## FOR TAX YEAR 2019

THE PITTSBURGH PROJECT

Donnelly Boland Tax Services LLC 3730 Brownsville Road Pittsburgh, PA 15227 (412)884-4829

# **Donnelly Boland Tax Services LLC**

3730 Brownsville Road Pittsburgh, PA 15227 Ilemaster@donnelly-boland.com Phone: (412)884-4829 | Fax: (412)942-0775

April 22, 2021

The Pittsburgh Project 2801 North Charles Street Pittsburgh, PA 15214

The Pittsburgh Project:

Enclosed is the 2019 federal return for a tax-exempt organization, prepared for The Pittsburgh Project from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Enclosed is the 2019 Charitable Registration Statement, Form BCO-10. This return must be signed by the Chief Fiscal Officer and an Authorized Officer and mailed with a check in the amount of \$250 payable to the "Commonwealth of Pennsylvania". Mail to:

Pennsylvania Department of State Bureau of Corporation and Charitable Organizations 207 North Office Building Harrisburg, PA 17120

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (412)884-4829.

Sincerely,

Linda LeMaster CPA Donnelly Boland Tax Services LLC

# **Donnelly Boland Tax Services LLC**

3730 Brownsville Road Pittsburgh, PA 15227 Ilemaster@donnelly-boland.com Phone: (412)884-4829 | Fax: (412)942-0775

April 22, 2021

The Pittsburgh Project 2801 North Charles Street Pittsburgh, PA 15214

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

\* Interviews regarding your tax situation

\* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data

\* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (412)884-4829.

Sincerely,

Linda LeMaster CPA Donnelly Boland Tax Services LLC

# **Donnelly Boland Tax Services LLC**

3730 Brownsville Road Pittsburgh, PA 15227 Ilemaster@donnelly-boland.com Phone: (412)884-4829 | Fax: (412)942-0775

Customer Name		Customer Information
The Pittsburgh Project	Invoice #:	
2801 North Charles Street	Date:	April 22, 2021
Pittsburgh, PA 15214	Phone:	(412)321-1678
	E-mail:	cchapman@pittsburghproject.org

## Your 2019 tax return was prepared by Linda LeMaster CPA.

Description		Fee
Federal And Supplementa		
Form 990	Return of Org Exempt from Income Tax, page 1	
Form 990 pg 2	Return of Org Exempt from Income Tax, page 2	
Form 990 pg 3	Return of Org Exempt from Income Tax, page 3	
Form 990 pg 4	Return of Org Exempt from Income Tax, page 4	
Form 990 pg 5	Return of Org Exempt from Income Tax, page 5	
Form 990 pg 6	Return of Org Exempt from Income Tax, page 6	
Form 990 pg 7	Return of Org Exempt from Income Tax, page 7	
Form 990 pg 8	Return of Org Exempt from Income Tax, page 8	
Form 990 pg 9	Return of Org Exempt from Income Tax, page 9	
Form 990 pg 10	Return of Org Exempt from Income Tax, page 10	
Form 990 pg 11	Return of Org Exempt from Income Tax, page 11	
Form 990 pg 12	Return of Org Exempt from Income Tax, page 12	
Schedule A	Organization Exempt Under Sec 501(c)(3), page 1	
Schedule A pg 2	Organization Exempt Under Sec 501(c)(3), page 2	
Schedule A pg 3	Organization Exempt Under Sec 501(c)(3), page 3	
Schedule A pg 4	Organization Exempt Under Sec 501(c)(3), page 4	
Schedule A pg 5	Organization Exempt Under Sec 501(c)(3), page 5	
Schedule A pg 6	Organization Exempt Under Sec 501(c)(3), page 6	
Schedule A pg 7	Organization Exempt Under Sec 501(c)(3), page 7	
Schedule A pg 8	Organization Exempt Under Sec 501(c)(3), page 8	
Schedule B	Schedule of Contributors, page 1	
Schedule B pg 2	Schedule of Contributors, page 2	
Schedule D	Supplemental Financial Statement, page 1	
Schedule D pg 2	Supplemental Financial Statement, page 2	
Schedule D pg 3	Supplemental Financial Statement, page 3	
Schedule D pg 4	Supplemental Financial Statement, page 4	
Schedule D pg 5	Supplemental Financial Statement, page 5	
Schedule G	Fundraising and Gaming Activities, page 1	
Schedule G pg 2	Fundraising and Gaming Activities, page 2	
Schedule O	Supplemental Information, page 1	
Form 8879EO	E-file Signature Auth for an Exempt Org	
Next Year Depr	Next Year Depreciation Schedule	
Next Year Depr	Next Year Depreciation Schedule	

