ARE CONDUCTED ANNUALLY AND WERE LAST COMPLETED IN FISCAL YEAR 2021. 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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN CHARITABLE TRUSTS:	261,238
SFAS 158 PENSION ADJUSTMENT:	1,181,151
PRIOR PERIOD PLEDGE RESERVE ADJUSTMENT:	232,106

Name of the organization THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA	Employer identification number 25-1043578
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TOTAL TO FORM 990, PART XI, LINE 9: 1,674,495
ATTACHMENT 1

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
EAT'N PARK HOSPITALITY GROUP, INC. P.O. BOX 644091 PITTSBURGH, PA 15264	PROGRAM SERVICES	2,965,207.
THE CALLOS COMPANIES P.O. BOX 74968 CLEVELAND, OH 44194	TEMPORARY STAFFING	628,923.
COMMUNITY KITCHEN PITTSBURGH 107 FLOWERS AVENUE PITTSBURGH, PA 15207	PROGRAM SERVICES	583,059.
DOLLAR ENERGY FUND P.O. BOX 42329 PITTSBURGH, PA 15203	CALL CENTER	436,187.
THE BUNCHE COMPANY P.O. BOX 768 PITTSBURGH, PA 15230	OCCUPANCY	352,888.

ATTACHMENT 2

FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
BANK PROCESSING FEES	57,093.	29,130.	15,820.	12,143.
PAYROLL SERVICE FEES	43,520.	23,555.	10,944.	9,021.
TEMPORARY SERVICES	1,252,598.	1,157,862.	53,950.	40,786.
CALL CENTER FEES	435,446.	435,446.	0.	0.
INITIATIVE EXPENSE	9,565,993.	9,565,107.	432.	454.
MARKETING SERVICES	577,221.	336,272.	4,919.	236,030.
OTHER FEES	394,448.	295,012.	48,805.	50,631.

Name of the organization THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA	Employer identification number 25-1043578
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ATTACHMENT 2 (CONT'D)

FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
TOTALS	<u>12,326,319.</u>	<u>11,842,384.</u>	<u>134,870.</u>	<u>349,065.</u>

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA	25-1043578
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	1250 PENN AVENUE, P.O. BOX 735	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	PITTSBURGH, PA 15230-0735	

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

LEONARD HAWKINS

• The books are in the care of ▶ 1250 PENN AVENUE, PO BOX 735 PITTSBURGH PA 15230-0735

Telephone No. ▶ 412 261-6010 Fax No. ▶

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/16, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20__ or
▶ tax year beginning 07/01, 2020, and ending 06/30, 2021.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.