

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2023

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024

B Check if applicable: C Name of organization THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA D Employer identification number 25-1043578 E Telephone number (412)261-6010 G Gross receipts \$ 46,037,385 H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: X 501(c)(3) J Website: WWW.UWSWPA.ORG K Form of organization: X Corporation L Year of formation: 1974 M State of legal domicile: PA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Activities & Governance 8-12 Revenue 13-19 Expenses 20-22 Net Assets or Fund Balances

Part II Signature Block

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

Signature of officer: BOBBI WATT GEER, PHD, PRESIDENT AND CEO Date: 3 Dec 2024 Preparer: JEFFREY J. PETRELL Date: 12/03/24 PTIN: P00138808 Firm: BAKER TILLY ADVISORY GROUP, LP EIN: 39-0859910 Address: 20 STANWIX STREET PITTSBURGH, PA 15222 Phone: 412.697.6400

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
UNITED WAY LEADS AND MOBILIZES THE CARING POWER OF INDIVIDUALS, THE BUSINESS COMMUNITY AND ORGANIZATIONS TO HELP PEOPLE IN NEED MEASURABLY IMPROVE THEIR LIVES, CREATING LONG LASTING CHANGE FOR THE BETTERMENT OF RESIDENTS IN ALLEGHENY, ARMSTRONG, BUTLER, FAYETTE AND WESTMORELAND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 7,627,370. including grants of \$ 3,882,662.) (Revenue \$)
MEETING BASIC NEEDS

BASIC NEEDS, SUCH AS FOOD AND SAFE AFFORDABLE HOUSING, ARE THE FOUNDATION OF WELL-BEING AND MAKE IT POSSIBLE FOR INDIVIDUALS AND FAMILIES REGARDLESS OF RACE, AGE OR ABILITY TO HAVE HAPPINESS AND SUCCESS. THE ABILITY TO GET TO SCHOOL AND WORK, PAY FOR UTILITIES AND RENT AND FUND NECESSARY HOME REPAIRS KEEPS FAMILIES ON TRACK AND OUT OF FINANCIAL CRISIS. A STRONG NETWORK OF COMMUNITY SUPPORT POSITIVELY IMPACTS PHYSICAL, MENTAL AND EMOTIONAL HEALTH AND HELPS PEOPLE LIVE MEANINGFUL LIVES. WHEN FAMILIES ARE STRONG AND ALL MEMBERS ARE SAFE, THEY CAN THEN FULFILL THEIR DREAMS OF EDUCATION, GOOD JOBS AND HEALTHY RELATIONSHIPS. UNITED WAY INVESTS IN PARTNERS COMMITTED TO: ADDRESSING

4b (Code:) (Expenses \$ 5,955,993. including grants of \$ 3,031,859.) (Revenue \$)
BUILDING FOR SUCCESS IN SCHOOL AND LIFE

ALL YOUNG PEOPLE DESERVE THE CHANCE TO HAVE A POSITIVE START TOWARD ADULTHOOD, TO LEARN AND SUCCEED TO THE LEVEL OF THEIR EDUCATIONAL ABILITY AND REACH THEIR FULL POTENTIAL. CHILDREN ENTERING KINDERGARTEN NEED THE PREPARATION AND FOUNDATIONAL SKILL SETS TO SUCCEED IN SCHOOL AND LIFE. STUDENTS, REGARDLESS OF RACE OR ABILITY, THRIVE WHEN EDUCATIONAL PROGRAMS HELP THEM ACHIEVE COLLEGE AND CAREER READINESS AND TAKE A TRAUMA-INFORMED APPROACH THAT HELPS CHILDREN AND YOUTH OVERCOME CHALLENGES. ACCESS TO SAFE, AFFORDABLE AND EDUCATIONAL OUT-OF-SCHOOL TIME PROGRAMMING BUILDS ON SKILLS LEARNED AT SCHOOL AND INSTILLS A LIFELONG LOVE OF LEARNING. UNITED WAY INVESTS IN PARTNERS COMMITTED TO

4c (Code:) (Expenses \$ 4,434,787. including grants of \$ 2,289,646.) (Revenue \$)
MOVING TO FINANCIAL STABILITY

TO FULFILL THEIR POTENTIAL, IT IS ESSENTIAL THAT PEOPLE EARN A LIVING WAGE AND HAVE THE TOOLS THEY NEED TO BUILD WEALTH. EQUITABLE PRACTICES, WHERE SUCCESS IS NOT DEPENDENT ON RACE, GENDER AND ABILITY, ARE VITAL TO HELPING PEOPLE ACHIEVE FINANCIAL FREEDOM. ACCESS TO AND AWARENESS OF SERVICES AND BENEFITS, INCLUDING FINANCIAL EDUCATION AND ASSET BUILDING OPPORTUNITIES, TRANSFORMS THE LIVES OF WORKING FAMILIES. MEANINGFUL WORK HELPS PEOPLE, REGARDLESS OF AGE, DISABILITY, GENDER AND PREVIOUS CONVICTIONS, HAVE PRIDE AND CONFIDENCE THAT THEY CAN SUPPORT THEMSELVES AND THEIR FAMILIES. AFFORDABLE CHILDCARE AND TRANSPORTATION HELP PEOPLE FIND AND SUSTAIN GOOD JOBS THAT ADVANCE THEIR GOALS AND HELP THEM

4d Other program services (Describe on Schedule O.)
(Expenses \$ 9,980,435. including grants of \$ 9,403,611.) (Revenue \$ 4,562,769.)

4e Total program service expenses 27,998,585.

**THE UNITED WAY OF SOUTHWESTERN
PENNSYLVANIA**

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Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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 | | 119 |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X |
| b | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| b | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | X | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | 7d |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | X |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | X |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | X |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> | 14b | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. | 15 | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | X |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. | 17 | |

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

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | |
| | 1a | 72 | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | |
| | 1b | 72 | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | X |
| 6 | Did the organization have members or stockholders? | 6 | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | 8a | X |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | X |

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

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done | 12c | X |
| 13 | Did the organization have a written whistleblower policy? | 13 | X |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | X |
| b | Other officers or key employees of the organization | 15b | X |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 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.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
LEONARD HAWKINS - (412) 261-6010
1250 PENN AVENUE, PO BOX 735, PITTSBURGH, PA 15230-0735

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 the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) BOBBI WATT GEER, PHD. PRESIDENT & CEO | 40.00 | | | X | | | | 292,811. | 0. | 62,825. |
| (2) LINDA JONES SVP & SECRETARY | 40.00 | | | X | | | | 170,626. | 0. | 35,230. |
| (3) LEONARD HAWKINS CFO & TREASURER | 40.00 | | | X | | | | 155,083. | 0. | 43,537. |
| (4) ALYSSA CHOLODOFSKY CHIEF PROGRAM & POLICY (UNTIL 4/12/2) | 40.00 | | | | | X | | 132,985. | 0. | 38,281. |
| (5) NEIL DIBIASE CHIEF STRATEGY OFFICER | 40.00 | | | | | X | | 134,959. | 0. | 18,060. |
| (6) AMY FRANZ REGIONAL VICE PRESIDENT | 40.00 | | | | | X | | 109,933. | 0. | 25,495. |
| (7) JOE WELSH ASSISTANT SECRETARY & SENIOR DIRECTO | 40.00 | | | X | | | | 88,077. | 0. | 32,411. |
| (8) CURTIS AIKEN BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) KENNETH J. ALTEMUS BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) STEPANIE APOSTOLOU BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) KENYON R. BONNER, ED.D. BOARD MEMBER (UNTIL 12/13/2023) | 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) KENNY BONUS, CPA BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) BROOKS BROADHURST BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) KERI BROWN BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (15) CHRISTINE BRYANT BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) RAYMOND W. BUEHLER, JR. BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) JAYME L. BUTCHER BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |

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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 line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) FRANCINE B. CAMERON, CPA, MBA BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (19) FRANKLIN CARDENAS BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (20) FERNANDO CECCARELLI BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (21) JEFFERY P. CRAFT BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (22) MARIS DAUER BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (23) VINCENT J. DELIE, JR. BOARD MEMBER (UNTIL 12/13/2023) | 1.00 | X | | | | | | 0. | 0. | 0. |
| (24) ROBERT A. DEMICHIEI BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (25) MICHAEL R. DENOVE BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (26) PATRICK D. DUGAN BOARD MEMBER (UNTIL 12/13/2023) | 1.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 1,084,474. | 0. | 255,839. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,084,474. | 0. | 255,839. |

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 6

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | 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 |
|--|--------------------------------|---------------------|
| PEOPLE SHARE, 100 SPRINGHOUSE DRIVE, SUITE 200, COLLEGEVILLE, PA 19426 | TEMPORARY STAFFING | 901,286. |
| THE BUNCHER COMPANY P.O. BOX 768, PITTSBURGH, PA 15230 | OCCUPANCY | 393,319. |
| JUST HARVEST, 317 E. CARSON STREET, SUITE 153, PITTSBURGH, PA 15219 | PROGRAM SERVICES | 285,361. |
| WOMEN EMPOWERED FOR ENTREPRENEURIAL EXCELLE 1413 MARLBORO AVE, PITTSBURGH, PA 15221 | PROGRAM SERVICES | 246,470. |
| COMMUNITY COUNSELING SERVICE CO. LLC PO BOX 824885, PHILADELPHIA, PA 19182 | FUNDRAISING SERVICES | 217,248. |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 11

SEE PART VII, SECTION A CONTINUATION SHEETS

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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 line) | (C) Position (check all that apply) | | | | | | (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 | | | |
| (27) GEORGE J. FARAH BOARD MEMBER (UNTIL 2/29/2024) | 1.00 | X | | | | | | 0. | 0. | 0. |
| (28) SYLVIA V. FIELDS BOARD MEMBER (UNTIL 6/24/2024) | 1.00 | X | | | | | | 0. | 0. | 0. |
| (29) KIM TILLOTSON FLEMING BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (30) ANNE FOULKES BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (31) PETER J. GERMAIN BOARD MEMBER (UNTIL 12/13/2023) | 1.00 | X | | | | | | 0. | 0. | 0. |
| (32) GRETCHEN R. HAGGERTY BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (33) BILL HALDEMAN BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (34) HAYLEY A. HALDEMAN BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (35) RICHARD J. HARSHMAN BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (36) DAVID B. HEATON BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (37) DIANE P. HOLDER BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (38) AARON HORSFIELD BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (39) KATHY W. HUMPHREY, PHD BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (40) ERIN ISLER BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (41) STACY M. JUCHNO BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (42) JUSTIN KAUFMAN BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (43) REBEKAH BYERS KCEHOWSKI BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (44) KATHARINE EAGAN KELLEMAN BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (45) DARRIN KELLY BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (46) JOHN P. KLINE BOARD MEMBER (UNTIL 12/13/2023) | 1.00 | X | | | | | | 0. | 0. | 0. |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

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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 line) | (C) Position (check all that apply) | | | | | | (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 | | | |
| (47) TIMOTHY M. KNAVISH BOARD MEMBER (UNTIL 12/13/2023) | 1.00 | X | | | | | | 0. | 0. | 0. |
| (48) ELIZABETH E. KRISHER, CPA, CGFM BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (49) KAREN L. LARRIMER BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (50) DAN LAVALLEE BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (51) DAVID LYNN BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (52) JEFF MALLORY, ED.D. BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (53) DAVID J. MALONE BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (54) CHRISTOPHER MCCOMISH BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (55) CRYSTAL MCCORMICK-WARE BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (56) JAMES J. MCQUADE BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (57) LAURA N.K. MILLER, ESQ. BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (58) TAMRA E. MINNIER, RN, MSN, FACH BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (59) JAMES D. NEWELL BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (60) RICHARD NOVAK BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (61) DANIEL A. ONORATO BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (62) RONALD H. OTT, MPH BOARD MEMBER (UNTIL 12/13/2023) | 1.00 | X | | | | | | 0. | 0. | 0. |
| (63) JULIE A. PATTER BOARD MEMBER (UNTIL 12/13/2023) | 1.00 | X | | | | | | 0. | 0. | 0. |
| (64) JAKE PLOEGER BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (65) DEBORAH L. RICE-JOHNSON BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (66) BARRY ROBINSON BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

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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 | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 180,181. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 1,655,701. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 27,188,346. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 919,878. | | | | |
| | h Total. Add lines 1a-1f | | 29,024,228. | | | | |
| Program Service Revenue | 2 a 2-1-1 COMMUNITY IMPACT SERVICES | Business Code | | | | | |
| | | 900099 | 3,415,978. | 3,415,978. | | | |
| | b DESIGNATION COST RECOVERY | 900099 | 1,146,791. | 1,146,791. | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | 4,562,769. | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 1,856,517. | | | 1856517. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses ... | 6b | | | | | |
| | c Rental income or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | | |
| | | | (ii) Other | | | | |
| | | | | 10,518,139. | | | |
| | b Less: cost or other basis and sales expenses | 7b | 9,561,808. | | | | |
| | c Gain or (loss) | 7c | 956,331. | | | | |
| | d Net gain or (loss) | | 956,331. | | | 956,331. | |
| 8 a Gross income from fundraising events (not including \$ 180,181. of contributions reported on line 1c). See Part IV, line 18 | 8a | | 72,949. | | | | |
| | | | 65,239. | | | | |
| | | | | | | | |
| b Less: direct expenses | 8b | | | | | | |
| c Net income or (loss) from fundraising events | | 7,710. | | | 7,710. | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: cost of goods sold | 10b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11 a OTHER INCOME | Business Code | | | | | |
| | | 900099 | 2,783. | | | 2,783. | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | 2,783. | | | | | |
| 12 Total revenue. See instructions | | 36,410,338. | 4,562,769. | 0. | 2823341. | | |

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Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 18,607,778. | 18,607,778. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 880,600. | 441,982. | 160,093. | 278,525. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 5,588,022. | 2,813,649. | 967,930. | 1,806,443. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 404,191. | 200,234. | 87,573. | 116,384. |
| 9 Other employee benefits | 953,053. | 472,138. | 206,490. | 274,425. |
| 10 Payroll taxes | 475,050. | 243,279. | 78,651. | 153,120. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 5,798. | 1,788. | 1,493. | 2,517. |
| c Accounting | 107,250. | 33,081. | 27,614. | 46,555. |
| d Lobbying | 56,460. | 56,460. | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 805,725. | 229,600. | 238,785. | 337,340. |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 21,888. | 12,734. | 3,108. | 6,046. |
| 14 Information technology | 473,525. | 322,803. | 68,344. | 82,378. |
| 15 Royalties | | | | |
| 16 Occupancy | 479,913. | 229,553. | 116,043. | 134,317. |
| 17 Travel | 41,845. | 27,843. | 2,047. | 11,955. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 599,127. | 472,353. | 5,888. | 120,886. |
| 20 Interest | | | | |
| 21 Payments to affiliates | 303,327. | 155,209. | 83,952. | 64,166. |
| 22 Depreciation, depletion, and amortization | 33,578. | 19,042. | 6,575. | 7,961. |
| 23 Insurance | 113,713. | 40,157. | 18,958. | 54,598. |
| 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 COMMUNITY INITIATIVES | 3,287,347. | 3,287,347. | | |
| b TRAINING | 78,293. | 64,297. | 2,123. | 11,873. |
| c SUBSCRIPTIONS & MEMBERS | 30,843. | 17,008. | 7,037. | 6,798. |
| d POSTAGE | 29,642. | 14,881. | 7,482. | 7,279. |
| e All other expenses | 239,357. | 235,369. | 3,988. | |
| 25 Total functional expenses. Add lines 1 through 24e | 33,616,325. | 27,998,585. | 2,094,174. | 3,523,566. |
| 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) | | | | |

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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 | 8,938,879. | 1 | 2,524. |
| | 2 Savings and temporary cash investments | 11,105,053. | 2 | 20,123,478. |
| | 3 Pledges and grants receivable, net | 11,698,691. | 3 | 10,974,560. |
| | 4 Accounts receivable, net | 1,615,715. | 4 | 973,350. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 111,406. | 9 | 78,495. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 941,337. | | |
| | b Less: accumulated depreciation | 10b 821,139. | 105,216. | 10c 120,198. |
| | 11 Investments - publicly traded securities | 36,160,852. | 11 | 42,891,760. |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 8,493,107. | 15 | 8,432,932. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 78,228,919. | 16 | 83,597,297. | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,608,472. | 17 | 1,951,460. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 16,804,022. | 25 | 15,652,679. |
| | 26 Total liabilities. Add lines 17 through 25 | 18,412,494. | 26 | 17,604,139. |
| 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 | 40,346,803. | 27 | 45,879,917. |
| | 28 Net assets with donor restrictions | 19,469,622. | 28 | 20,113,241. |
| | 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 | 59,816,425. | 32 | 65,993,158. |
| 33 Total liabilities and net assets/fund balances | 78,228,919. | 33 | 83,597,297. | |

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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 | 36,410,338. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 33,616,325. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 2,794,013. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 59,816,425. |
| 5 | Net unrealized gains (losses) on investments | 5 | 2,866,342. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 516,378. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 65,993,158. |

Part XII Financial Statements and Reporting

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

| | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: | | |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| b Were the organization's financial statements audited by an independent accountant? | X | |
| 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 | | |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X | |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | X |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | |

Form 990 (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

THE UNITED WAY OF SOUTHWESTERN
PENNSYLVANIA

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 40466179. | 47689680. | 35725067. | 30361643. | 29097177. | 183339746 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 40466179. | 47689680. | 35725067. | 30361643. | 29097177. | 183339746 |
| 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) | | | | | | 1267762. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 182071984 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 40466179. | 47689680. | 35725067. | 30361643. | 29097177. | 183339746 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 692,731. | 762,586. | 905,203. | 1304673. | 1856517. | 5521710. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | 13,763. | 15,618. | | | 29,381. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 8,983. | 3,982. | 6,133. | 4,744. | 2,783. | 26,625. |
| 11 Total support. Add lines 7 through 10 | | | | | | 188917462 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 25,884,735. |
| 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 2023 (line 6, column (f), divided by line 11, column (f)) | 14 | 96.38 | % |
| 15 Public support percentage from 2022 Schedule A, Part II, line 14 | 15 | 97.17 | % |
| 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | <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) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2022 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

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> | | |
| 1 | | |
| 2 | | |

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> | | |
| 1 | | |

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|---|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| 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. | | |
| 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> | Yes | No |
| b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |
| 2a | | |
| 2b | | |
| 3a | | |
| 3b | | |

THE UNITED WAY OF SOUTHWESTERN
PENNSYLVANIA

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

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

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

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

| Section C - Distributable Amount | (A) Prior Year | (B) Current Year (optional) |
|---|----------------|--------------------------------|
| 1 Adjusted net income for prior year (from Section A, line 8, column A) | 1 | Current Year |
| 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). | | |

THE UNITED WAY OF SOUTHWESTERN
PENNSYLVANIA

Schedule A (Form 990) 2023

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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 2023 from Section C, line 6 | 9 |
| 10 Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2023 | (iii) Distributable Amount for 2023 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2023 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2023 | | | |
| a From 2018 | | | |
| b From 2019 | | | |
| c From 2020 | | | |
| d From 2021 | | | |
| e From 2022 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2023 distributable amount | | | |
| i Carryover from 2018 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2023 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2023 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2023. 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 2024. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2019 | | | |
| b Excess from 2020 | | | |
| c Excess from 2021 | | | |
| d Excess from 2022 | | | |
| e Excess from 2023 | | | |

Schedule A (Form 990) 2023

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2019 AMOUNT: \$ 8,983.