Next Year Depr	Next Year Depreciation Schedule	
Next Year Depr	Next Year Depreciation Schedule	
Next Year Depr	Next Year Depreciation Schedule	
Wks Schedule A	Schedule A Worksheet - Excess 2% Contributors	
Wks Schedule A	Schedule A Worksheet - Excess 2% Contributors	
Stmt Services	Statement of Service Accomplishments	
Statement Sch D	Schedule D, Part VI, Line 1e	
Overflow	Itemized Listing Attachment	

Total Forms	41	Forms Subtotal	1,000.00
		Total Balance Due	1,000.00

Payment due upon receipt. Thank you for your business!

Form	990

Form	<b>99</b>	0	Return	of Organization Exe	mot From Ir	ncom	ne Tax		Ļ	OMB No. 1545-0047
	January			), 527, or 4947(a)(1) of the Interna	•			ndation	s)	2019
				ter social security numbers on t		-	-		·	Open to Public
	tment of th al Revenue	e Treasury e Service		/ww.irs.gov/Form990 for instruc	•		•			Inspection
			ar, or tax year begin		, 2019, a					,20
_	Check if ap			e Pittsburgh Project				D Empl	oyer ider	tification number
	Address ch	· –	Doing business as						-	L594578
_	lame chan	-		O. box if mail is not delivered to street addres	s)	Room/s	suite	E Telep		
	nitial returr	-	801 North Char		-,					2)321-1678
=		/terminated		vince, country, and ZIP or foreign postal code				G Gros		
=	Amended r		ittsburgh, PA					\$		1,567,987
=	Application		F Name and address of prin				H(a) Is this a	,	for subordir	
			· · · · · · · · · · · · · · · · · · ·				H(b) Are all			
. 1	ax-exemp	ot status: X 501(c)	e)(3) 501(c) (	) < (insert no.) 4947(a)(1) or	527			attach a lis		
	Vebsite:		ttsburghprojec				H(c) Group			
		ganization: X Corpo		ociation Other ►	L Year of format	tion 1		State of leg		
Pa		Summary							jai aomio	
			e organization's miss	ion or most significant activities:	The Pittsbur	rah D	roject i	e an	urhar	<b>,</b>
		•	•	tian community develor						
ce	-			chool and summer progr						
Activities & Governance				-income households.	and prov	Tues	nomeown	er be	IVICE	ib ioi che
ver	-	<b>.</b> .	_	discontinued its operations or disp	osed of more than	25% 0	f its not asse	ate		
Ô			-					1 1		11
õ		-	•	s of the governing body (Part VI, li						<u> </u>
ties				a calendar year 2019 (Part V, line 2				5		
ť								6	-	50
Ac			olunteers (estimate if i	necessary)				-		700
				from Form 990-T, line 39			• • • • • •	. 7a . 7b		0
		iver unrelated bus	siness laxable income	11011 F0111 990-1, 111e 39			Dries Vees		-	
	8	Contributions and	grapte (Part \/III_ling	1h)			Prior Year			Current Year
ē				∋2g)			1,018			1,186,006
enu				A), lines 3, 4, and 7d)			344	2,262 745		240,344
Revenue				nes 5, 6d, 8c, 9c, 10c, and 11e)			204	5,268		26,223 68,287
-				must equal Part VIII, column (A), lir			1,567			1,520,860
			- · ·				1,50	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		9,850
			r for members (Part I)			•				9,850
				benefits (Part IX, column (A), line	• • • • • • • • • • • • • • • • • • •	•	1,063	3 3 2 0		1,233,284
es				column (A), line 11e)			1,00.	5,520	-	1,233,204
Expenses			expenses (Part IX, col							•
Ä		-		nes 11a-11d, 11f-24e)		_	714	4,280		728,345
_				equal Part IX, column (A), line 25)			1,777	-		1,971,479
				18 from line 12				9,693)		(450,619)
es es				······································			ginning of Curr	-		End of Year
Net Assets or Fund Balances	20	Total assets (Part	(X. line 16)					3,108		2,856,948
Asse Bal	21							4,116		1,333,575
Punc	22			line 21 from line 20				3,992		1,523,373
	rt II	Signature B				•		.,		1,010,070
Unde	er penalties	s of perjury, I declare the	at I have examined this retu	rn, including accompanying schedules and st		t of my kn	owledge and be	lief, it is		
true,	correct, ar	nd complete. Declaration	n of preparer (other than offi	icer) is based on all information of which prep	arer has any knowledge.					
Sig	n	William Signature of offi	<b>F Shimko</b>					Da		-22-2021
Her	e	William Type or print na		erim Exec. Director						
	/	Print/Type preparer's	sname	Preparer's signature	Date		Check	if	PTIN	
Paie	d	Linda LeMa	ster CPA	Linda LeMaster CPA	04-22-20	)21	self-em		xx	xxxxxx
	parer	Firm's name		Boland Tax Services I	•		Firm's EIN	, . =		
	Only			wnsville Road	-		Phone no.			
	- ··· <b>J</b>			gh PA 15227				412-	884-4	829

No

Form	n 990 (2019) The Pittsburgh Project	25-1594578	Page <b>2</b>
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission:		
	The Pittsburgh Project is an urban neighborhood based, Christian community of	ievelopment	
	organization that operates a series of youth development after school and su	ummer programs	and
	provides homeowner services for the elderly, disabled and low-income househousehousehousehousehousehousehouse	olds.	
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 measur	ed by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	others,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 878,049 including grants of \$ 9,850 ) (Revenue	\$ 24,7	715)
	Youth Development The Pittsburgh Project operates a series of afterschool ar	nd summer day	camp
	programs for youths in Grades K-12. Through these activities, approximately		
	economically distressed and high crime neighborhoods are encouraged to grow		
	relationally and spiritually each year.		
4b	(Code: ) (Expenses \$ 567,796 including grants of \$ ) (Revenue	\$ 198,0	094)
	Homeowner Services The Pittsburgh Project provides free home repairs for low	v-income homeo	wners
	who are elderly, poor, shut-in, widowed, disabled or immobile. The bulk of t	the repairs pro	ovided
	occur during the summer months with the labor of approximately 2,000 student	: volunteers w	ho
	participate in our week long service camps.		
4c	(Code:) (Expenses \$ 72,528 including grants of \$) (Revenue	\$17,5	535)
	Community Outreach The Pittsburgh Project leads or participates in a number	of initiative	s to
	strengthen our local neighborhood, preserve its assets, and to decrease the	level of comm	unity
	violence. These initiatives include revitalizing our neighborhood park and p	ool, providing	g young
	adults with job skills and academic assistance and supporting an urban farm	which provide	s fresh
	produce to our neighbors.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 20,821 including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses  1,539,194		
EEA		Form 9	<b>990</b> (2019)

	n 990 (2019) The Pittsburgh Project 25-1594	578	F	Page 3
Pa	Int IV Checklist of Required Schedules			
		r	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
8	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	110		
L		11a	x	
Ľ	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIL	116		v
		11b		x
Ľ	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		v
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			x
Ľ	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
	<ul> <li>Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X</li> </ul>	11e		x
f		TIE		
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a				
120	Schedule D, Parts XI and XII	12a	x	
b		120		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b				
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20 a		20a		x
k	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
		_		