2020 AMOUNT: \$ 3,982.

2021 AMOUNT: \$ 6,133.

2022 AMOUNT: \$ 4,744.

2023 AMOUNT: \$ 2,783.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

**THE UNITED WAY OF SOUTHWESTERN
PENNSYLVANIA**

Employer identification number

25-1043578

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

Schedule B (Form 990) (2023)

| | |
|--|---|
| 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 | <hr/> <hr/> <hr/> | \$ <u>700,250.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ <u>840,050.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ <u>642,951.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | <hr/> <hr/> <hr/> | \$ <u>800,471.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | <hr/> <hr/> <hr/> | \$ <u>800,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

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

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

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 info. once.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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

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

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

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

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

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

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

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

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

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-. |
|----------|-------------|---------|---|--|
| | | | | |
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| | | | | |
| | | | | |

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) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | 56,460. | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | 56,460. | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | 33,559,865. | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | 33,616,325. | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -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) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (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 | 30,820. | 26,904. | 35,374. | 56,460. | 149,558. |
| 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 | 141. | | | | 141. |

Schedule C (Form 990) 2023

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

Table with 3 main columns: (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like volunteers, paid staff, media, mailings, etc.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, non-deductible lobbying expenditures, and taxable amount.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as required by the instructions.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public
Inspection

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|------------------------------|
| 1 Total number at end of year | 9 | |
| 2 Aggregate value of contributions to (during year) | 635,023. | |
| 3 Aggregate value of grants from (during year) | 408,890. | |
| 4 Aggregate value at end of year | 358,156. | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included on line 2a | 2c |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

Schedule D (Form 990) 2023

**THE UNITED WAY OF SOUTHWESTERN
PENNSYLVANIA**

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 **d** Loan or exchange program
- b** Scholarly research **e** Other _____
- c** Preservation for future generations
- 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 in Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 9,926,920. | 8,876,331. | 9,375,481. | 7,055,254. | 6,961,597. |
| b Contributions | 707,261. | 794,393. | 585,650. | 443,397. | 389,996. |
| c Net investment earnings, gains, and losses | 1,018,898. | 685,313. | -827,542. | 2,125,430. | 41,409. |
| d Grants or scholarships | 375,405. | 362,407. | 183,068. | 181,467. | 265,532. |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | 82,391. | 66,710. | 74,190. | 67,133. | 72,216. |
| g End of year balance | 11,195,283. | 9,926,920. | 8,876,331. | 9,375,481. | 7,055,254. |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 18.6300 %
- b** Permanent endowment 64.2000 %
- c** Term endowment 17.1700 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|----------|----------|
| (i) Unrelated organizations? | X | |
| (ii) Related organizations? | | X |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 176,527. | 102,535. | 73,992. |
| d Equipment | | 238,387. | 221,249. | 17,138. |
| e Other | | 526,423. | 497,355. | 29,068. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) | | | | 120,198. |

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. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | | |

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) FUNDS HELD IN TRUST BY OTHERS | 6,335,121. |
| (2) OPERATING LEASE RIGHT-OF-USE ASSETS | 2,097,811. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) | 8,432,932. |

Part X Other Liabilities

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) DISTRIBUTIONS PAYABLE TO AGENCY | 6,766,972. |
| (3) CONTRIBUTOR CHOICE SUPPORT | 4,143,482. |
| (4) OUT OF AREA ACCOUNT | 2,637,341. |
| (5) OPERATING LEASE LIABILITY | 2,104,884. |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 15,652,679. |

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 ...

THE UNITED WAY OF SOUTHWESTERN
PENNSYLVANIA

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|---|---|----|------------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 30,352,856. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | 2,866,342. | |
| b | Donated services and use of facilities | 2b | 420,102. | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | 141,231. | |
| e | Add lines 2a through 2d | 2e | | 3,427,675. |
| 3 | Subtract line 2e from line 1 | | 3 | 26,925,181. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | 9,485,157. | |
| c | Add lines 4a and 4b | 4c | | 9,485,157. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | 36,410,338. |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|---|--|----|------------|-------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 24,616,509. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | 420,102. | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | 65,239. | |
| e | Add lines 2a through 2d | 2e | | 485,341. |
| 3 | Subtract line 2e from line 1 | | 3 | 24,131,168. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | 9,485,157. | |
| c | Add lines 4a and 4b | 4c | | 9,485,157. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | 33,616,325. |

Part XIII Supplemental Information

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

PART 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 NONPRIVATE 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 IF THE UNITED WAY OF SOUTHWESTERN PENNSYLVANIA HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY

Part XIII Supplemental Information (continued)

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, 2024,
 THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN. THE
 UNITED WAY OF SOUTHWESTERN PENNSYLVANIA IS SUBJECT TO ROUTINE AUDITS BY
 TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX
 PERIODS IN PROGRESS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

| | |
|--|----------|
| FUNDRAISING EXPENSES | 65,239. |
| CHANGE IN VALUE OF BENEFICIAL INTEREST IN CHARITABLE TRUST | 75,992. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | 141,231. |

PART XI, LINE 4B - OTHER ADJUSTMENTS:

| | |
|--------------------|------------|
| DONOR DESIGNATIONS | 9,485,157. |
|--------------------|------------|

PART XII, LINE 2D - OTHER ADJUSTMENTS:

| | |
|----------------------|---------|
| FUNDRAISING EXPENSES | 65,239. |
|----------------------|---------|

PART XII, LINE 4B - OTHER ADJUSTMENTS:

| | |
|--------------------|------------|
| DONOR DESIGNATIONS | 9,485,157. |
|--------------------|------------|

SCHEDULE D, PART V, LINE 4:

INCOME FROM THE MAURICE AND LAURA FALK FOUNDATION FUND IS RESTRICTED FOR
 USE IN FINANCING CAPITAL REQUIREMENTS OF AGENCIES AND THE UNITED WAY OF
 SOUTHWESTERN PENNSYLVANIA. THIS INCOME AND ACCUMULATED APPRECIATION IS
 CLASSIFIED AS AVAILABLE FOR CAPITAL EXPENDITURES. INCOME FROM THE OTHER
 FUNDS IS AVAILABLE TO SUPPORT ALL ACTIVITIES OF THE UNITED WAY OF

Part XIII Supplemental Information (continued)

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.

Multiple horizontal lines for supplemental information.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2023

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

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

**THE UNITED WAY OF SOUTHWESTERN
PENNSYLVANIA**

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 NONE | (d) Total events (add col. (a) through col. (c)) |
|-----------------|--|---|--------------|--------------------------|--|
| | | GOLF OUTING (event type) | (event type) | (total number) | |
| Revenue | 1 | 253,130. | | | 253,130. |
| | 2 | 180,181. | | | 180,181. |
| | 3 | 72,949. | | | 72,949. |
| Direct Expenses | 4 | | | | |
| | 5 | | | | |
| | 6 | 19,879. | | | 19,879. |
| | 7 | 30,976. | | | 30,976. |
| | 8 | | | | |
| | 9 | 14,384. | | | 14,384. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | 7,710. |

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)) |
|-----------------|--|---|---|---|---|
| | | 1 | | | |
| Direct Expenses | 2 | | | | |
| | 3 | | | | |
| | 4 | | | | |
| | 5 | | | | |
| | 6 | <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: _____

THE UNITED WAY OF SOUTHWESTERN
PENNSYLVANIA

Schedule G (Form 990) 2023

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- 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 _____

- 15a 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 explanations 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 IV Supplemental Information *(continued)*

Horizontal lines for supplemental information entry.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization **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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|---------------------------------|---|--|--|---|
| 211 / FIRST CALL FOR HELP 1331 EUCLID AVENUE CLEVELAND, OH 44115 | 34-6516654 | 501(C)(3) | 178,763. | 0. | | | DONOR DESIGNATION |
| 412 FOOD RESCUE 6140 STATION STREET PITTSBURGH, PA 15206 | 47-3476140 | 501(C)(3) | 30,000. | 0. | | | UNITED WAY GRANT |
| 412 FOOD RESCUE 6140 STATION STREET PITTSBURGH, PA 15206 | 47-3476140 | 501(C)(3) | 29,929. | 0. | | | DONOR DESIGNATION |
| ABIDING MISSIONS 731 EXCELSIOR STREET PITTSBURGH, PA 15210 | 82-1800448 | 501(C)(3) | 20,000. | 0. | | | UNITED WAY GRANT |
| ACH CLEAR PATHWAYS P.O. BOX 53091 PITTSBURGH, PA 15219 | 30-0609317 | 501(C)(3) | 10,357. | 0. | | | DONOR DESIGNATION |
| ACHIEVA 711 BINGHAM STREET PITTSBURGH, PA 15203 | 25-1505216 | 501(C)(3) | 50,000. | 0. | | | UNITED WAY GRANT |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **459.**
- 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) 2023

THE UNITED WAY OF SOUTHWESTERN
PENNSYLVANIA

Schedule I (Form 990)

25-1043578

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| ACHIEVA 711 BINGHAM STREET PITTSBURGH, PA 15203 | 25-1505216 | 501(C)(3) | 58,945. | 0. | | | DONOR DESIGNATION |
| ACTION-HOUSING INC 611 WILLIAM PENN PLACE, SUITE 800 PITTSBURGH, PA 15219 | 25-0965469 | 501(C)(3) | 115,000. | 0. | | | UNITED WAY GRANT |
| ACTION-HOUSING, INC. 611 WILLIAM PENN PLACE, SUITE 800 PITTSBURGH, PA 15219 | 25-0965469 | 501(C)(3) | 16,734. | 0. | | | DONOR DESIGNATION |
| ACTION FOR ANIMALS HUMANE SOCIETY PO BOX 814 LATROBE, PA 15650 | 25-1495358 | 501(C)(3) | 5,044. | 0. | | | DONOR DESIGNATION |
| ADAGIO HEALTH, INC. 603 STANWIX STREET, SUITE 500 PITTSBURGH, PA 15222 | 23-7104168 | 501(C)(3) | 5,253. | 0. | | | DONOR DESIGNATION |
| AHN 4818 LIBERTY AVENUE PITTSBURGH, PA 15224 | 45-3674924 | 501(C)(3) | 81,648. | 0. | | | DONOR DESIGNATION |
| AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307 | 34-1369388 | 501(C)(3) | 6,221. | 0. | | | DONOR DESIGNATION |
| ALLEGHENY FAMILY NETWORK 1501 REESDALE STREET, SUITE 2007 PITTSBURGH, PA 15233 | 20-2080261 | 501(C)(3) | 60,000. | 0. | | | UNITED WAY GRANT |
| ALLEGHENY HEALTH NETWORK - WOMEN'S CARE FUND - 4818 LIBERTY AVENUE - PITTSBURGH, PA 15224 | 45-5784836 | 501(C)(3) | 12,808. | 0. | | | DONOR DESIGNATION |

Schedule I (Form 990)

THE UNITED WAY OF SOUTHWESTERN
PENNSYLVANIA

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| ALLEGHENY SINGER RESEARCH 320 EAST NORTH AVENUE PITTSBURGH, PA 15212 | 25-0969492 | 501(C)(3) | 7,145. | 0. | | | DONOR DESIGNATION |
| ALLIES FOR CHILDREN 10 CHILDREN'S WAY, SUITE 200 PITTSBURGH, PA 15222 | 35-2191961 | 501(C)(3) | 28,280. | 0. | | | DONOR DESIGNATION |
| ALLIANCE FOR REFUGEE YOUTH SUPPORT AND EDUCATION, INC. - 6101 PENN AVENUE, SUITE 201 - PITTSBURGH, PA 15206 | 46-1802136 | 501(C)(3) | 60,000. | 0. | | | UNITED WAY GRANT |
| ALS ASSOCIATION/WPA CHAPTER 416 LINCOLN AVENUE PITTSBURGH, PA 15209 | 23-7123851 | 501(C)(3) | 11,246. | 0. | | | DONOR DESIGNATION |
| ALZHEIMERS ASSOCIATION 3544 N. PROGRESS AVENUE, SUITE 205 HARRISBURG, PA 17110 | 13-3039607 | 501(C)(3) | 21,429. | 0. | | | DONOR DESIGNATION |
| AMACHI PITTSBURGH 100W. STATION SQUARE DRIVE, SUITE 6 PITTSBURGH, PA 15219 | 25-1393426 | 501(C)(3) | 16,188. | 0. | | | DONOR DESIGNATION |
| AMERICAN CANCER SOCIETY PO BOX 862 CARNEGIE, PA 15106 | 13-1788491 | 501(C)(3) | 10,000. | 0. | | | UNITED WAY GRANT |
| AMERICAN CANCER SOCIETY ROUTE 422 & SIPE AVENUE HERSHEY, PA 17033 | 13-1788491 | 501(C)(3) | 37,420. | 0. | | | DONOR DESIGNATION |
| AMERICAN CIVIL LIBERTIES UNION 247 FORT PITT BLVD, 2ND FLOOR PITTSBURGH, PA 15222 | 23-1742013 | 501(C)(3) | 6,605. | 0. | | | DONOR DESIGNATION |

Schedule I (Form 990)

THE UNITED WAY OF SOUTHWESTERN
PENNSYLVANIA

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| AMERICAN DIABETES ASSOCIATION - GEORGIA - 17 EXECUTIVE PARK DR NE STE 115 - ATLANTA, GA 30329 | 13-1623888 | 501(C)(3) | 20,708. | 0. | | | DONOR DESIGNATION |
| AMERICAN HEART ASSOCIATION/LANCASTER COU - 610 COMMUNITY WAY - LANCASTER, PA 17603 | 13-5613797 | 501(C)(3) | 36,722. | 0. | | | DONOR DESIGNATION |
| AMERICAN LUNG ASSOCIATION OF 3001 GETTYSBURG ROAD CAMP HILL, PA 17011 | 25-1825116 | 501(C)(3) | 5,112. | 0. | | | DONOR DESIGNATION |
| AMERICAN PRECISION MUSEUM - OST/STEM PROGRAM - PO BOX 679 - WINDSOR, VT 05089 | 03-0218096 | 501(C)(3) | 8,800. | 0. | | | DONOR DESIGNATION |
| AMERICAN RED 225 BOULEVARD OF THE ALLIES FLOOR O PITTSBURGH, PA 15222 | 53-0196605 | 501(C)(3) | 42,676. | 0. | | | DONOR DESIGNATION |
| AMERICAN RED CROSS-SOUTHWESTERN PENNSYLVANIA CHAPTER-38300 - P.O. BOX 371997 - PITTSBURGH, PA 15251 | 25-0965231 | 501(C)(3) | 63,000. | 0. | | | UNITED WAY GRANT |
| ANCHORPOINT COUNSELING MINISTRY, INC. - 802 MCKNIGHT PARK DRIVE - PITTSBURGH, PA 15237 | 25-1196957 | 501(C)(3) | 16,665. | 0. | | | DONOR DESIGNATION |
| ANGELS' PLACE, INC. SWISSVALE 2615 NORWOOD AVENUE PITTSBURGH, PA 15214 | 25-1450489 | 501(C)(3) | 23,961. | 0. | | | DONOR DESIGNATION |
| ANGLICAN DIOCESE OF PITTSBURGH NOVA TOWER. ONE ALLEGHENY SQUARE, S PITTSBURGH, PA 15212 | 76-0754677 | 501(C)(3) | 5,748. | 0. | | | DONOR DESIGNATION |