Form	990 (2019) The Pittsburgh Project	25-15945	78	Р	age 4
Pa	rt 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? If "Yes," complete Schedule I, Parts I and III		22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J		23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a		24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	• • • • • • •	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
	to defease any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	•••••	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		05-		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		х
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?		25h		
26	If "Yes," complete Schedule L, Part L	••••	25b		х
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 or any of these persons? If "Yes," complete Schedule L, Part II		26		v
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	, <b></b>	20		х
21	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? If "Yes," complete Schedule L, Part III		27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part				<u></u>
20	IV instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
u	"Yes," complete Schedule L, Part IV.		28a		x
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		28b		x
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If				
•	"Yes," complete Schedule L, Part IV.		28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.		29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M		30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
	complete Schedule N, Part II.		32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.		33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
	or IV, and Part V, line 1		34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		х
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)? If "Yes," complete Schedule R, Part V, line 2		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				
	related organization? If "Yes," complete Schedule R, Part V, line 2		36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and				
	19? Note: All Form 990 filers are required to complete Schedule O.		38	х	
Par					
	Check if Schedule O contains a response or note to any line in this Part V	· · · · · · · ·			
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	-		
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	0	-		
С					
	reportable gaming (gambling) winnings to prize winners?		1c	х	

Form	990 (2019)         The Pittsburgh Project         25-1594	578	F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this returm 2a 50	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule Q	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	х	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		x
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			

Form	n 990 (2019) The Pittsburgh Project 25-15945	78	P	2age <b>6</b>
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	i "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	s.		
	Check if Schedule O contains a response or note to any line in this Part VI			. x
Sec	ction 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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11			
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		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
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:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
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
Sec	ction 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		х
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	х	
b	Describe in 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	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process in 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		х
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		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed    Pennsylvania			
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			

State the name, address, and telephone number of the person who possesses the organization's books and records 20

Form 990 (201	) The Pittsburgh Project	25-1594578	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated Employe	es, 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 t	nis table for all persons required to be listed. Report compensation for the calendar year ending with	or within the	
organization's t	ax year.		
	the experimetion's express officers, directors, trustees (whether individuals or experimetions), record	and of amount of	

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

				(C)					
(A)	(B)			Positio	on		(D)	(E)	(F)
Name and title	Average	`			e than one		Reportable	Reportable	Estimated amount
	hours				n is both a tor/trustee		compensation	compensation	of other
	per week						from the	from related	compensation
	(list any	or In	n,	9	Ke en	Fo	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	hours for related	Individual trustee or director	Institutional trustee	Officer	employee Key employee	Former	(W-2/1099-1013C)		related organizations
	organizations	ctor	Iona	·	nploj				
	below	ruste	trus		yee				
	dotted line)	ě	stee		employee Key employee				
					ä				
(1) Alex F Ruzanic									
Board Member		x					0	o	0
(2) Pam Davis		~					0	0	0
Board Member		v					0		0
		x					0	0	0
(3) William F Shimko		x		x			0	o	0
Secretary (4) Brian Johnson		~		^			0	0	0
		x		x			0	0	0
Treasurer (6) Declar D. Dell		~		^			0	0	0
(5) Becky R Boll							•		•
Board Member	r	х					0	0	0
(6) Craig Schweiger Board Member		x					0	0	0
(7) Errika Fearbry Jones							0	0	<u> </u>
Board Chair		x		x			0	0	0
(8) Dennis Allan							Ŭ	<b>v</b>	
Board Vice Chair		x		x			0	o	0
(9) Elise Roby Yanders							Ŭ	<b>U</b>	
Board Member		x					0	o	0
(10)Dan Koller							Ŭ	<b>U</b>	
Board Member		x					0	o	o
(11)Daniel Esterly							Ŭ	<b>v</b>	
Board Member		x					0	o	o
(12)Terri Minor-Spencer							Ŭ	<b>.</b>	<b>U</b>
Board Member		x					0	o	o
(13)James Hayes									
Board Member		x					0	o	o
(14)Charles Chapman	40.00						Ŭ	<b>.</b>	<b>`</b>
Development Director				.	x		0	0	0
FFA			1 1				, v	· · · · · ·	Form <b>990</b> (2019)

#### Form 990 (2019) The Pittsburgh Project 25-1594578 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) Position (A) (B) (D) (E) (F) (do not check more than one Name and title Average Reportable Reportable Estimated amount box, unless person is both an compensation compensation hours officer and a director/trustee) of other from the from related compensation per week organization organizations from the (list any Individual trustee or director (W-2/1099-MISC) (W-2/1099-MISC) employee organization and Institutional trustee Highest compensatec <ey employee hours for related organizations related organizations below dotted line) (15)Wayne Younger Executive Director 0 0 х 0 <u>(16)</u>\_\_\_\_\_ (17) (18) <u>(19)</u> (20) (21) (22) (23) (24) (25)\_\_\_\_ •••••• . . . . . . . . .... c Total from continuation sheets to Part VII, Section A . .` . . . . . . . . . . . . d 0 . . . . . . . . . . . . . . . . 0 0 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of 2 reportable compensation from the organization 0 Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated 3 employee on line 1a? If "Yes," complete Schedule J for such individual ..... 3 х For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the 4 organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 5 for services rendered to the organization? If "Yes," complete Schedule J for such person ..... 5 х Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation

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

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Part V	90 (2019) The Pittsburgh Proje	ect			25-1594	5 <b>78</b> Pag
arı	Check if Schedule O contains a response or n	ote to any line in thi	s Part VIII			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a Federated campaigns 1a	55,260				
n n	b Membership dues 1b					
and Other Similar Amounts	c Fundraising events 1c	26,242				
, end	d Related organizations 1d					
ar /	e Government grants (contributions) 1e					
Ē	f All other contributions, gifts, grants,					
ers	and similar amounts not included above 1f	1,104,504				
ср ОСР	g Noncash contributions included in					
and	lines 1a-1f					
	h Total. Add lines 1a-1f		1,186,006			
		Business Code				
	2a DHS Contract	624100	198,094	198,094		
Program Service Revenue	b Program Fees	624100	24,715	24,715		
enu	C Other program income	624100	17,535	17,535		
Rev	d					
,— ,						
	f All other program service revenue		040.044			
	g Total. Add lines 2a-2f		240,344			
	3 Investment income (including dividends, interest, a		26, 222	26.222		
	<ul> <li>other similar amounts)</li></ul>		26,223	26,223		
	5 Royalties					
	(i) Real	(ii) Personal				
	6a Gross rents 6a 745					
	b Less: rental expenses 6b					
	c Rental income or (loss) 6c 745					
	d Net rental income or (loss)		745	745		
	7a Gross amount from (i) Securities	(ii) Other				
	sales of assets					
	other than inventory b Less: cost or other basis					
ne	and sales expenses 7b					
Nell	<b>c</b> Gain or (loss) <b>7c</b>					
	<b>d</b> Net gain or (loss)	· · · · · · •				
e	8a Gross income from fundraising					
5	events (not including \$ 26,242					
	of contributions reported on line					
	1c). See Part IV, line 18 8a					
	b Less: direct expenses	46,221				
		· · · · · · •	65,211			65,2
	9a Gross income from gaming					
	activities, See Part IV, line 19 9a					
	<b>b</b> Less: direct expenses 9 <b>b</b>					
		· · · · · · •				
	10a Gross sales of inventory, less					
	returns and allowances 10a	-				
	<b>b</b> Less: cost of goods sold <b>10k</b>		0.001	0.001		
	c Net income or (loss) from sales of inventory		2,331	2,331		
		Business Code				
	11a					
2	11a					
	b					
	b c					
	b					

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

. . . .

.

	Check if Schedule O contains a response or note to				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	9,850	9,850		
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				
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	978,474	783,562	163,992	30,920
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	160,485	128,517	26,897	5,071
10	Payroll taxes	94,325	75,535	15,809	2,981
11	Fees for services (nonemployees):				
а	Management	79,500	29,498	23,037	26,965
b	Legal	19,001		19,001	
С	Accounting	4,542	3,637	761	144
d	Lobbying				
е	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 Schedule O.)				
12	Advertising and promotion				
13	Office expenses	57,925	53,396	3,275	1,254
14	Information technology				
15	Royalties				
16	Occupancy	119,886	87,897	31,989	
17	Travel	23,515	23,181	281	53
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	63,508	37,452	26,056	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	132,273	109,787	22,486	
23	Insurance	77,756	65,852	11,313	591
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.)				
а	Youth Development	52,224	52,224		
b	Homeowner Services	56,223	55,442	781	
c	Maintenance & Repairs	31,291	22,859	8,432	
d					
e	All other expenses	10,701	505	10,176	20
25	<b>Total functional expenses.</b> Add lines 1 through 24e.	1,971,479	1,539,194	364,286	67,999
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ► if				
	following SOP 98-2 (ASC 958-720)				