Schedule I (Form 990)

THE UNITED WAY OF SOUTHWESTERN
PENNSYLVANIA

Schedule I (Form 990)

25-1043578

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| ANIMAL FRIENDS/PET ASSISTED THERAPY - 562 CAMP HORNE ROAD - PITTSBURGH, PA 15237 | 25-0951565 | 501(C)(3) | 104,775. | 0. | | | DONOR DESIGNATION |
| AUBERLE 1101 HARTMAN STREET MCKEESPORT, PA 15132 | 25-1344183 | 501(C)(3) | 40,000. | 0. | | | UNITED WAY GRANT |
| AUBERLE 1101 HARTMAN STREET MCKEESPORT, PA 15132 | 25-1344183 | 501(C)(3) | 20,451. | 0. | | | DONOR DESIGNATION |
| AUGUST WILSON AFRICAN AMERICAN CULTURAL CENTER - 980 LIBERTY AVE - PITTSBURGH, PA 15222 | 25-1892177 | 501(C)(3) | 8,292. | 0. | | | DONOR DESIGNATION |
| AUTISM SPEAKS 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 08540 | 20-2329938 | 501(C)(3) | 11,007. | 0. | | | DONOR DESIGNATION |
| BEST OF BATCH FOUNDATION 2000 WEST STREET MUNHALL, PA 15120 | 34-1900914 | 501(C)(3) | 45,534. | 0. | | | DONOR DESIGNATION |
| BETHANY CHRISTIAN SERVICES OF WESTERN PENNSYLVANIA - 10521 PERRY HIGHWAY, STE 310 - WEXFORD, PA 15090 | 31-1282578 | 501(C)(3) | 20,000. | 0. | | | UNITED WAY GRANT |
| BETHLEHEM HAVEN, INC. 905 WATSON STREET PITTSBURGH, PA 15219 | 25-1436685 | 501(C)(3) | 18,054. | 0. | | | DONOR DESIGNATION |
| BEVERLY'S BIRTHDAYS 9799 LAUREL AVENUE NORTH HUNTINGTON, PA 15642 | 45-4248006 | 501(C)(3) | 15,000. | 0. | | | UNITED WAY GRANT |

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| BEVERLY'S BIRTHDAYS 9799 LAUREL AVENUE NORTH HUNTINGTON, PA 15642 | 45-4248006 | 501(C)(3) | 9,183. | 0. | | | DONOR DESIGNATION |
| BHUTANESE COMMUNITY ASSOCIATION OF PITTSBURGH (BCAP) - 3000 BROWNSVILLE RD, STE C - PITTSBURGH, PA 15227 | 30-0742370 | 501(C)(3) | 35,000. | 0. | | | UNITED WAY GRANT |
| BIBLE CENTER CHURCH, INC. 7238 FLEURY WAY PITTSBURGH, PA 15208 | 20-0801087 | 501(C)(3) | 22,500. | 0. | | | UNITED WAY GRANT |
| BIG BROS AND SISTERS OF SWPA/ 5989 PENN CIRCLE SOUTH PITTSBURGH, PA 15206 | 25-6074707 | 501(C)(3) | 43,475. | 0. | | | DONOR DESIGNATION |
| BIG BROTHERS BIG SISTERS OF BEAVER 1475 THIRD AVENUE NEW BRIGHTON, PA 15066 | 25-1643665 | 501(C)(3) | 8,460. | 0. | | | DONOR DESIGNATION |
| BIG BROTHERS & BIG SISTERS OF GREATER PITTSBURGH - 5989 CENTER AVE SUITE 1 - PITTSBURGH, PA 15206 | 25-6074707 | 501(C)(3) | 70,000. | 0. | | | UNITED WAY GRANT |
| BIG BROTHERS/BIG SISTERS OF THE LAUREL REGION - 106 NORTH MAIN STREET - GREENSBURG, PA 15601 | 25-1368402 | 501(C)(3) | 24,000. | 0. | | | UNITED WAY GRANT |
| BLACKBURN CENTER AGAINST DOMESTIC & SEXUAL VIOLENCE - PO BOX 398 - GREENSBURG, PA 15601 | 25-1339836 | 501(C)(3) | 155,000. | 0. | | | UNITED WAY GRANT |
| BLACKBURN CENTER AGAINST DOMESTIC AND - PO BOX 398 - GREENSBURG, PA 15601 | 25-1339836 | 501(C)(3) | 9,970. | 0. | | | DONOR DESIGNATION |

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| BLIND AND VISION REHABILITATION 1816 LOCUST STREET PITTSBURGH, PA 15219 | 25-1803195 | 501(C)(3) | 17,379. | 0. | | | DONOR DESIGNATION |
| BOY SCOUTS OF AMERICA 2 GARDEN CENTER DRIVE GREENSBURG, PA 15601 | 25-0965266 | 501(C)(3) | 5,478. | 0. | | | DONOR DESIGNATION |
| BOY SCOUTS OF AMERICA, GREATER 1275 BEDFORD AVENUE FLAG PLAZA PITTSBURGH, PA 15219 | 25-0965214 | 501(C)(3) | 47,052. | 0. | | | DONOR DESIGNATION |
| BOYS & GIRLS CLUB OF WPA 5432 BUTLER STREET PITTSBURGH, PA 15201 | 25-1206970 | 501(C)(3) | 90,000. | 0. | | | UNITED WAY GRANT |
| BOYS AND GIRLS CLUBS OF WPA - SECA 5432 BUTLER STREET PITTSBURGH, PA 15201 | 25-1206970 | 501(C)(3) | 50,983. | 0. | | | DONOR DESIGNATION |
| BROTHER'S BROTHER FOUNDATION (THE) 1200 GALVESTON AVENUE PITTSBURGH, PA 15233 | 34-6562544 | 501(C)(3) | 10,616. | 0. | | | DONOR DESIGNATION |
| BUTLER COUNTY FAMILY YMCA 339 NORTH WASHINGTON STREET BUTLER, PA 16001 | 25-0965619 | 501(C)(3) | 5,967. | 0. | | | DONOR DESIGNATION |
| BUTLER COUNTY HUMANE SOCIETY 1015 EVANS CITY ROAD RENFREW, PA 16053 | 23-7110434 | 501(C)(3) | 6,412. | 0. | | | DONOR DESIGNATION |
| CARLOW UNIVERSITY/PRESIDENTS FUND 3333 FIFTH AVENUE PITTSBURGH, PA 15213 | 25-0965438 | 501(C)(3) | 17,722. | 0. | | | DONOR DESIGNATION |

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| CARNEGIE LIBRARY BLIND PHY HANDICAPPED - LEONARD C STAISEY BUILDING, 4724 BAUM BOULEVARD - PITTSBURGH, PA 15213 | 25-0965281 | 501(C)(3) | 62,302. | 0. | | | DONOR DESIGNATION |
| CARNEGIE MUSEUM OF ART/HUMAN SERVICE - 4400 FORBES AVE - PITTSBURGH, PA 15213 | 25-0965280 | 501(C)(3) | 7,666. | 0. | | | DONOR DESIGNATION |
| CASA OF WESTMORELAND, INC. 2 NORTH MAIN STREET GREENSBURG, PA 15601 | 25-5046788 | 501(C)(3) | 10,000. | 0. | | | UNITED WAY GRANT |
| CASA SAN JOSE LATINO RESOURCE CENTER - SISTERS OF ST JOSEPH, 2116 BROADWAY AVE - PITTSBURGH, PA 15216 | 46-4729004 | 501(C)(3) | 9,456. | 0. | | | DONOR DESIGNATION |
| CATAPULT GREATER PITTSBURGH 100 N. SHERIDAN, FOURTH FLOOR PITTSBURGH, PA 15206 | 82-5271900 | 501(C)(3) | 75,000. | 0. | | | UNITED WAY GRANT |
| CATHOLIC CHARITIES COUNSELING AND 329 WEST 10TH STREET ERIE, PA 16502 | 25-1041250 | 501(C)(3) | 7,268. | 0. | | | DONOR DESIGNATION |
| CATHOLIC CHARITIES DIOCESE OF GREENSBURG - 711 EAST PITTSBURGH STREET - GREENSBURG, PA 15601 | 32-0222403 | 501(C)(3) | 65,000. | 0. | | | UNITED WAY GRANT |
| CATHOLIC CHARITIES DIOCESE OF PITTSBURGH - 212 NINTH STREET - PITTSBURGH, PA 15222 | 25-1326213 | 501(C)(3) | 39,000. | 0. | | | UNITED WAY GRANT |
| CATHOLIC CHARITIES FREE HEALTH 212 NINTH STREET, SUITE 301 PITTSBURGH, PA 15222 | 65-1307739 | 501(C)(3) | 5,637. | 0. | | | DONOR DESIGNATION |

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| CATHOLIC CHARITIES OF GEAUGA COUNTY - 602 SOUTH STREET, SUITE D-1 - CHARDON, OH 44024 | 34-1318541 | 501(C)(3) | 7,598. | 0. | | | DONOR DESIGNATION |
| CATHOLIC CHARITIES OF THE DIOCESE OF GREENSBURG - 711 EAST PITTSBURGH STREET - GREENSBURG, PA 15601 | 32-0222403 | 501(C)(3) | 25,353. | 0. | | | DONOR DESIGNATION |
| CATHOLIC CHARITIES 212 NINTH STREET, 10TH FLOOR PITTSBURGH, PA 15222 | 25-1326213 | 501(C)(3) | 234,370. | 0. | | | DONOR DESIGNATION |
| CENTER FOR COMMUNITY RESOURCES 212-214 SOUTH MAIN STREET, SUITE 62 BUTLER, PA 16001 | 02-0585594 | 501(C)(3) | 40,000. | 0. | | | UNITED WAY GRANT |
| CENTER FOR HEARING & DEAF SERVICES, INC. - WESTMORELAND - 1011 OLD SALEM ROAD, SUITE 102 - GREENSBURG, PA 15601 | 25-0974324 | 501(C)(3) | 28,000. | 0. | | | UNITED WAY GRANT |
| CENTER FOR HEARING AND DEAF SERVICES - 1945 FIFTH AVENUE - PITTSBURGH, PA 15219 | 25-0974324 | 501(C)(3) | 8,801. | 0. | | | DONOR DESIGNATION |
| CENTER OF LIFE 161 HAZELWOOD AVENUE PITTSBURGH, PA 15207 | 01-0617023 | 501(C)(3) | 50,000. | 0. | | | UNITED WAY GRANT |
| CENTRAL CATHOLIC HIGH SCHOOL 4720 FIFTH AVENUE PITTSBURGH, PA 15213 | 20-0478989 | 501(C)(3) | 5,134. | 0. | | | DONOR DESIGNATION |
| CENTRAL PA FOOD BANK 3908 COREY ROAD HARRISBURG, PA 17109 | 23-2202250 | 501(C)(3) | 9,559. | 0. | | | DONOR DESIGNATION |

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| CENTRE COUNTY UNITED WAY 2790 W. COLLEGE AVE., SUITE 7 STATE COLLEGE, PA 16801 | 25-1215290 | 501(C)(3) | 6,011. | 0. | | | DONOR DESIGNATION |
| CHABAD YOUNG PROFESSIONALS PITTSBURGH - 5404 GUARINO RD - PITTSBURGH, PA 15217 | 84-2242074 | 501(C)(3) | 8,800. | 0. | | | DONOR DESIGNATION |
| CHILDREN'S HOSPITAL-UPMC 1251 WATERFRONT PL. FL 5 PITTSBURGH, PA 15222 | 25-0402510 | 501(C)(3) | 7,446. | 0. | | | DONOR DESIGNATION |
| CHILDREN'S HOSPITAL-UPMC/ 1251 WATERFRONT PL. FL 5 PITTSBURGH, PA 15222 | 25-1865744 | 501(C)(3) | 265,055. | 0. | | | DONOR DESIGNATION |
| CHILDREN'S HOSPITAL OF PITTSBURGH FOUNDATION - 4401 PENN AVENUE, SUITE 5300 - PITTSBURGH, PA 15224 | 25-0402510 | 501(C)(3) | 150,000. | 0. | | | UNITED WAY GRANT |
| CHILDREN'S INSTITUTE OF PITTSBURGH 1405 SHADY AVENUE PITTSBURGH, PA 15217 | 23-2935278 | 501(C)(3) | 44,758. | 0. | | | DONOR DESIGNATION |
| CHILDREN'S MUSEUM OF PITTSBURGH TEN CHILDREN'S WAY PITTSBURGH, PA 15212 | 25-1379704 | 501(C)(3) | 44,477. | 0. | | | DONOR DESIGNATION |
| CHILDRENS THERAPY CENTER 1000 WATERDAM PLAZA DRIVE, SUITE #1 CANONSBURG, PA 15317 | 25-1708215 | 501(C)(3) | 8,307. | 0. | | | DONOR DESIGNATION |
| CHILD'S WAY 5624 PENN AVENUE PITTSBURGH, PA 15224 | 25-0965292 | 501(C)(3) | 24,492. | 0. | | | DONOR DESIGNATION |

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| CHRISTIAN LEGAL AID OF PITTSBURGH, INC. - 801 UNION PLACE - PITTSBURGH, PA 15212 | 71-0988357 | 501(C)(3) | 11,541. | 0. | | | DONOR DESIGNATION |
| CITY MISSION OF THE EVANGELICAL CHURCHES OF ERIE - PO BOX 407 - ERIE, PA 16512 | 25-0987217 | 501(C)(3) | 6,105. | 0. | | | DONOR DESIGNATION |
| CITY MUSIC CENTER/DUQUESNE UNIVERSITY - 600 FORBES AVENUE - PITTSBURGH, PA 15282 | 25-1035663 | 501(C)(3) | 10,130. | 0. | | | DONOR DESIGNATION |
| CLAREMONT SOUP KITCHEN, INC. 51-53 CENTRAL STREET, PO BOX 957 CLAREMONT, NH 03743 | 02-0367045 | 501(C)(3) | 8,823. | 0. | | | DONOR DESIGNATION |
| CLELIAN HEIGHTS SCHOOL FOR EXCEPTIONAL - 135 CLELIAN HEIGHTS LANE - GREENSBURG, PA 15601 | 25-1647865 | 501(C)(3) | 5,704. | 0. | | | DONOR DESIGNATION |
| COALITION FOR CHRISTIAN OUTREACH 5912 PENN AVENUE PITTSBURGH, PA 15206 | 25-1216330 | 501(C)(3) | 7,657. | 0. | | | DONOR DESIGNATION |
| COMMUNITY CARE CONNECTIONS 114 SKYLINE DRIVE BUTLER, PA 16001 | 25-1211863 | 501(C)(3) | 11,500. | 0. | | | UNITED WAY GRANT |
| COMMUNITY KITCHEN PITTSBURGH 107 FLOWERS AVE. PITTSBURGH, PA 15207 | 90-1009621 | 501(C)(3) | 75,000. | 0. | | | UNITED WAY GRANT |
| CONNECT, INC./WELCOME HOME SHELTER 218 SOUTH MAPLE AVENUE, SUITE 200 GREENSBURG, PA 15601 | 25-1762305 | 501(C)(3) | 60,000. | 0. | | | UNITED WAY GRANT |

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| COUNTY UNITED WAY INC PO BOX 307 CUMBERLAND, MD 21501 | 52-0695477 | 501(C)(3) | 5,428. | 0. | | | DONOR DESIGNATION |
| CRAFTON INGRAM FOOD PANTRY 80 BRADFORD AVENUE PITTSBURGH, PA 15205 | 23-6393377 | 501(C)(3) | 8,617. | 0. | | | DONOR DESIGNATION |
| CRANBERRY PUBLIC LIBRARY/COMM SRVCS - 2525 ROCHESTER ROAD, SUITE 300 - CRANBERRY TOWNSHIP, PA 16066-6423 | 25-1305780 | 501(C)(3) | 5,555. | 0. | | | DONOR DESIGNATION |
| CREATIVE VISION PROGRAM-CIVIC LIGHT - 719 LIBERTY AVENUE - PITTSBURGH, PA 15222 | 25-6000890 | 501(C)(3) | 13,001. | 0. | | | DONOR DESIGNATION |
| CROHN'S AND COLITIS FOUNDATION, WPA-WV - 5001 BAUM BLVD, SUITE 635 - PITTSBURGH, PA 15213 | 13-6193105 | 501(C)(3) | 14,460. | 0. | | | DONOR DESIGNATION |
| CROSS ROADS FOOD PANTRY 2310 HAYMAKER ROAD MONROEVILLE, PA 15146 | 25-1196393 | 501(C)(3) | 6,093. | 0. | | | DONOR DESIGNATION |
| CROSSROADS FOUNDATION 6901 LYNN WAY PITTSBURGH, PA 15208 | 25-1513510 | 501(C)(3) | 6,078. | 0. | | | DONOR DESIGNATION |
| CROSSROADS FOUNDATION 6901 LYNN WAY PITTSBURGH, PA 15208 | 25-1513510 | 501(C)(3) | 39,000. | 0. | | | UNITED WAY GRANT |
| CURE ALZHEIMER'S FUND 34 WASHINGTON STREET, SUITE 310 WELLESLEY HILLS, MA 02481 | 52-2396428 | 501(C)(3) | 6,357. | 0. | | | DONOR DESIGNATION |