Form	990 (20	019) The Pittsburgh Project	2!	5-159	4578 Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	7,811
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	21,342	4	
	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	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	39,208	9	15,386
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D         10a         5,497,326			
	b	Less: accumulated depreciation         10b         3,314,894	2,307,589	10c	2,182,432
	11	Investments - publicly traded securities		11	
	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	749,969	15	651,319
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,118,108	16	2,856,948
	17	Accounts payable and accrued expenses	132,612	17	421,389
	18	Grants payable		18	
	19	Deferred revenue	91,780	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lia		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	919,724	23	912,186
	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		05	
	20			25	1 222 585
	26	Total liabilities. Add lines 17 through 25       X         Organizations that follow FASB ASC 958, check here       X	1,144,116	26	1,333,575
		and complete lines 27, 28, 32, and 33.			
ces	27	Net assets without donor restrictions	1 071 200	27	1 510 040
lan	28	Net assets with donor restrictions	1,971,380	27	1,519,042
Ba	20	Organizations that do not follow FASB ASC 958, check here	2,612	20	4,331
pun		and complete lines 29 through 33.			
μ	29	Capital stock or trust principal, or current funds		29	
its c	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
sse	31	Retained earnings, endowment, accumulated income, or other funds		30	
Net Assets or Fund Balances	32	Total net assets or fund balances	1,973,992	32	1,523,373
ž	33	Total liabilities and net assets/fund balances	3,118,108	33	2,856,948
			3,110,100		2,000,010

EEA

Form 990 (2019)

Form	1 990 (2019) The Pittsburgh Project	25-159457	8	Pa	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	. <u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	1,	520,	,860
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	1,	971,	,479
3	Revenue less expenses. Subtract line 2 from line 1		(	450,	,619)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	973,	,992
5	Net unrealized gains (losses) on investments	. 5			
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			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	. 10	1,	523,	,373
Pa	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	•••••	2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	••••	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		х
b					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	••••	3b		
EEA			Form	<b>990</b> (2	2019)

SCH	EDU	LE A
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(D)

(E)