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| CYSTIC FIBROSIS FOUNDATION OF PITTSBURGH - 600 WATERFRONT DRIVE, SUITE 223 - PITTSBURGH, PA 15212 | 13-1930701 | 501(C)(3) | 11,787. | 0. | | | DONOR DESIGNATION |
| DANA'S ANGELS RESEARCH TRUST (DART) - 15 EAST PUTNAM AVENUE #117 - GREENWICH, CT 06830 | 51-6528048 | 501(C)(3) | 7,480. | 0. | | | DONOR DESIGNATION |
| DEPAUL SCHOOL FOR HEARING AND SPEECH - 6202 ALDER STREET - PITTSBURGH, PA 15206 | 25-0965321 | 501(C)(3) | 7,616. | 0. | | | DONOR DESIGNATION |
| DISABLED AMERICAN VETERANS OF PENNSYLVANIA - 4219 TRINDLE ROAD - CAMP HILL, PA 17011 | 23-0520283 | 501(C)(3) | 12,181. | 0. | | | DONOR DESIGNATION |
| DOLLAR ENERGY FUND, INC. - SECA P. O. BOX 42329 PITTSBURGH, PA 15203 | 25-1442933 | 501(C)(3) | 6,497. | 0. | | | DONOR DESIGNATION |
| DOMESTIC VIOLENCE SERVICES OF SOUTHWESTERN PA - 38 EAST MAIDEN STREET - WASHINGTON, PA 15301 | 25-1521327 | 501(C)(3) | 35,000. | 0. | | | UNITED WAY GRANT |
| DOMESTIC VIOLENCE SERVICES OF SOUTHWESTERN PENNSYLVANIA - 308 EAST MAIDEN STREET - WASHINGTON, PA 15301 | 25-1521327 | 501(C)(3) | 6,482. | 0. | | | DONOR DESIGNATION |
| DRESS FOR SUCCESS PITTSBURGH 305 34TH STREET PITTSBURGH, PA 15201 | 20-2388089 | 501(C)(3) | 50,000. | 0. | | | UNITED WAY GRANT |
| DRESS FOR SUCCESS PITTSBURGH 305 34TH STREET PITTSBURGH, PA 15201 | 20-2388089 | 501(C)(3) | 9,856. | 0. | | | DONOR DESIGNATION |

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| EARLY LEARNING CONNECTIONS 139 RIEGER ROAD BUTLER, PA 16001 | 25-1249750 | 501(C)(3) | 12,200. | 0. | | | UNITED WAY GRANT |
| EAST END COOPERATIVE MINISTRY 6140 STATION STREET PITTSBURGH, PA 15206 | 23-1722988 | 501(C)(3) | 5,926. | 0. | | | DONOR DESIGNATION |
| EAST END UNITED COMMUNITY CENTER OPERATING - 150 COOLSPRING STREET - UNIONTOWN, PA 15401 | 23-7437583 | 501(C)(3) | 15,000. | 0. | | | UNITED WAY GRANT |
| EPILEPSY FOUNDATION WESTERN/CENTRAL PA - 1501 REEDSDALE STREET, SUITE 3002, CARDELLO BLDG - PITTSBURGH, PA | 23-7241930 | 501(C)(3) | 17,570. | 0. | | | DONOR DESIGNATION |
| EXTRA MILE EDUCATION FOUNDATION 603 STANWIX STREET, SUITE 348 PITTSBURGH, PA 15222 | 25-1621067 | 501(C)(3) | 33,586. | 0. | | | DONOR DESIGNATION |
| FAMILY GUIDANCE, INC. 307 DUFF ROAD SEWICKLEY, PA 15143 | 25-1128116 | 501(C)(3) | 16,029. | 0. | | | DONOR DESIGNATION |
| FAMILY HOUSE OF PITTSBURGH 5308 LIBERTY AVE PITTSBURGH, PA 15224 | 25-1519959 | 501(C)(3) | 22,039. | 0. | | | DONOR DESIGNATION |
| FAMILYLIFE NETWORK, INC. 1155 WILDLIFE LODGE ROAD LOWER BURRELL, PA 15068 | 23-2889006 | 501(C)(3) | 6,000. | 0. | | | UNITED WAY GRANT |
| FAMILYLIFE NETWORK, INC. 1155 WILDLIFE LODGE ROAD LOWER BURRELL, PA 15068 | 23-2889006 | 501(C)(3) | 8,697. | 0. | | | DONOR DESIGNATION |

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| FAMILYLINKS, INC 401 N. HIGHLAND AVENUE PITTSBURGH, PA 15206 | 25-1209266 | 501(C)(3) | 78,000. | 0. | | | UNITED WAY GRANT |
| FAYETTE COUNTY COMMUNITY ACTION AGENCY, INC. - 108 NORTH BEESON BOULEVARD - UNIONTOWN, PA 15401 | 25-1180898 | 501(C)(3) | 40,000. | 0. | | | UNITED WAY GRANT |
| FOCUS ON RENEWAL STO-ROX NEIGHBORHOOD CORP - 420 CHARTIERS AVENUE - MCKEES ROCKS, PA 15136 | 23-7181440 | 501(C)(3) | 5,436. | 0. | | | DONOR DESIGNATION |
| FOOD FOR FAMILIES - ST VINCENT DE PAUL - 945 FRANKLIN STREET - JOHNSTOWN, PA 15905 | 25-1423020 | 501(C)(3) | 6,211. | 0. | | | DONOR DESIGNATION |
| FOUR DIAMONDS FUND AT PENN STATE PENN STATE CHILDREN'S HOSPITAL, 600 CENTERVIEW DR - HERSHEY, PA 17033 | 24-6000376 | 501(C)(3) | 7,341. | 0. | | | DONOR DESIGNATION |
| FOX CENTER FOR VISION RESTORATION 203 LOTHROP STREET PITTSBURGH, PA 15213 | 25-1439732 | 501(C)(3) | 9,893. | 0. | | | DONOR DESIGNATION |
| FREE STORE/FOOD BANK 3401 ROSENTHAL WAY CINCINNATI, OH 45204 | 23-7122205 | 501(C)(3) | 5,818. | 0. | | | DONOR DESIGNATION |
| FREEPORT AREA FOOD BANK 312 HIGH STREET FREEPORT, PA 16229 | 25-1686270 | 501(C)(3) | 7,364. | 0. | | | DONOR DESIGNATION |
| FUND ADVANCEMENT OF MINORITIES THROUGH - 6031 BROAD STREET, SUITE 200 - PITTSBURGH, PA 15206 | 25-1717655 | 501(C)(3) | 43,186. | 0. | | | DONOR DESIGNATION |

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| GATEWAY REHABILITATION CENTER MOFFET RUN ROAD ALIQUIPPA, PA 15001 | 25-1204418 | 501(C)(3) | 7,896. | 0. | | | DONOR DESIGNATION |
| GENESIS OF PITTSBURGH P. O. BOX 41017 PITTSBURGH, PA 15202 | 25-1306977 | 501(C)(3) | 19,671. | 0. | | | DONOR DESIGNATION |
| GIRL SCOUTS WESTERN PENNSYLVANIA 30 ISABELLA STREET, SUITE 107 PITTSBURGH, PA 15212 | 25-1126094 | 501(C)(3) | 17,632. | 0. | | | DONOR DESIGNATION |
| GIRLS HOPE OF PGH 1005 BEAVER GRADE ROAD, SUITE 103 CORAOPOLIS, PA 15108 | 25-1625524 | 501(C)(3) | 9,783. | 0. | | | DONOR DESIGNATION |
| GLADE RUN FOUNDATION PO BOX 70 ZELIENOPLE, PA 16063 | 25-1731300 | 501(C)(3) | 15,000. | 0. | | | UNITED WAY GRANT |
| GLADE RUN FOUNDATION PO BOX 70 ZELIENOPLE, PA 16063 | 25-1731300 | 501(C)(3) | 9,829. | 0. | | | DONOR DESIGNATION |
| GLOBAL LINKS 700 TRUMBULL DRIVE PITTSBURGH, PA 15205 | 52-1629060 | 501(C)(3) | 30,000. | 0. | | | UNITED WAY GRANT |
| GOODWILL OF SOUTHWESTERN PA LITERACY - 2600 EAST CARSON STREET - PITTSBURGH, PA 15203 | 25-1098928 | 501(C)(3) | 9,392. | 0. | | | DONOR DESIGNATION |
| GREATER PITTSBURGH COMMUNITY FOOD BANK - ONE NORTH LINDEN STREET - DUQUESNE, PA 15110 | 25-1420599 | 501(C)(3) | 75,000. | 0. | | | UNITED WAY GRANT |

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| GREATER PITTSBURGH COMMUNITY FOOD BANK - ONE NORTH LINDEN STREET - DUQUESNE, PA 15110 | 25-1420599 | 501(C)(3) | 207,035. | 0. | | | DONOR DESIGNATION |
| GREATER PITTSBURGH LITERACY COUNCIL - 100 SHERIDAN SQUARE, 4TH FLOOR - PITTSBURGH, PA 15206 | 25-1392652 | 501(C)(3) | 16,207. | 0. | | | DONOR DESIGNATION |
| GREENE COUNTY UNITED WAY 748 EAST HIGH STREET WAYNESBURG, PA 15370 | 25-1383659 | 501(C)(3) | 15,254. | 0. | | | DONOR DESIGNATION |
| GREENSBURG HEMPFIELD AREA LIBRARY 237 S. PENNSYLVANIA AVENUE GREENSBURG, PA 15601 | 25-0974302 | 501(C)(3) | 10,000. | 0. | | | UNITED WAY GRANT |
| GREENWICH UNITED WAY 2 DEARFIELD DR, SUITE 300 GREENWICH, CT 06831 | 06-0646578 | 501(C)(3) | 9,872. | 0. | | | DONOR DESIGNATION |
| GROVE CITY AREA UNITED WAY 119 SOUTH BROAD STREET GROVE CITY, PA 16127 | 25-1488637 | 501(C)(3) | 8,749. | 0. | | | DONOR DESIGNATION |
| GUARDIAN ANGELS MEDICAL SERVICE DOGS, INC. - 3251 NE 180TH AVE. - WILLISTON, FL 32696 | 27-2667123 | 501(C)(3) | 7,523. | 0. | | | DONOR DESIGNATION |
| GWEN'S GIRLS 711 W COMMONS STREET, 3RD FLOOR PITTSBURGH, PA 15212 | 75-3114136 | 501(C)(3) | 15,832. | 0. | | | DONOR DESIGNATION |
| HABITAT FOR HUMANITY GREATER PITTSBURGH - 212 YOST BOULEVARD, SUITE A - PITTSBURGH, PA 15221 | 25-1529652 | 501(C)(3) | 8,642. | 0. | | | DONOR DESIGNATION |

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| HAVIN, INC. PO BOX 983 KITTTANNING, PA 16201 | 25-1393025 | 501(C)(3) | 16,500. | 0. | | | UNITED WAY GRANT |
| HEART OF FLORIDA UNITED WAY 1940 TRAYLOR BOULEVARD ORLANDO, FL 32804 | 59-0808854 | 501(C)(3) | 7,490. | 0. | | | DONOR DESIGNATION |
| HEART OF ILLINOIS UNITED WAY 509 W. HIGH STREET PEORIA, IL 61606 | 37-0661504 | 501(C)(3) | 16,084. | 0. | | | DONOR DESIGNATION |
| HEART OF WEST MICHIGAN UNITED WAY 118 COMMERCE AVENUE SW, SUITE 100 GRAND RAPIDS, MI 49503 | 38-1360923 | 501(C)(3) | 13,390. | 0. | | | DONOR DESIGNATION |
| HEARTH - SECA 3724 MOUNT ROYAL BLVD, SUITE 101 GLENSHAW, PA 15116 | 25-1605139 | 501(C)(3) | 16,363. | 0. | | | DONOR DESIGNATION |
| HEINZ HISTORY CENTER 1212 SMALLMAN STREET PITTSBURGH, PA 15222 | 25-0965391 | 501(C)(3) | 29,074. | 0. | | | DONOR DESIGNATION |
| HIGHMARK CARING FOUNDATION 501 PENN AVENUE PITTSBURGH, PA 15222 | 25-1494238 | 501(C)(3) | 191,221. | 0. | | | DONOR DESIGNATION |
| HOLY FAMILY INSTITUTE 8235 OHIO RIVER BOULEVARD PITTSBURGH, PA 15202 | 25-0984606 | 501(C)(3) | 72,776. | 0. | | | DONOR DESIGNATION |
| HOLY FAMILY INSTITUTE FOUNDATION (THE) - 8235 OHIO RIVER BOULEVARD - PITTSBURGH, PA 15202 | 25-1688439 | 501(C)(3) | 34,212. | 0. | | | DONOR DESIGNATION |

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| HOMELESS CHILDREN'S EDUCATION FUND 1901 CENTRE AVE, STE 301 PITTSBURGH, PA 15219 | 25-1820564 | 501(C)(3) | 40,000. | 0. | | | UNITED WAY GRANT |
| HOMELESS CHILDREN'S EDUCATION FUND 1901 CENTRE AVE, STE 301 PITTSBURGH, PA 15219 | 25-1820564 | 501(C)(3) | 22,620. | 0. | | | DONOR DESIGNATION |
| HOMWOOD CHILDREN'S VILLAGE 801 N. HOMWOOD AVENUE PITTSBURGH, PA 15208 | 27-1885583 | 501(C)(3) | 50,000. | 0. | | | UNITED WAY GRANT |
| HOMWOOD CHILDREN'S VILLAGE 801 N. HOMWOOD AVENUE PITTSBURGH, PA 15208 | 27-1885583 | 501(C)(3) | 19,276. | 0. | | | DONOR DESIGNATION |
| HOSPICE OF THE WESTERN RESERVE 300 EAST 185TH STREET CLEVELAND, OH 44119 | 34-1256377 | 501(C)(3) | 5,064. | 0. | | | DONOR DESIGNATION |
| HUMAN SERVICES CENTER CORP 519 PENN AVENUE PITTSBURGH, PA 15145 | 25-1427632 | 501(C)(3) | 230,000. | 0. | | | UNITED WAY GRANT |
| HUMANE SOCIETY OF WPA 1101 WESTERN AVENUE PITTSBURGH, PA 15233 | 25-0965608 | 501(C)(3) | 59,395. | 0. | | | DONOR DESIGNATION |
| HUMANE SOCIETY/WESTMORELAND COUNTY ROUTE 119N, PO BOX 1552 GREENSBURG, PA 15601 | 25-1650554 | 501(C)(3) | 6,989. | 0. | | | DONOR DESIGNATION |
| IMANI CHRISTIAN ACADEMY 2150 EAST HILLS DRIVE PITTSBURGH, PA 15221 | 25-1816131 | 501(C)(3) | 24,596. | 0. | | | DONOR DESIGNATION |

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| INDUSTRIAL ARTS WORKSHOP INC 5430 DYKE STREET PITTSBURGH, PA 15207 | 84-1824326 | 501(C)(3) | 40,000. | 0. | | | UNITED WAY GRANT |
| INTERFAITH VOLUNTEER CAREGIVERS OF FAYETTE, INC. - 79 W. FAYETTE STREET - UNIONTOWN, PA 15401 | 25-1726856 | 501(C)(3) | 20,000. | 0. | | | UNITED WAY GRANT |
| INTERNATIONAL ORTHODOX CHRISTIAN CHARIT - 110 WEST ROAD, SUITE 360 - BALTIMORE, MD 21204 | 25-1679348 | 501(C)(3) | 6,579. | 0. | | | DONOR DESIGNATION |
| JEAN B PURVIS COMMUNITY HEALTH CENTER - 103 BONNIE DRIVE - BUTLER, PA 16002 | 20-4852135 | 501(C)(3) | 14,000. | 0. | | | UNITED WAY GRANT |
| JEREMIAH'S PLACE 6435 FRANKSTOWN AVENUE PITTSBURGH, PA 15206 | 45-1866754 | 501(C)(3) | 10,000. | 0. | | | UNITED WAY GRANT |
| JEREMIAH'S PLACE 6435 FRANKSTOWN AVENUE PITTSBURGH, PA 15206 | 45-1866754 | 501(C)(3) | 5,321. | 0. | | | DONOR DESIGNATION |
| JEWISH ASSOCIATION ON AGING CHARLES MORRIS CENTER, 300 J H F DR PITTSBURGH, PA 15217 | 25-1720606 | 501(C)(3) | 30,577. | 0. | | | DONOR DESIGNATION |
| JEWISH COMMUNITY CENTER 5738 FORBES AVENUE PITTSBURGH, PA 15217 | 25-1094514 | 501(C)(3) | 17,238. | 0. | | | DONOR DESIGNATION |
| JEWISH COMMUNITY CENTER OF GREATER PGH - 5738 FORBS AVENUE - PITTSBURGH, PA 15217 | 25-1094514 | 501(C)(3) | 365,000. | 0. | | | UNITED WAY GRANT |

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| JEWISH FAMILY AND COMMUNITY SERVICES - 5743 BARTLETT STREET - PITTSBURGH, PA 15217 | 25-0965407 | 501(C)(3) | 21,925. | 0. | | | DONOR DESIGNATION |
| JEWISH FAMILY AND COMMUNITY SERVICES OF PGH - 5743 BARTLETT STREET - PITTSBURGH, PA 15217 | 25-0965407 | 501(C)(3) | 496,000. | 0. | | | UNITED WAY GRANT |
| JUBILEE ASSOCIATION, INC. 2005 WYANDOTTE STREET PITTSBURGH, PA 15219 | 25-1394229 | 501(C)(3) | 70,000. | 0. | | | UNITED WAY GRANT |
| JUBILEE ASSOCIATION, INC. 2005 WYANDOTTE STREET PITTSBURGH, PA 15219 | 25-1394229 | 501(C)(3) | 12,856. | 0. | | | DONOR DESIGNATION |
| JUNIOR ACHIEVEMENT OF WESTERN PA 90 EMERSON LANE, SUITE 1403 BRIDGEVILLE, PA 15017 | 25-0983059 | 501(C)(3) | 40,516. | 0. | | | DONOR DESIGNATION |
| JUST HARVEST EDUCATION FUND 317 E. CARSON ST, SUITE 153 PITTSBURGH, PA 15219 | 25-1555571 | 501(C)(3) | 125,000. | 0. | | | UNITED WAY GRANT |
| JUST MEDIATION PITTSBURGH 5167 BUTLER STREET PITTSBURGH, PA 15201 | 86-1972180 | 501(C)(3) | 64,000. | 0. | | | UNITED WAY GRANT |
| JUVENILE DIABETES RESEARCH FOUNDATION - 225 EAST CITY AVENUE, SUITE 104 - BALA CYNWYD, PA 19004 | 23-1907729 | 501(C)(3) | 52,656. | 0. | | | DONOR DESIGNATION |
| KEYSTONE CHILDREN AND FAMILY 3700 VARTAN WAY HARRISBURG, PA 17110 | 23-2480490 | 501(C)(3) | 6,421. | 0. | | | DONOR DESIGNATION |

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| KIDSVOICE 437 GRANT ST. FRICK BLDG STE 700 PITTSBURGH, PA 15219 | 25-0983060 | 501(C)(3) | 76,988. | 0. | | | DONOR DESIGNATION |
| KNEAD COMMUNITY CAFE 1011 BARNES STREET NEW KENSINGTON, PA 15068 | 81-0705565 | 501(C)(3) | 20,000. | 0. | | | UNITED WAY GRANT |
| KNEAD COMMUNITY CAFE 1011 BARNES STREET NEW KENSINGTON, PA 15068 | 81-0705565 | 501(C)(3) | 11,499. | 0. | | | DONOR DESIGNATION |
| LATINO COMMUNITY CENTER 212 9TH STREET, 5TH FLOOR PITTSBURGH, PA 15222 | 82-0647985 | 501(C)(3) | 73,000. | 0. | | | UNITED WAY GRANT |
| LAUREL AREA INTERFAITH VOLUNTEER CAREGIVERS, INC. - PO BOX 854 - LATROBE, PA 15650 | 20-4380836 | 501(C)(3) | 20,000. | 0. | | | UNITED WAY GRANT |
| LEADERSHIP PITTSBURGH, INC. 650 SMITHFIELD STREET, SUITE 1110 PITTSBURGH, PA 15222 | 25-1767779 | 501(C)(3) | 22,766. | 0. | | | DONOR DESIGNATION |
| LEUKEMIA AND LYMPHOMA SOCIETY 3 INTERNATIONAL DRIVE, SUITE 200 RYE BROOK, NY 10573 | 13-5644916 | 501(C)(3) | 23,870. | 0. | | | DONOR DESIGNATION |
| LIFE'SWORK OF WESTERN PA 2403 SIDNEY STREET, SUITE 500 PITTSBURGH, PA 15203 | 25-0969438 | 501(C)(3) | 57,000. | 0. | | | UNITED WAY GRANT |
| LIFELINE OF SWPA/CRANBERRY 239 FOURTH AVENUE PITTSBURGH, PA 15222 | 25-1317150 | 501(C)(3) | 5,612. | 0. | | | DONOR DESIGNATION |

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| LIFESTEPS 383 NEW CASTLE ROAD BUTLER, PA 16001 | 25-1665243 | 501(C)(3) | 9,103. | 0. | | | DONOR DESIGNATION |
| LIFESTEPS 383 NEW CASTLE ROAD BUTLER, PA 16001 | 25-1665243 | 501(C)(3) | 35,000. | 0. | | | UNITED WAY GRANT |
| LIGHT OF LIFE RESCUE MISSION/ALLEGHENY - 913 WESTERN AVE - PITTSBURGH, PA 15233 | 25-1056389 | 501(C)(3) | 69,645. | 0. | | | DONOR DESIGNATION |
| LIGHTHOUSE FOUNDATION 116 BROWNS HILL ROAD, SUITE 400 VALENCIA, PA 16059 | 25-1547324 | 501(C)(3) | 30,000. | 0. | | | UNITED WAY GRANT |
| LITERACY PITTSBURGH 411 SEVENTH AVENUE, STE 550 PITTSBURGH, PA 15219 | 25-1392652 | 501(C)(3) | 100,000. | 0. | | | UNITED WAY GRANT |
| LITTLE SISTERS OF THE POOR - SECA 1028 BENTON AVENUE PITTSBURGH, PA 15212 | 25-0974310 | 501(C)(3) | 70,541. | 0. | | | DONOR DESIGNATION |
| LYCOMING COUNTY UNITED WAY ONE WEST THIRD STREET, SUITE 208 WILLIAMSPORT, PA 17701 | 24-0828149 | 501(C)(3) | 16,055. | 0. | | | DONOR DESIGNATION |
| MACEDONIA FAMILY & COMMUNITY ENRICHMENT CENTER - 5001 BAUM BOULEVARD, SUITE #400 - PITTSBURGH, PA 15213 | 25-1778222 | 501(C)(3) | 295,000. | 0. | | | UNITED WAY GRANT |
| MAGEE-WOMENS RESEARCH INSTITUTE 300 HALKET STREET PITTSBURGH, PA 15213 | 25-1462312 | 501(C)(3) | 52,569. | 0. | | | DONOR DESIGNATION |

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| MAINSTAY LIFE SERVICES 200 ROESSLER ROAD PITTSBURGH, PA 15220 | 25-1215557 | 501(C)(3) | 6,209. | 0. | | | DONOR DESIGNATION |
| MAKE-A-WISH FOUNDATION OF ERIE THE GULF TOWER 707 GRANT ST, 37TH F PITTSBURGH, PA 15219 | 25-1464177 | 501(C)(3) | 45,447. | 0. | | | DONOR DESIGNATION |
| MANCHESTER - BIDWELL CORPORATION 1815 METROPOLITAN STREET PITTSBURGH, PA 15233 | 25-1842945 | 501(C)(3) | 45,000. | 0. | | | UNITED WAY GRANT |
| MANCHESTER - BIDWELL CORPORATION 1815 METROPOLITAN STREET PITTSBURGH, PA 15233 | 25-1842945 | 501(C)(3) | 57,956. | 0. | | | DONOR DESIGNATION |
| MANCHESTER CRAFTSMEN'S GUILD 1815 METROPOLITAN STREET PITTSBURGH, PA 15233 | 23-7113478 | 501(C)(3) | 8,738. | 0. | | | DONOR DESIGNATION |
| MARCH OF DIMES 300 CEDAR RIDGE DRIVE, SUITE 313 PITTSBURGH, PA 15205 | 13-1846366 | 501(C)(3) | 30,046. | 0. | | | DONOR DESIGNATION |
| MARIO LEMIEUX FOUNDATION 112 WASHINGTON PLACE ONE CHATHAM CENTER, SUITE #1661 - PITTSBURGH, PA 15219 | 25-1708231 | 501(C)(3) | 21,475. | 0. | | | DONOR DESIGNATION |
| MARS HOME FOR YOUTH 521 ROUTE 228 MARS, PA 16046 | 25-1793268 | 501(C)(3) | 6,111. | 0. | | | DONOR DESIGNATION |
| MCGUIRE MEMORIAL HOME 2119 MERCER ROAD NEW BRIGHTON, PA 15066 | 25-1687137 | 501(C)(3) | 22,583. | 0. | | | DONOR DESIGNATION |

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| MENTAL HEALTH AMERICA OF SOUTHWESTERN PA - 409 COULTER AVENUE, SUITE 4 - GREENSBURG, PA 15601 | 25-1142972 | 501(C)(3) | 5,860. | 0. | | | DONOR DESIGNATION |
| MENTORING PARTNERSHIP OF SW 4165 BLAIR STREET SUITE 223 PITTSBURGH, PA 15207 | 23-2876447 | 501(C)(3) | 24,668. | 0. | | | DONOR DESIGNATION |
| MERCY FOUNDATION/HEALTHY COMMUNITIES - 1200 REEDSDALE ST - PITTSBURGH, PA 15233 | 25-1479026 | 501(C)(3) | 9,332. | 0. | | | DONOR DESIGNATION |
| MERCY FOUNDATION/OPERATION SAFETY NET - 101 BRADFORD ROAD, SUITE 320 - WEXFORD, PA 15090 | 25-1464211 | 501(C)(3) | 14,946. | 0. | | | DONOR DESIGNATION |
| METRO UNITED WAY PO BOX 4488 LOUISVILLE, KY 40204 | 61-0444680 | 501(C)(3) | 34,599. | 0. | | | DONOR DESIGNATION |
| MIDWIFE CENTER FOR BIRTH 2831 PENN AVENUE PITTSBURGH, PA 15222 | 25-1864282 | 501(C)(3) | 5,778. | 0. | | | DONOR DESIGNATION |
| MILE HIGH UNITED WAY 711 PARK AVENUE WEST DENVER, CO 80205 | 84-0404235 | 501(C)(3) | 22,864. | 0. | | | DONOR DESIGNATION |
| MON VALLEY INITIATIVE 303 - 305 EAST 8TH AVENUE HOMESTEAD, PA 15120 | 25-1591350 | 501(C)(3) | 120,000. | 0. | | | UNITED WAY GRANT |
| MON VALLEY UNEMPLOYED COMMITTEE 338 E 9TH AVENUE HOMESTEAD, PA 15120 | 25-1422887 | 501(C)(3) | 50,563. | 0. | | | DONOR DESIGNATION |

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| MOONCREST NEIGHBORHOOD PROGRAMS/HOPEBOUND MINISTRIES - 308 HEMLOCK DRIVE - MOON TOWNSHIP, PA 15108 | 20-0123458 | 501(C)(3) | 18,000. | 0. | | | UNITED WAY GRANT |
| MOSAIC COMMUNITY DEVELOPMENT CENTER - 227 SOUTH 4TH STREET - JEANNETTE, PA 15644 | 85-3496916 | 501(C)(3) | 10,000. | 0. | | | UNITED WAY GRANT |
| MT. ARARAT COMMUNITY ACTIVITY CENTER - 271 PAULSON AVENUE - PITTSBURGH, PA 15206 | 25-1628168 | 501(C)(3) | 8,013. | 0. | | | DONOR DESIGNATION |
| NATIONAL AVIARY ALLEGHENY COMMONS WEST PITTSBURGH, PA 15212 | 25-1667146 | 501(C)(3) | 6,599. | 0. | | | DONOR DESIGNATION |
| NATIONAL CENTER FOR WOMEN & INFORMATION TECHNOLOGY - 1909 26TH ST - BOULDER, CO 80302 | 68-0591481 | 501(C)(3) | 6,235. | 0. | | | DONOR DESIGNATION |
| NATIONAL MULTIPLE SCLEROSIS SOCIETY - ROCKSIDE SQUARE II, 6133 ROCKSIDE ROAD - INDEPENDENCE, OH 44131 | 13-5661935 | 501(C)(3) | 19,482. | 0. | | | DONOR DESIGNATION |
| NEIGHBORHOOD ACADEMY (THE) 709 NORTH AIKEN AVE PITTSBURGH, PA 15206 | 25-1816609 | 501(C)(3) | 36,287. | 0. | | | DONOR DESIGNATION |
| NEIGHBORHOOD ALLIES 429 FOURTH AVE., SUITE 19000 PITTSBURGH, PA 15219 | 25-1578436 | 501(C)(3) | 100,000. | 0. | | | UNITED WAY GRANT |
| NEIGHBORHOOD LEARNING ALLIANCE 5429 PENN AVENUE PITTSBURGH, PA 15206 | 20-0557748 | 501(C)(3) | 80,000. | 0. | | | UNITED WAY GRANT |

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| NEIGHBORHOOD LEGAL SERVICES 928 PENN AVENUE PITTSBURGH, PA 15222 | 25-1157129 | 501(C)(3) | 105,000. | 0. | | | UNITED WAY GRANT |
| NEIGHBORHOOD LEGAL SERVICES 928 PENN AVENUE PITTSBURGH, PA 15222 | 25-1157129 | 501(C)(3) | 18,769. | 0. | | | DONOR DESIGNATION |
| NETWORK OF HOPE 3035 PERRYSVILLE AVE PITTSBURGH, PA 15214 | 25-1900531 | 501(C)(3) | 6,274. | 0. | | | DONOR DESIGNATION |
| NEW CENTURY CAREERS INC. 305 EAST CARSON STREET PITTSBURGH, PA 15219 | 25-1852131 | 501(C)(3) | 63,500. | 0. | | | UNITED WAY GRANT |
| NORTH HILLS AFFORDABLE HOUSING, INC. (HEARTH) - 3724 MOUNT ROYAL BLVD, SUITE 101 - GLENSHAW, PA 15116 | 25-1605139 | 501(C)(3) | 50,000. | 0. | | | UNITED WAY GRANT |
| NORTH HILLS COMMUNITY OUTREACH 1975 FERGUSON ROAD ALLISON PARK, PA 15101 | 25-1553057 | 501(C)(3) | 29,307. | 0. | | | DONOR DESIGNATION |
| NORTH HILLS FOOD BANK 845 PERRY HIGHWAY PITTSBURGH, PA 15229 | 25-1463532 | 501(C)(3) | 9,887. | 0. | | | DONOR DESIGNATION |
| NORTH TEXAS AREA UNITED WAY PO BOX 660 WICHITA FALLS, TX 76307 | 75-0950126 | 501(C)(3) | 9,247. | 0. | | | DONOR DESIGNATION |
| NORTH WAY CHRISTIAN COMMUNITY/FOOD 12121 PERRY HIGHWAY WEXFORD, PA 15090 | 25-1392339 | 501(C)(3) | 6,526. | 0. | | | DONOR DESIGNATION |

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| NORTHERN AREA MULTI SERVIC CTR 209 13TH STREET PITTSBURGH, PA 15215 | 23-7139992 | 501(C)(3) | 65,000. | 0. | | | UNITED WAY GRANT |
| OUTREACH TEEN AND FAMILY SERVICES INC - 666 WASHINGTON ROAD - PITTSBURGH, PA 15228 | 25-1402188 | 501(C)(3) | 7,422. | 0. | | | DONOR DESIGNATION |
| PA WOMEN WORK 5607 BAUM BLVD., SUITE 333 PITTSBURGH, PA 15206 | 25-1705976 | 501(C)(3) | 25,000. | 0. | | | UNITED WAY GRANT |
| PASSAVANT HOSPITAL FOUNDATION, UPMC - 9100 BABCOCK BOULEVARD - PITTSBURGH, PA 15237 | 25-1407815 | 501(C)(3) | 24,179. | 0. | | | DONOR DESIGNATION |
| PENNSYLVANIA INNOCENCE PROJECT 1515 MARKET ST SUITE 300 PHILADELPHIA, PA 19102 | 26-3176893 | 501(C)(3) | 12,040. | 0. | | | DONOR DESIGNATION |
| PERSAD CENTER INC/AIDS FUND DRIVE 5150 PENN AVENUE PITTSBURGH, PA 15224 | 25-1234680 | 501(C)(3) | 10,124. | 0. | | | DONOR DESIGNATION |
| PHILABUNDANCE 3616 SOUTH GALLOWAY STREET PHILADELPHIA, PA 19148 | 23-2290505 | 501(C)(3) | 8,776. | 0. | | | DONOR DESIGNATION |
| PINNACLE HEALTH FOUNDATION SOUTHGATE OFFICE BUILDING SUITE 2A, 409 S 2ND STREET - HARRISBURG, PA 17104 | 22-2691718 | 501(C)(3) | 84,178. | 0. | | | DONOR DESIGNATION |
| PITTSBURGH AIDS TASK FORCE 5913 PENN AVENUE PITTSBURGH, PA 15206 | 25-1537128 | 501(C)(3) | 8,878. | 0. | | | DONOR DESIGNATION |