## **Public Charity Status and Public Support**

OMB No. 1545-0047 2019

(Form 990 or 990-EZ)
----------------------

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

•		of the Treasury		Atta	ach to Form 990 or Forn	n <b>990-EZ</b> .			Open to Public
		venue Service	►	Go to www.irs.ge	ov/Form990 for instruct	tions and	the latest	information.	Inspection
Name	e of th	e organization						Employer identificati	ion number
		ttsburgh P						25-1594578	
	rt I				rganizations must co			.) See instructions	
The	orga	nization is not a	private foundation bec	ause it is: (For line	s 1 through 12, check onl	y one box.	)		
1		A church, conv	vention of churches, or	association of chu	urches described in sect	ion 170(b)	)(1)(A)(i).		
2			•		Schedule E (Form 990 c	,			
3		A hospital or a	cooperative hospital	service organizatio	n described in section 1	70(b)(1)(A	<b>\)(iii).</b>		
4		A medical rese	earch organization ope	rated in conjunction	on with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the	
		•	e, city, and state:						
5		-		-	university owned or opera	ated by a g	government	al unit described in	
		•	)(1)(A)(iv). (Complete						
6			•	•	unit described in section				
7	х	-			t of its support from a gov	/ernmental	unit or fror	n the general public	
			ection 170(b)(1)(A)(vi		•				
8		-	rust described in sect						
9		-	-		tion 170(b)(1)(A)(ix) ope				le
		-	r a non-land-grant colle	ege of agriculture (	see instructions). Enter the	e name, ci	ty, and stat	e of the college or	
		university:		(4) (1 0)	2.4/00/ 11				
10		•	•	. ,	3 1/3% of its support from				
					subject to certain excepti				
					isiness taxable income (le			iom businesses	
11			-		section 509(a)(2). (Com test for public safety. Se				
12		•	•	•	the benefit of, to perform				
12		-		-	bed in section 509(a)(1)				
				-	ne type of supporting orga				
	а	_	-		vised, or controlled by its				-
	-				y appoint or elect a major		-		.9
			•		IV, Sections A and B.				
	b		-		ontrolled in connection w	ith its supp	orted orga	inization(s), by having	
					on vested in the same pe		-		
			on(s). You must com					0 11	
	С	Type III fu	inctionally integrated	I. A supporting org	anization operated in cor	nnection w	rith, and fur	nctionally integrated wi	th,
		its support	ted organization(s) (se	e instructions). Yo	u must complete Part l	V, Sectior	ns A, D, an	d E.	
	d	Type III ne	on-functionally integ	rated. A supporting	g organization operated i	in connecti	ion with its	supported organization	n(s)
		that is not	functionally integrated.	The organization g	generally must satisfy a d	istribution I	requiremen	t and an attentiveness	
		requireme	nt (see instructions). Y	ou must complet	e Part IV, Sections A a	nd D, and	Part V.		
	е	Check this	box if the organization	received a written	determination from the IF	RS that it is	s a Type I, <sup>-</sup>	Гуре II, Туре III	
		functional	y integrated, or Type II	I non-functionally in	ntegrated supporting orga	anization.			
	f	Enter the num	per of supported organ	izations					
	g	Provide the fol	lowing information abo	ut the supported of	rganization(s).	1			
	(	<ol> <li>Name of supported</li> </ol>	organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))	docum	ir governing nent?	support (see instructions)	other support (see instructions)
								ŕ	
						Yes	No		
(A)									
(B)									
(C)									

	rt II Support Schedule for Organiza		ibed in Secti				i)
	(Complete only if you checked th Part III. If the organization fails to						y under
See	ction A. Public Support				•	,	
_	endar year (or fiscal year beginning in)►	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,594,914	1,011,480	965,601	1,013,566	1,567,162	6,152,723
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	1,594,914	1,011,480	965,601	1,013,566	1,567,162	6,152,723
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)						911,467
6	Public support. Subtract line 5 from line 4						5,241,256
_	ction B. Total Support	1					
Cal	endar year (or fiscal year beginning in)►	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	1,594,914	1,011,480	965,601	1,013,566	1,567,162	6,152,723
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from						
	similar sources	39,062	33,743	44,512	181,760	745	299,822
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
	Total support. Add lines 7 through 10						6,452,545
	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is for the or						
	organization, check this box and stop here						<u> ▶∐</u>
	ction C. Computation of Public Support			(f))		44	
14	Public support percentage for 2019 (line 6, c					14	81.23 %
15	Public support percentage from 2018 Sched					15	78.94 %
168	33 1/3% support test - 2019. If the organization qualified						
L	box and stop here. The organization qualifier 33 1/3% support test - 2018. If the organization						
L	this box and <b>stop here.</b> The organization qu						
17-	10%-facts-and-circumstances test - 2019.	-		-			
17 a	10% or more, and if the organization meets	-					
	Part VI how the organization meets the "fact						
	organization			•			_
L	0 10%-facts-and-circumstances test - 2018.						
r,	15 is 10% or more, and if the organization m	•					
	Explain in Part VI how the organization meet						-hv
	supported organization				• .		•
18	<b>Private foundation.</b> If the organization did r						··· - 🗆
10	instructions				•		► □