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| PITTSBURGH AVIATION ANIMAL RESCUE TEAM - 15 ALLEGHENY COUNTY AIRPORT - WEST MIFFLIN, PA 15122 | 45-5576740 | 501(C)(3) | 6,052. | 0. | | | DONOR DESIGNATION |
| PITTSBURGH BOTANIC GARDENS 799 PINKERTON RUN ROAD OAKDALE, PA 15071 | 25-1648405 | 501(C)(3) | 6,457. | 0. | | | DONOR DESIGNATION |
| PITTSBURGH COUNCIL ON HIGHER EDUCATION C/O PITTSBURGH SCHOLAR HOUSE - 1319 ALLEGHENY AVENUE, SUITE 200 - PITTSBURGH, PA 15233 | 92-1209695 | 501(C)(3) | 100,000. | 0. | | | UNITED WAY GRANT |
| PITTSBURGH CURE SARCOMA 2731 COLE ROAD WEXFORD, PA 15090 | 84-3322815 | 501(C)(3) | 9,821. | 0. | | | DONOR DESIGNATION |
| PITTSBURGH FOOD FOR GOOD 5050 AMBERSON PLACE PITTSBURGH, PA 15232 | 86-1763257 | 501(C)(3) | 9,327. | 0. | | | DONOR DESIGNATION |
| PITTSBURGH FOOD POLICY COUNCIL 216 FRANKLIN STREET, SUITE 400 JOHNSTOWN, PA 15901 | 87-4829271 | 501(C)(3) | 40,000. | 0. | | | UNITED WAY GRANT |
| PITTSBURGH FOUNDATION/SARAH HRIVNAK - FIVE PPG PLACE, STE. 250 - PITTSBURGH, PA 15222 | 25-0965466 | 501(C)(3) | 22,431. | 0. | | | DONOR DESIGNATION |
| PITTSBURGH HARDBALL ACADEMY INC. 6506 BARTLETT STREET PITTSBURGH, PA 15217 | 84-4020953 | 501(C)(3) | 57,119. | 0. | | | DONOR DESIGNATION |
| PITTSBURGH PROJECT (THE) - SECA 2801 NORTH CHARLES STREET PITTSBURGH, PA 15214 | 25-1594578 | 501(C)(3) | 9,094. | 0. | | | DONOR DESIGNATION |

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| PITTSBURGH ZOO AND PPG AQUARIUM ONE WILD PLACE PITTSBURGH, PA 15206 | 25-1418766 | 501(C)(3) | 13,097. | 0. | | | DONOR DESIGNATION |
| PLANNED PARENTHOOD WOMEN'S HEALTH 933 LIBERTY AVENUE PITTSBURGH, PA 15222 | 25-0965474 | 501(C)(3) | 63,271. | 0. | | | DONOR DESIGNATION |
| PNC YMCA AT U. S. STEEL TOWER 420 FT. DUQUESNE BOULEVARD, SUITE 6 PITTSBURGH, PA 15222 | 25-0969497 | 501(C)(3) | 47,286. | 0. | | | DONOR DESIGNATION |
| POWER (PA ORG FOR WOMEN IN EARLY 7501 PENN AVENUE PITTSBURGH, PA 15208 | 25-1643651 | 501(C)(3) | 15,521. | 0. | | | DONOR DESIGNATION |
| PRESSLEY RIDGE 5500 CORPORATE DRIVE, SUITE 400 PITTSBURGH, PA 15237 | 25-1653944 | 501(C)(3) | 6,202. | 0. | | | DONOR DESIGNATION |
| PRIME TIME ADULT CARE, INC. 44 HIGHLAND ROAD BETHEL PARK, PA 15102 | 25-1608242 | 501(C)(3) | 5,964. | 0. | | | DONOR DESIGNATION |
| RAINBOW KITCHEN/COMMUNITY SERVICES 135 EAST NINTH AVENUE HOMESTEAD, PA 15120 | 25-1476536 | 501(C)(3) | 5,184. | 0. | | | DONOR DESIGNATION |
| RANKIN CHRISTIAN CENTER 230 THIRD STREET RANKIN, PA 15104 | 20-0114753 | 501(C)(3) | 12,606. | 0. | | | DONOR DESIGNATION |
| READING IS FUNDAMENTAL/PITTSBURGH 10 CHILDREN'S WAY, STE 300 PITTSBURGH, PA 15212 | 25-1558336 | 501(C)(3) | 13,436. | 0. | | | DONOR DESIGNATION |

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| REFUGE FOR WOMEN 81 SOUTH 13TH STREET PITTSBURGH, PA 15203 | 26-4388243 | 501(C)(3) | 5,677. | 0. | | | DONOR DESIGNATION |
| REIMAGINE REENTRY, INC 1901 CENTRE AVE. SUITE 304 PITTSBURGH, PA 15219 | 85-3579927 | 501(C)(3) | 50,000. | 0. | | | UNITED WAY GRANT |
| RENTHELPPGH 3634 FRAZIER ST PITTSBURGH, PA 15213 | 85-3829045 | 501(C)(3) | 65,500. | 0. | | | UNITED WAY GRANT |
| RIDING FOR THE HANDICAPPED OF WESTERN PA - PO BOX 23 - ALLISON PARK, PA 15101 | 25-1368992 | 501(C)(3) | 6,981. | 0. | | | DONOR DESIGNATION |
| RIVERLIFE 707 GRANT STREET, SUITE 3500 PITTSBURGH, PA 15219 | 31-1674160 | 501(C)(3) | 12,111. | 0. | | | DONOR DESIGNATION |
| ROANOKE VALLEY UNITED WAY (NC) PO BOX 760 ROANOKE RAPIDS, NC 27870 | 56-6010154 | 501(C)(3) | 6,109. | 0. | | | DONOR DESIGNATION |
| ROBIN'S HOME, INC 401 EAST PEARL STREET BUTLER, PA 16001 | 82-2462989 | 501(C)(3) | 10,000. | 0. | | | UNITED WAY GRANT |
| ROCKY MOUNT AREA UNITED WAY 2501 SUNSET AVENUE ROCKY MOUNT, NC 27804 | 56-0611545 | 501(C)(3) | 5,846. | 0. | | | DONOR DESIGNATION |
| RONALD MCDONALD HOUSE CHARITIES OF NORTHEAST OHIO, INC. - 10415 EUCLID AVENUE - CLEVELAND, OH 44106 | 34-1269123 | 501(C)(3) | 5,860. | 0. | | | DONOR DESIGNATION |

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| RONALD MCDONALD HOUSE CHARITIES OF PITTSBURGH AND MORGANTOWN - THE PLAZA BUILDING, 451 44TH STREET, PENTHOUSE FLOOR - PITTSBURGH, PA | 25-1320272 | 501(C)(3) | 10,615. | 0. | | | DONOR DESIGNATION |
| SALVATION ARMY 440 WEST NYACK RD. WEST NYACK, NY 10994 | 25-0965551 | 501(C)(3) | 35,000. | 0. | | | UNITED WAY GRANT |
| SALVATION ARMY/CLEVELAND OHIO 1710 PROSPECT AVENUE CLEVELAND, OH 44115 | 13-5562351 | 501(C)(3) | 92,730. | 0. | | | DONOR DESIGNATION |
| SALVATION ARMY/PITTSBURGH 700 NORTH BELL AVENUE CARNEGIE, PA 15106 | 22-2406433 | 501(C)(3) | 17,695. | 0. | | | DONOR DESIGNATION |
| SAMARITAN'S PURSE P.O. BOX 3000 BOONE, NC 28607 | 58-1437002 | 501(C)(3) | 5,933. | 0. | | | DONOR DESIGNATION |
| SARAH HEINZ HOUSE ASSOCIATION ONE HEINZ STREET PITTSBURGH, PA 15212 | 25-0965390 | 501(C)(3) | 18,458. | 0. | | | DONOR DESIGNATION |
| SCHOOL SISTERS OF ST.FRANCIS MARIAN HALL - 934 FOREST AVENUE - PITTSBURGH, PA 15202 | 53-0196617 | 501(C)(3) | 7,240. | 0. | | | DONOR DESIGNATION |
| SEWICKLEY VALLEY YMCA 625 BLACKBURN ROAD SEWICKLEY, PA 15143 | 25-0979384 | 501(C)(3) | 8,582. | 0. | | | DONOR DESIGNATION |
| SHADYSIDE HOSP FDT/HILLMAN CANCER CTR., - 532 S. AIKEN AVENUE STE 406 - PITTSBURGH, PA 15232 | 25-1290546 | 501(C)(3) | 40,322. | 0. | | | DONOR DESIGNATION |

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| SHELDON CALVARY CAMP 315 SHADY AVE. PITTSBURGH, PA 15206 | 31-1629166 | 501(C)(3) | 14,696. | 0. | | | DONOR DESIGNATION |
| SHRINERS HOSPITAL FOR CHILDREN 950 WEST FARIS ROAD GREENVILLE, SC 29605 | 36-2193608 | 501(C)(3) | 12,922. | 0. | | | DONOR DESIGNATION |
| SISTERS OF CHARITY OF SETON HILL 463 MOUNT THOR ROAD GREENSBURG, PA 15601 | 32-0041640 | 501(C)(3) | 5,500. | 0. | | | DONOR DESIGNATION |
| SISTERS OF ST JOSEPH FOSTER CARE 1020 STATE STREET BADEN, PA 15005 | 25-1753409 | 501(C)(3) | 6,828. | 0. | | | DONOR DESIGNATION |
| SISTERS PGH 2014 MONONGAHELA AVE PITTSBURGH, PA 15218 | 82-1600131 | 501(C)(3) | 25,000. | 0. | | | UNITED WAY GRANT |
| SISTERS PLACE, INC. 111 BROWNSVILLE RD MOUNT OLIVER, PA 15210 | 25-1728330 | 501(C)(3) | 7,851. | 0. | | | DONOR DESIGNATION |
| SONWARD YOUTH PROGRAMS 612 5TH AVENUE NEW KENSINGTON, PA 15068 | 81-5393972 | 501(C)(3) | 10,000. | 0. | | | UNITED WAY GRANT |
| SOUTH HILLS INTERFAITH MOVEMENT 5301 PARK AVENUE BETHEL PARK, PA 15102 | 25-1213332 | 501(C)(3) | 40,166. | 0. | | | DONOR DESIGNATION |
| SOUTH HILLS INTERFAITH MOVEMENT 5301 PARK AVENUE BETHEL PARK, PA 15102 | 25-1213332 | 501(C)(3) | 100,000. | 0. | | | UNITED WAY GRANT |

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| SPECIAL OLYMPICS OF BUTLER COUNTY PO BOX 2561 BUTLER, PA 16001 | 23-2078543 | 501(C)(3) | 24,413. | 0. | | | DONOR DESIGNATION |
| ST CLAIR HOSPITAL 1000 BOWER HILL ROAD PITTSBURGH, PA 15243 | 25-1407399 | 501(C)(3) | 9,424. | 0. | | | DONOR DESIGNATION |
| ST JUDE CHILDRENS RESEARCH HOSPITAL - 501 ST JUDE PLACE - MEMPHIS, TN 38105 | 62-0646012 | 501(C)(3) | 54,359. | 0. | | | DONOR DESIGNATION |
| ST. ANTHONY SCHOOL PROGRAMS 2000 CORPORATE DRIVE STE 580 WEXFORD, PA 15090 | 25-0986055 | 501(C)(3) | 15,519. | 0. | | | DONOR DESIGNATION |
| ST. MARGARET FOUNDATION 815 FREEPORT ROAD PITTSBURGH, PA 15215 | 25-1520340 | 501(C)(3) | 7,811. | 0. | | | DONOR DESIGNATION |
| ST. VINCENT COLLEGE 300 FRASIER PURCHASE ROAD LATROBE, PA 15650 | 25-0964126 | 501(C)(3) | 7,300. | 0. | | | DONOR DESIGNATION |
| ST. VINCENT DE PAUL SOCIETY OF BUTLER - 146 NORTH MONROE STREET - BUTLER, PA 16001 | 25-1549926 | 501(C)(3) | 14,595. | 0. | | | DONOR DESIGNATION |
| STAT INC. - LIGONIER THERAPEUTIC CENTER - 24 STOM RD - LIGONIER, PA 15658 | 26-0146359 | 501(C)(3) | 16,000. | 0. | | | UNITED WAY GRANT |
| STEM CODING LAB, INC. 800 VINIAL STREET, SUITE B307 PITTSBURGH, PA 15212 | 82-1335757 | 501(C)(3) | 48,000. | 0. | | | UNITED WAY GRANT |

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| STRONG WOMEN, STRONG GIRLS PITTSBURGH - 1620 MURRAY AVE. FLOOR 3 - PITTSBURGH, PA 15217 | 20-2321377 | 501(C)(3) | 8,472. | 0. | | | DONOR DESIGNATION |
| SUSAN G. KOMEN RACE FOR THE CURE 13770 NOEL ROAD SUITE 801889 DALLAS, TX 75380 | 75-1835298 | 501(C)(3) | 5,276. | 0. | | | DONOR DESIGNATION |
| THE ADVANCED LEADERSHIP INSTITUTE 500 GRANT STREET, SUITE 4125 PITTSBURGH, PA 15219 | 85-3695252 | 501(C)(3) | 50,000. | 0. | | | DONOR DESIGNATION |
| THE ANIMAL FRIENDS OF WESTMORELAND 216 DEPOT STREET YOUNGWOOD, PA 15697 | 20-5240184 | 501(C)(3) | 7,165. | 0. | | | DONOR DESIGNATION |
| THE ARC OF BUTLER COUNTY 112 HOLLYWOOD DRIVE, SUITE 202 BUTLER, PA 16007 | 25-1072143 | 501(C)(3) | 15,000. | 0. | | | UNITED WAY GRANT |
| THE EDUCATION PARTNERSHIP 281 CORLISS STREET PITTSBURGH, PA 15220 | 90-0438744 | 501(C)(3) | 5,437. | 0. | | | DONOR DESIGNATION |
| THE LEARNING LAMP 2025 BEDFORD STREET JOHNSTOWN, PA 15904 | 20-0306745 | 501(C)(3) | 20,000. | 0. | | | UNITED WAY GRANT |
| THE LIGHTHOUSE FOUNDATION P. O. BOX 366 BAKERSTOWN, PA 15007 | 25-1547324 | 501(C)(3) | 7,738. | 0. | | | DONOR DESIGNATION |
| THE NATIONAL PANCREAS FOUNDATION PO BOX 935 WEXFORD, PA 15090 | 23-2935929 | 501(C)(3) | 6,471. | 0. | | | DONOR DESIGNATION |

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| THE PEAL CENTER 2325 EAST CARSON STREET, SUITE 100A PITTSBURGH, PA 15203-2109 | 20-2943378 | 501(C)(3) | 40,000. | 0. | | | UNITED WAY GRANT |
| THE PITTSBURGH PROMISE 1901 CENTRE AVENUE, SUITE 204 PITTSBURGH, PA 15219 | 26-1982661 | 501(C)(3) | 37,461. | 0. | | | DONOR DESIGNATION |
| THE PROGRAM FOR OFFENDERS, INC. 100 NORTH BRADDOCK AVENUE, SUITE 20 PITTSBURGH, PA 15208 | 25-1296999 | 501(C)(3) | 8,057. | 0. | | | DONOR DESIGNATION |
| THE SHORTEST LINE TWO PPG PLACE PITTSBURGH, PA 15222 | 84-3846588 | 501(C)(3) | 8,743. | 0. | | | DONOR DESIGNATION |
| THE WOMEN AND GIRLS FOUNDATION 3706 BUTLER ST., SUITE C PITTSBURGH, PA 15201 | 74-3055311 | 501(C)(3) | 60,000. | 0. | | | UNITED WAY GRANT |
| TICKETS FOR KIDS CHARITIES 700 BLAW AVENUE, SUITE 105 PITTSBURGH, PA 15238 | 02-0559825 | 501(C)(3) | 11,834. | 0. | | | DONOR DESIGNATION |
| TRAVELERS AID SOCIETY OF PITTSBURGH, INC - 343 BOULEVARD OF THE ALLIES - PITTSBURGH, PA 15222 | 25-0965581 | 501(C)(3) | 100,000. | 0. | | | UNITED WAY GRANT |
| TRIDENT UNITED WAY PO BOX 63305 NORTH CHARLESTON, SC 29419 | 57-0314378 | 501(C)(3) | 12,635. | 0. | | | DONOR DESIGNATION |
| UNION MISSION OF LATROBE, INC. 2217 EAST HARRISON AVENUE LATROBE, PA 15650 | 25-1516480 | 501(C)(3) | 60,000. | 0. | | | UNITED WAY GRANT |

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| UNITED JEWISH FEDERATION - SECA 2000 TECHNOLOGY DRIVE PITTSBURGH, PA 15217 | 25-1017602 | 501(C)(3) | 226,324. | 0. | | | DONOR DESIGNATION |
| UNITED WAY COMMUNITY SERVICE/DELAWARE - P.O. BOX 319 - DELAWARE, OH 43015 | 31-4423899 | 501(C)(3) | 16,042. | 0. | | | DONOR DESIGNATION |
| UNITED WAY FOR SOUTHEASTERN MICHIGAN - 660 WOODWARD AVENUE, SUITE 300 - DETROIT, MI 48226 | 20-3099071 | 501(C)(3) | 51,385. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF ASHTABULA COUNTY 2801 C COURT ASHTABULA, OH 44004 | 34-0846640 | 501(C)(3) | 15,774. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF BEAVER COUNTY 3582 BRODHEAD ROAD, SUITE 205 MONACA, PA 15061 | 25-1086798 | 501(C)(3) | 48,443. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF BEDFORD COUNTY 127 S. JULIANA STREET, SUITE 1 BEDFORD, PA 15522 | 25-1583419 | 501(C)(3) | 12,340. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF BERKS COUNTY 501 WASHINGTON STREET, PO BOX 702 READING, PA 19603 | 23-1655375 | 501(C)(3) | 8,620. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF BLOUNT COUNTY (TN) 1615 E. BROADWAY AVENUE MARYVILLE, TN 37804 | 23-7122193 | 501(C)(3) | 42,229. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF BREVARD COUNTY 1100 ROCKLEDGE BLVD, SUITE 300 ROCKLEDGE, FL 32955 | 59-0836384 | 501(C)(3) | 8,866. | 0. | | | DONOR DESIGNATION |

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| UNITED WAY OF BUCKS COUNTY 413 HOOD BOULEVARD FAIRLESS HILLS, PA 19030 | 23-1409706 | 501(C)(3) | 10,058. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF CENTRAL ALABAMA, INC. - P.O. BO 320189 - BIRMINGHAM, AL 35232 | 63-0288846 | 501(C)(3) | 80,531. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF CENTRAL CAROLINAS, INC. - PO BOX 890685 - CHARLOTTE, NC 28289 | 56-0529948 | 501(C)(3) | 26,778. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF CENTRAL INDIANA 3901 NORTH MERIDIAN STREET INDIANAPOLIS, IN 46208 | 35-1007590 | 501(C)(3) | 56,928. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF CENTRAL MARYLAND, INC. - 100 S. CHARLES ST., 5TH FLOOR - BALTIMORE, MD 21203 | 52-0591543 | 501(C)(3) | 38,859. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF CENTRAL OHIO 360 SOUTH THIRD STREET COLUMBUS, OH 43215 | 31-4393712 | 501(C)(3) | 69,538. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF CHESTER COUNTY 211 NORTH WALNUT STREET WEST CHESTER, PA 19380 | 23-2131877 | 501(C)(3) | 7,759. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF DELAWARE, INC. 625 ORANGE STREET, 3RD FLOOR WILMINGTON, DE 19801 | 51-0073399 | 501(C)(3) | 10,901. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF EAST CENTRAL IOWA 317 7TH AVE SE CEDAR RAPIDS, IA 52401 | 42-0861239 | 501(C)(3) | 6,655. | 0. | | | DONOR DESIGNATION |

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| UNITED WAY OF ERIE COUNTY (PA) - HEALTH - 650 EAST AVENUE, SUITE 200 - ERIE, PA 16503 | 25-1053091 | 501(C)(3) | 153,306. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF FAIRFIELD COUNTY 115 SOUTH BROAD STREET, PO BOX 2299 LANCASTER, OH 43130 | 31-0644804 | 501(C)(3) | 9,104. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF FREDERICK COUNTY, INC. - PO BOX 307 22 S. MARKET ST. SUITE 5 - FREDERICK, MD 21705 | 52-0607973 | 501(C)(3) | 7,750. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF GREATER CINCINNATI 1131 MANCHESTER AVENUE MIDDLETOWN, OH 45042 | 31-0537502 | 501(C)(3) | 68,671. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF GREATER GREENSBORO 1500 YANCEYVILLE STREET GREENSBORO, NC 27415 | 56-0668555 | 501(C)(3) | 5,417. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF GREATER HOUSTON 50 WAUGH DRIVE HOUSTON, TX 77007 | 74-1167964 | 501(C)(3) | 31,505. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF GREATER KANSAS CITY 1080 WASHINGTON STREET KANSAS CITY, MO 64105 | 44-0545812 | 501(C)(3) | 19,230. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF GREATER LORAIN COUNTY - 642 BROADWAY AVE - LORAIN, OH 44052 | 34-1011104 | 501(C)(3) | 23,122. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY - 225 WEST VINE STREET - MILWAUKEE, WI 53212 | 39-0806190 | 501(C)(3) | 12,130. | 0. | | | DONOR DESIGNATION |

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| UNITED WAY OF GREATER PHILADELPHIA & SOUTHERN NEW JERSEY - PO BOX 787897 - PHILADELPHIA, PA 19178-7897 | 23-1556045 | 501(C)(3) | 82,235. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF GREATER RICHMOND AND 2001 MAYWILL STREET, 2ND FLOOR, SUI RICHMOND, VA 23230 | 23-7375346 | 501(C)(3) | 14,802. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF GREATER ST. LOUIS, INC. - 910 NORTH 11TH STREET - ST. LOUIS, MO 63101 | 43-0714167 | 501(C)(3) | 39,672. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF GREATER STARK COUNTY 4825 HIGBEE AVENUE, NW CANTON, OH 44718 | 13-4254191 | 501(C)(3) | 19,262. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF GREATER TOLEDO 424 JACKSON STREET TOLEDO, OH 43604 | 34-4427947 | 501(C)(3) | 10,474. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF GREENVILLE COUNTY INC - 105 EDINBURGH COURT - GREENVILLE, SC 29607 | 57-0362066 | 501(C)(3) | 5,038. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF HAMBLEEN COUNTY PO BOX 1794 MORRISTOWN, TN 37816 | 62-0627919 | 501(C)(3) | 18,782. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF INDIANA COUNTY 982 PHILADELPHIA STREET INDIANA, PA 15701 | 25-1088186 | 501(C)(3) | 7,007. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF LACKAWANNA COUNTY 615 JEFFERSON AVENUE SCRANTON, PA 18501 | 24-0824164 | 501(C)(3) | 19,221. | 0. | | | DONOR DESIGNATION |

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| UNITED WAY OF LANCASTER COUNTY (PA) - 1910 HARRINGTON DRIVE - LANCASTER, PA 17601 | 23-1352093 | 501(C)(3) | 8,220. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF LAWRENCE COUNTY 223 NORTH MERCER STREET NEW CASTLE, PA 16101 | 25-0987221 | 501(C)(3) | 16,596. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF LICKING COUNTY P.O. BOX 4490 NEWARK, OH 43058 | 31-4379455 | 501(C)(3) | 5,102. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF LOWER EASTERN SHORE 803 N SALISBURY BLVD, STE 2100 SALISBURY, MD 21801 | 52-6016589 | 501(C)(3) | 6,141. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF MADISON COUNTY (AL) 701 ANDREW JACKSON WAY HUNTSVILLE, AL 35801 | 63-0366294 | 501(C)(3) | 7,677. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF MARTIN COUNTY, INC. PO BOX 362 STUART, FL 34995 | 23-7273540 | 501(C)(3) | 8,261. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF MERCER COUNTY (PA) 493 SOUTH HERMITAGE ROAD HERMITAGE, PA 16148 | 25-1039297 | 501(C)(3) | 19,074. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF METROPOLITAN ATLANTA 100 EDGEWOOD AVENUE, NE ATLANTA, GA 30303 | 58-0566194 | 501(C)(3) | 13,371. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF METROPOLITAN CHICAGO 333 SOUTH WABASH AVENUE, 30TH FLOOR CHICAGO, IL 60604 | 30-0200478 | 501(C)(3) | 66,063. | 0. | | | DONOR DESIGNATION |

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| UNITED WAY OF METROPOLITAN DALLAS, INC. - 1800 NORTH LAMAR STREET - DALLAS, TX 75202 | 75-6005352 | 501(C)(3) | 26,173. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF METROPOLITAN NASHVILLE - 250 VENTURE CIRCLE - NASHVILLE, TN 37228 | 62-0533104 | 501(C)(3) | 5,905. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF METROPOLITAN TARRANT 1500 N MAIN ST, SUITE 200 FORT WORTH, TX 76164 | 75-0858360 | 501(C)(3) | 19,226. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF MON VALLEY 304 CHAMBER PLAZA CHARLEROI, PA 15022 | 25-1098320 | 501(C)(3) | 17,528. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF MONMOUTH COUNTY 4814 OUTLLOK DRIVE, SUITE 107 WALL TWP, NJ 07753 | 22-1828435 | 501(C)(3) | 17,781. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF NEW YORK CITY 205 EAST 42ND STREET 12TH FLOOR NEW YORK, NY 10017 | 13-2617681 | 501(C)(3) | 8,546. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF NORTHEAST FLORIDA, INC. - 40 E. ADAMS STREET, SUITE 200 - JACKSONVILLE, FL 32202 | 59-0637825 | 501(C)(3) | 6,063. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF NORTHEASTERN MINNESOTA - 608 E DRIVE - CHISHOLM, MN 55719 | 41-0908454 | 501(C)(3) | 135,962. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF NORTHERN UTAH 2955 HARRISON BOULEVARD SUITE 201 OGDEN, UT 84403 | 87-0224251 | 501(C)(3) | 9,472. | 0. | | | DONOR DESIGNATION |

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| UNITED WAY OF NORTHWEST ARKANSAS 100 PARKWOOD STREET LOWELL, AR 72745 | 71-0305700 | 501(C)(3) | 8,326. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF NORTHWEST INDIANA 951 EASTPORT CENTER DRIVE VALPARAISO, IN 46385 | 35-6006484 | 501(C)(3) | 85,308. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF PALM BEACH COUNTY (FL) - 2600 QUANTUM BOULEVARD - BOYNTON BEACH, FL 33426 | 59-0683258 | 501(C)(3) | 10,713. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF PORTAGE COUNTY (OH) 218 W MAIN STREET RAVENNA, OH 44266 | 34-1024769 | 501(C)(3) | 7,227. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF RUTHERFORD AND CANNON COUNTIES - PO BOX 330056 - MURFREESBORO, TN 37133 | 58-1341880 | 501(C)(3) | 10,973. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY - 700 SOUTH ALAMO STREET, P.O. BOX 898 - SAN ANTONIO, TX 78293 | 74-1272381 | 501(C)(3) | 11,242. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF SOUTH CENTRAL MICHIGAN - 709B SOUTH WESTNEDGE AVENUE - KALAMAZOO, MI 49007 | 38-1359193 | 501(C)(3) | 23,529. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF SOUTHEAST ARKANSAS PO BOX 8702 PINE BLUFF, AR 71611 | 71-0236869 | 501(C)(3) | 6,262. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF SOUTHERN CHAUTAUQUA COUNTY - 413 N MAIN ST. - JAMESTOWN, NY 14701 | 16-0772743 | 501(C)(3) | 11,013. | 0. | | | DONOR DESIGNATION |

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| UNITED WAY OF SUMMIT & MEDINA 37 N. HIGH STREET, SUITE A AKRON, OH 44308 | 34-1169257 | 501(C)(3) | 75,107. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF TAMPA BAY 5201 W. KENNEDY BOULEVARD, SUITE 60 TAMPA, FL 33609 | 59-3725701 | 501(C)(3) | 13,169. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF THE BAY AREA 221 MAIN STREET, STE 300 SAN FRANCISCO, CA 94105 | 94-1312348 | 501(C)(3) | 6,126. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF THE BLUEGRASS 100 MIDLAND AVENUE, SUITE 300 LEXINGTON, KY 40508 | 61-0444679 | 501(C)(3) | 8,490. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF THE CAPITAL AREA (MS) - 843 NORTH PRESIDENT STREET - JACKSON, MS 39202 | 64-0303075 | 501(C)(3) | 5,220. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF THE CAPITAL REGION 2235 MILLENNIUM WAY ENOLA, PA 17025 | 23-1352095 | 501(C)(3) | 172,302. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF THE COLUMBIA-WILLAMETTE - 619 SW 11TH AVENUE - PORTLAND, OR 97205 | 93-0582124 | 501(C)(3) | 5,450. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF THE GREATER DAYTON AREA - 33 WEST 1ST STREET, SUITE 500 - DAYTON, OH 45402 | 31-0536658 | 501(C)(3) | 24,027. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF THE GREATER TRIANGLE 2400 PERIMETER PARK DRIVE, SUITE 15 MORRISVILLE, NC 27560 | 56-1949103 | 501(C)(3) | 21,863. | 0. | | | DONOR DESIGNATION |

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| UNITED WAY OF THE LAKESHORE 31 E. CLAY AVENUE MUSKEGON, MI 49442 | 38-1426895 | 501(C)(3) | 34,491. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF THE MIDLANDS - EDUCATION, - 1800 MAIN STREET - COLUMBIA, SC 29201 | 57-0314396 | 501(C)(3) | 29,753. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF THE NATIONAL CAPITAL AREA - SUITE. 200 - VIENNA, VA 22182 | 53-0234290 | 501(C)(3) | 41,550. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF THE PIEDMONT, INC. P.O. BOX 5624 SPARTANBURG, SC 29303 | 57-0314377 | 501(C)(3) | 6,735. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF THE QUAD CITIES AREA 3247 EAST 35TH STREET COURT DAVENPORT, IA 52807 | 36-2725960 | 501(C)(3) | 74,252. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF THE SOUTHERN ALLEGHENIES - 422 MAIN STREET, SUITE 203 - JOHNSTOWN, PA 15901 | 25-0965383 | 501(C)(3) | 51,198. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF TRUMBULL COUNTY 3601 YOUNGSTOWN ROAD SE WARREN, OH 44484 | 34-1083629 | 501(C)(3) | 8,211. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF ULSTER COUNTY, INC. 450 ALBANY AVENUE KINGSTON, NY 12401 | 14-1409654 | 501(C)(3) | 6,516. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF VENANGO COUNTY, INC. PO BOX 303, 1999 ALLEGHENY AVENUE RENO, PA 16343 | 25-1219187 | 501(C)(3) | 7,955. | 0. | | | DONOR DESIGNATION |

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| UNITED WAY OF WASHINGTON COUNTY 70 EAST BEAU STREET SUITE 400 WASHINGTON, PA 15301 | 25-6070133 | 501(C)(3) | 54,211. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF WYOMING VALLEY 8 W MARKET STREET, SUITE 450 WILKES BARRE, PA 18711 | 24-0831490 | 501(C)(3) | 5,492. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF YORK COUNTY (PA) 140 E MARKET ST YORK, PA 17401 | 23-1352588 | 501(C)(3) | 17,192. | 0. | | | DONOR DESIGNATION |
| UNITED WAY OF YORK COUNTY, SC 226 NORTH PARK DRIVE, SUITE 100 ROCK HILL, SC 29730 | 57-0360058 | 501(C)(3) | 7,911. | 0. | | | DONOR DESIGNATION |
| UNITED WAY SERVICES OF GEAUGA COUNTY - 209 CENTER STREET - CHARDON, OH 44024 | 34-1873816 | 501(C)(3) | 16,584. | 0. | | | DONOR DESIGNATION |
| UNITED WAY WORLDWIDE PO BOX 418607 BOSTON, MA 02241 | 13-1635294 | 501(C)(3) | 8,877. | 0. | | | DONOR DESIGNATION |
| UNITED WAY, INC. OF GREATER LOS ANGELES - 1150 S. OLIVE STREET, SUITE T500 - LOS ANGELES, CA 90015 | 95-2274801 | 501(C)(3) | 10,140. | 0. | | | DONOR DESIGNATION |
| UNIVERSITY OF PITTSBURGH 150 FINOLI DRIVE GREENSBURG, PA 15601 | 25-0965591 | 501(C)(3) | 109,941. | 0. | | | DONOR DESIGNATION |
| UPMC CANCER CENTERS FORBES TOWER, SUITE 8084, 3600 FORBES AVENUE AT MEYRAN AVENUE - PITTSBURGH, | 25-1899326 | 501(C)(3) | 19,044. | 0. | | | DONOR DESIGNATION |

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| UPMC CENTER FOR INCLUSION IN HEALTHCARE - 3600 MEYRAN AVENUE, FORBES TOWER, SUITE 11070 - PITTSBURGH, PA 15213 | 25-0965480 | 501(C)(3) | 24,100. | 0. | | | DONOR DESIGNATION |
| UPMC MERCY HOSPITAL PITTSBURGH 600 GRANT STREET PITTSBURGH, PA 15219 | 25-0965429 | 501(C)(3) | 9,006. | 0. | | | DONOR DESIGNATION |
| UPMC THOMAS E. STARZL TRANSPLANT FORBES TOWER, SUITE 8084, 3600 FORBES AVENUE AT MEYRAN AVENUE - PITTSBURGH, | 25-1423657 | 501(C)(3) | 8,404. | 0. | | | DONOR DESIGNATION |
| UPMC SENIOR COMMUNITIES 200 LOTHROP STREET PITTSBURGH, PA 15213 | 25-1574736 | 501(C)(3) | 5,454. | 0. | | | DONOR DESIGNATION |
| UPMC, SHADYSIDE HOSPITAL/CARDIAC 532 S AIKEN AVENUE, STE 203 PITTSBURGH, PA 15232 | 25-0969485 | 501(C)(3) | 12,082. | 0. | | | DONOR DESIGNATION |
| URBAN IMPACT FOUNDATION PO BOX 99518 PITTSBURGH, PA 15233 | 25-1752269 | 501(C)(3) | 57,220. | 0. | | | DONOR DESIGNATION |
| URBAN LEAGUE OF PITTSBURGH, INC. - SECA - 610 WOOD STREET - PITTSBURGH, PA 15222 | 25-0965592 | 501(C)(3) | 14,298. | 0. | | | DONOR DESIGNATION |
| VALLEY OF THE SUN UNITED WAY 1515 EAST OSBORN ROAD PHOENIX, AZ 85014 | 86-0104419 | 501(C)(3) | 32,990. | 0. | | | DONOR DESIGNATION |
| VALLEY POINTS FAMILY YMCA 5021 FREEPORT ROAD NATRONA HEIGHTS, PA 15065 | 25-0965625 | 501(C)(3) | 25,000. | 0. | | | UNITED WAY GRANT |

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| VARIETY THE CHILDREN'S CHARITY 11279 PERRY HIGHWAY, SUITE 512 WEXFORD, PA 15090 | 25-1098099 | 501(C)(3) | 21,060. | 0. | | | DONOR DESIGNATION |
| VETERANS LEADERSHIP PROGRAM 2934 SMALLMAN STREET PITTSBURGH, PA 15201 | 25-1434643 | 501(C)(3) | 100,000. | 0. | | | UNITED WAY GRANT |
| VETERANS LEADERSHIP PROGRAM OF WESTERN PA - 2934 SMALLMAN STREET - PITTSBURGH, PA 15201 | 25-1434643 | 501(C)(3) | 12,569. | 0. | | | DONOR DESIGNATION |
| VETERANS PLACE OF WASHINGTON BOULEVARD - 945 WASHINGTON BOULEVARD - PITTSBURGH, PA 15206 | 25-1787030 | 501(C)(3) | 35,000. | 0. | | | UNITED WAY GRANT |
| VETERANS PLACE OF WASHINGTON BOULEVARD - 945 WASHINGTON BOULEVARD - PITTSBURGH, PA 15206 | 25-1787030 | 501(C)(3) | 6,154. | 0. | | | DONOR DESIGNATION |
| VINTAGE INC 421 NORTH HIGHLAND AVE PITTSBURGH, PA 15206 | 23-7394576 | 501(C)(3) | 160,000. | 0. | | | UNITED WAY GRANT |
| VINTAGE, INC. - SECA 421 NORTH HIGHLAND PITTSBURGH, PA 15206 | 23-7394576 | 501(C)(3) | 7,513. | 0. | | | DONOR DESIGNATION |
| VISION TO LEARN 12100 WILSHIRE BLVD, SUITE 1275 LOS ANGELES, CA 90025 | 45-3457853 | 501(C)(3) | 20,000. | 0. | | | UNITED WAY GRANT |
| VOLUNTEERS OF AMERICA OF PENNSYLVANIA - 1323 FORBES AVENUE - PITTSBURGH, PA 15219 | 23-1932916 | 501(C)(3) | 30,000. | 0. | | | UNITED WAY GRANT |

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| WARREN COUNTY UNITED WAY 3989 S. US ROUTE 42 MASON, OH 45036 | 23-7132362 | 501(C)(3) | 6,228. | 0. | | | DONOR DESIGNATION |
| WASHINGTON CITY MISSION 84 W. WHEELING STREET WASHINGTON, PA 15301 | 25-1051749 | 501(C)(3) | 15,744. | 0. | | | DONOR DESIGNATION |
| WATSON INSTITUTE (THE) 301 CAMPMEETING ROAD SEWICKLEY, PA 15143 | 25-1561504 | 501(C)(3) | 33,493. | 0. | | | DONOR DESIGNATION |
| WAYPOINT YOUTH & COMMUNITY CENTER INC. - 115 SOUTH 2ND STREET - WEST NEWTON, PA 15089 | 81-4201805 | 501(C)(3) | 20,000. | 0. | | | UNITED WAY GRANT |
| WESLEY FAMILY SERVICES 221 PENN AVENUE PITTSBURGH, PA 15221 | 82-0653875 | 501(C)(3) | 40,000. | 0. | | | UNITED WAY GRANT |
| WESTERN PENNSYLVANIA DIAPER BANK 201 N. BRADDOCK AVENUE PITTSBURGH, PA 15208 | 35-2461923 | 501(C)(3) | 7,181. | 0. | | | DONOR DESIGNATION |
| WESTERN PENNSYLVANIA DIAPER BANK 201 N. BRADDOCK AVENUE PITTSBURGH, PA 15208 | 35-2461923 | 501(C)(3) | 37,500. | 0. | | | UNITED WAY GRANT |
| WESTERN PENNSYLVANIA SCHOOL FOR BLIND - 201 N. BELLEFIELD AVENUE - PITTSBURGH, PA 15213 | 25-1095385 | 501(C)(3) | 24,748. | 0. | | | DONOR DESIGNATION |
| WESTMORELAND COMMUNITY ACTION, INC. - 226 DONOHUE ROAD, SUITE 111 - GREENSBURG, PA 15601 | 25-1383079 | 501(C)(3) | 20,000. | 0. | | | UNITED WAY GRANT |

Schedule I (Form 990)

THE UNITED WAY OF SOUTHWESTERN
PENNSYLVANIA

Schedule I (Form 990)

25-1043578

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| WESTMORELAND COUNTY FOOD BANK INC 100 DEVONSHIRE DRIVE DELMONT, PA 15626 | 25-1422682 | 501(C)(3) | 140,000. | 0. | | | UNITED WAY GRANT |
| WESTMORELAND COUNTY FOOD BANK, INC. - 100 DEVONSHIRE DRIVE - DELMONT, PA 15626 | 25-1422682 | 501(C)(3) | 44,276. | 0. | | | DONOR DESIGNATION |
| WILL ALLEN FOUNDATION PO BOX 15262 PITTSBURGH, PA 15237 | 47-2025476 | 501(C)(3) | 9,907. | 0. | | | DONOR DESIGNATION |
| WOMENS CARE CENTER OF ERIE 2503 W. 15TH ST., SUITE 3 ERIE, PA 16505 | 25-1433389 | 501(C)(3) | 6,471. | 0. | | | DONOR DESIGNATION |
| WOMEN'S CENTER & SHELTER OF GREATER PGH - P.O. BOX 9024 - PITTSBURGH, PA 15224 | 25-1264376 | 501(C)(3) | 200,000. | 0. | | | UNITED WAY GRANT |
| WOMEN'S CENTER AND SHELTER OF GREATER - P. O. BOX 9024 - PITTSBURGH, PA 15224 | 25-1264376 | 501(C)(3) | 117,237. | 0. | | | DONOR DESIGNATION |
| WOMEN'S CHOICE NETWORK PO BOX 15034 PITTSBURGH, PA 15237 | 25-1485574 | 501(C)(3) | 7,380. | 0. | | | DONOR DESIGNATION |
| WOODLANDS FOUNDATION - SECA 134 SHENOT ROAD WEXFORD, PA 15090 | 25-1818538 | 501(C)(3) | 16,906. | 0. | | | DONOR DESIGNATION |
| WORLD AFFAIRS COUNCIL OF PHILADELPHIA - 1617 JOHN F KENNEDY BOULEVARD, SUITE 1055 - PHILADELPHIA, PA 19103 | 23-1352586 | 501(C)(3) | 25,000. | 0. | | | DONOR DESIGNATION |

Schedule I (Form 990)

THE UNITED WAY OF SOUTHWESTERN
PENNSYLVANIA

Schedule I (Form 990)

25-1043578

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| WOUNDED WARRIOR PROJECT, INC. 4899 BELFORT ROAD, SUITE 300 JACKSONVILLE, FL 32256 | 20-2370934 | 501(C)(3) | 20,225. | 0. | | | DONOR DESIGNATION |
| WQED/MULTIMEDIA PROGRAMMING 4802 FIFTH AVENUE PITTSBURGH, PA 15213 | 25-1010296 | 501(C)(3) | 15,000. | 0. | | | UNITED WAY GRANT |
| WQED/MULTIMEDIA PROGRAMMING 4802 FIFTH AVENUE PITTSBURGH, PA 15213 | 25-1010296 | 501(C)(3) | 6,839. | 0. | | | DONOR DESIGNATION |
| YWCA OF CENTRAL ALABAMA 309 NORTH 23RD ST BIRMINGHAM, AL 35203 | 63-0288882 | 501(C)(3) | 6,951. | 0. | | | DONOR DESIGNATION |
| YOUNGSTOWN/MAHONING VALLEY UNITED WAY - 255 WATT STREET - YOUNGSTOWN, OH 44505 | 34-0714598 | 501(C)(3) | 36,649. | 0. | | | DONOR DESIGNATION |
| YWCA BUTLER 120 WEST CUNNINGHAM STREET BUTLER, PA 16001 | 25-0965634 | 501(C)(3) | 10,000. | 0. | | | UNITED WAY GRANT |
| YWCA OF GREATER PGH 2313 EAST CARSON ST FLOOR 2 PITTSBURGH, PA 15203 | 25-0965639 | 501(C)(3) | 227,000. | 0. | | | UNITED WAY GRANT |
| YWCA OF WESTMORELAND COUNTY 424 NORTH MAIN STREET GREENSBURG, PA 15601 | 25-1117999 | 501(C)(3) | 10,000. | 0. | | | UNITED WAY GRANT |
| YWCA OF GREATER PITTSBURGH 2313 EAST CARSON ST, FLOOR 2 PITTSBURGH, PA 15203 | 25-0965639 | 501(C)(3) | 12,968. | 0. | | | DONOR DESIGNATION |

Schedule I (Form 990)

THE UNITED WAY OF SOUTHWESTERN
PENNSYLVANIA

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part IV **Supplemental Information.** Provide the information 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

Part IV Supplemental Information

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

Multiple horizontal lines for supplemental information.

**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

2023

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

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

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

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

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

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

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

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

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

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

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

| | Yes | No |
|-----------|-----|-------------------------------------|
| 1b | | |
| 2 | | |
| 4a | | <input checked="" type="checkbox"/> |
| 4b | | <input checked="" type="checkbox"/> |
| 4c | | <input checked="" type="checkbox"/> |
| 5a | | <input checked="" type="checkbox"/> |
| 5b | | <input checked="" type="checkbox"/> |
| 6a | | <input checked="" type="checkbox"/> |
| 6b | | <input checked="" type="checkbox"/> |
| 7 | | <input checked="" type="checkbox"/> |
| 8 | | <input checked="" type="checkbox"/> |
| 9 | | |

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

Schedule J (Form 990) 2023

THE UNITED WAY OF SOUTHWESTERN
PENNSYLVANIA

25-1043578

Schedule J (Form 990) 2023

Page 2

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) BOBBI WATT GEER, PHD. PRESIDENT & CEO | (i) | 292,811. | 0. | 0. | 41,630. | 21,195. | 355,636. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) LINDA JONES SVP & SECRETARY | (i) | 170,626. | 0. | 0. | 32,228. | 3,002. | 205,856. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) LEONARD HAWKINS CFO & TREASURER | (i) | 155,083. | 0. | 0. | 30,432. | 13,105. | 198,620. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) ALYSSA CHOLODOFSKY CHIEF PROGRAM & POLICY (UNTIL 4/12/2 | (i) | 132,985. | 0. | 0. | 15,591. | 22,690. | 171,266. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) NEIL DIBIASE CHIEF STRATEGY OFFICER | (i) | 134,959. | 0. | 0. | 10,887. | 7,173. | 153,019. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

THE UNITED WAY OF SOUTHWESTERN
PENNSYLVANIA

Part III Supplemental Information

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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 | 52 | 919,878. | 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 3 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) 2023

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

SCHEDULE M, LINE 32B:

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

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

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

UWSWPA HAS A BROKER WHO PROCESSES AND SELLS STOCK GIFTS.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

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

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

ORGANIZATIONS TO HELP PEOPLE IN NEED MEASURABLY IMPROVE THEIR LIVES,
CREATING LONG LASTING CHANGE FOR THE BETTERMENT OF RESIDENTS IN
ALLEGHENY, ARMSTRONG, BUTLER, FAYETTE AND WESTMORELAND COUNTIES.

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

COUNTIES.

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

FOOD INSECURITY AND PROVIDING ACCESS TO NUTRITIOUS FOOD; PROVIDING
INDIVIDUALS AND FAMILIES ACCESS TO SAFE AND SECURE HOUSING THROUGH
PROGRAMS THAT PROVIDE SHELTER, ADDRESS EVICTION PREVENTION, SUPPORT
HOME REPAIRS AND OFFER UTILITY ASSISTANCE; PROVIDING ACCESS TO RELIABLE
TRANSPORTATION; OFFERING SAFETY AND SUPPORT TO SURVIVORS OF INTIMATE
PARTNER VIOLENCE; AND COMBATTING SOCIAL ISOLATION BY PROVIDING
INTERVENTIONS THAT PROMOTE CONNECTION AND COMMUNITY.

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

PROVIDING AFFORDABLE, HIGH-QUALITY EARLY CHILDHOOD EDUCATIONAL
OPPORTUNITIES, PREPARING CHILDREN FOR KINDERGARTEN AND SUPPORTING THE
ENTIRE FAMILY SO THEY CAN GROW AND LEARN TOGETHER; WORKING
COLLABORATIVELY WITH SCHOOL DISTRICTS AND COMMUNITY PARTNERS TO PROVIDE
POSITIVE OUT-OF-SCHOOL TIME OPPORTUNITIES THAT KEEP YOUNG PEOPLE SAFE
AND ENGAGED AND HELP THEM RETAIN WHAT THEY HAVE LEARNED; SUPPORTING
SOCIAL AND EMOTIONAL LEARNING SO THAT STUDENTS IN ALL GRADE LEVELS CAN
SUCCEED BOTH IN AND BEYOND SCHOOL; AND PROVIDING A WIDE VARIETY OF

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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

CAREER, TRADE SCHOOL AND COLLEGE-READINESS SUPPORT, INCLUDING PROGRAMMING, TOOLS AND RESOURCES TO STUDENTS WHO LIVE IN COMMUNITIES THAT HAVE HISTORICALLY EXPERIENCED UNDERINVESTMENT.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: BECOME VITAL CONTRIBUTORS TO THEIR COMMUNITY. UNITED WAY INVESTS IN PARTNERS COMMITTED TO CONNECTING PEOPLE TO EMPLOYMENT THROUGH SKILL-BUILDING AND CAREER DEVELOPMENT PROGRAMS AND WORKING WITH EMPLOYERS TO ENSURE THAT ALL WORKERS ARE POSITIONED TO ACHIEVE JOB SUCCESS; PROVIDING ACCESS TO SAFE AND RELIABLE CHILD CARE AND TRANSPORTATION SO THAT FINDING AND MAINTAINING MEANINGFUL EMPLOYMENT IS POSSIBLE; OFFERING EQUITABLE OPPORTUNITIES ACROSS RACE, GENDER AND ABILITY SO THAT ALL PEOPLE CAN ACCESS PROGRAMS AND SERVICES THAT INCREASE THEIR INCOME AND FINANCIAL SECURITY; HELPING WORKING FAMILIES TO MOVE FROM SURVIVING TO THRIVING AND PROMOTING TWO-GENERATION APPROACHES THAT SIMULTANEOUSLY MEET THE NEEDS OF CHILDREN AND THEIR ADULTS TO FOSTER ACADEMIC SUCCESS AND BREAK THE CYCLE OF POVERTY; AND PROVIDING OPPORTUNITIES FOR INDIVIDUALS AND FAMILIES TO INCREASE THEIR KNOWLEDGE, SKILLS AND ASSETS THROUGH FINANCIAL EDUCATION AND EMPOWERMENT.

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

UNITED WAY OF SOUTHWESTERN PENNSYLVANIA INVESTS IN COMMUNITY SUPPORT AND VOLUNTEERISM. THESE INVESTMENTS INCLUDE SUPPORT FOR STRATEGIC COMMUNITY PARTNERSHIPS AND PROJECTS, DISASTER RELIEF EFFORTS, TECHNICAL ASSISTANCE TO NONPROFITS AND VOLUNTEER INITIATIVES FOCUSED ON ENGAGING

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

THE COMMUNITY TO MAKE A POSITIVE DIFFERENCE.

EXPENSES \$ 9,980,435. INCL GRANTS OF \$ 9,403,611. REVENUE \$ 4,562,769.

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

THE FORM 990 IS EMAILED TO ALL BOARD MEMBERS FOR REVIEW. ADDITIONALLY, THE TAX RETURN PREPARERS PRESENTED THE DRAFT RETURN TO THE AUDIT COMMITTEE PRIOR TO FILING.

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

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

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

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

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

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:

| | |
|-------------------------------------|----------|
| PENSION CHANGES, ACTUARIAL NET GAIN | 440,386. |
| CHANGE IN BENEFICIAL INTEREST | 75,992. |
| TOTAL TO FORM 990, PART XI, LINE 9 | 516,378. |