Sche	dule A (Form 990 or 990-EZ) 2019 The Pitts	burgh Proje	ect			25-159	4578	Page 3
Pa	rt III Support Schedule for Organiz	zations Desc	ribed in Sec	tion 509(a)(2	2)			
	(Complete only if you checked t	he box on lin	e 10 of Part I	or if the orga	nization failed	l to qualify	under Parf	¢ 11.
	If the organization fails to qualif							
Sec	ction A. Public Support			, I		1		
	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) To	otal
1	Gifts, grants, contributions, and membership fees	(.,	(,	(0) = 0		(-)		
•	received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise							
-	sold or services performed, or facilities fumished 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	<b>Total.</b> Add lines 1 through 5							
	Amounts included on lines 1, 2, and 3							
74	received from disqualified persons							
h	Amounts included on lines 2 and 3							
b	received from other than disqualified							
	persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year							
•	Add lines 7a and 7b						<u> </u>	
-							_	
8	Public support. (Subtract line 7c from							
<u> </u>	line 6.)				·			
-	ction B. Total Support	(-) 0045	(1-) 0040	(-) 0047	(-1) 0040	(-) 0040	(f) T	- 1 - 1
	endar year (or fiscal year beginning in)►	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) To	Jtal
	Amounts from line 6							
10a	Gross income from interest, dividends,							
	payments received on securities loans, rents,							
	royalties, and income from similar sources							
D	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included in line 10b, whether							
	or not the business is regularly carried on							
12	Other income. Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)							
14	First five years. If the Form 990 is for the o	rganization's fi	rst, second, thi	rd, fourth, or fif	th tax year as a	section 50	)1(c)(3)	
	organization, check this box and stop here							
Sec	ction C. Computation of Public Suppo	rt Percentag	е					
15	Public support percentage for 2019 (line 8, o	olumn (f), divi	ded by line 13,	column (f)) .		15		%
<u>16</u>	Public support percentage from 2018 Sched	ule A, Part III,	line 15	<u></u> .	<u></u> .	16		%
See	ction D. Computation of Investment In	come Perce	ntage					
	Investment income percentage for 2019 (line			ine 13, column	(f))	17		%
	Investment income percentage from 2018 S		•••			18		%
	33 1/3% support tests - 2019. If the organiz					-	3%, and line	
	17 is not more than 33 1/3%, check this box							. ► 🗆
b	<b>33 1/3% support tests - 2018.</b> If the organiz	-	-					
	line 18 is not more than 33 1/3%, check this							
20	Private foundation. If the organization did	-	-	-			-	

	A (Form 990 or 990-EZ) 2019 The Pittsburgh Project 25-1594: IV Supporting Organizations			age
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete	Section	ns A	
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, c			
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete F			
ect	ion A. All Supporting Organizations	/		
			Yes	N
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
Ba	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
_	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		_
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion			
_	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	10		
	<i>purposes.</i> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes,"</i>	4c		
Ja	answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ja		
D.	designated in the organization's organizing document?	5b		
c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	50 50		
;	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6		
,	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
3	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
Эа	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
с	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		

Sched	ule A (Form 990 or 990-EZ) 2019 The Pittsburgh Project 25-1594	578	Р	age :
Pa	rt IV Supporting Organizations (continued)			
	Lies the experimetion accorded a rift or contribution from any of the following persons?		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
d	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11b		
	tion B. Type I Supporting Organizations			
	tion B. Type roupporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
2				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
<u>.</u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		Yes	No
	Were a majority of the argonization's directors or trustees during the tay year also a majority of the directors		162	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
200	the supported organization(s).	1		
bec	tion D. All Type III Supporting Organizations		Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NU
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 ta	ax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	tion 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 D The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) 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? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

2a

2b

3a

Yes

No

Schedule A (Form 990 or 990-EZ) 2019 The Pittsburgh Project		25-159	<b>4578</b> Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organiza	ations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust o	n Nov. 20, 1970 (expla	in in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting orga	anizations	must complete Sectio	ns 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	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amoun	it,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ally integra	ated Type III supporting	organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Schedu	lle A (Form 990 or 990-EZ) 2019 The Pittsburgh Project		25-159	4578 Page 7	
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sec	tion D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exem	npt purposes			
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ons		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in <b>Part VI</b> ). See instructions.				
_7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which the	e organization is respons	ive		
	(provide details in <b>Part VI</b> ). See instructions.				
9	Distributable amount for 2019 from Section C, line 6				
10	Line 8 amount divided by line 9 amount		<i>(</i> )		
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019	
1	Distributable amount for 2019 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2019				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
	Excess distributions carryover, if any, to 2019				
	From 2014				
	From 2015				
	From 2016				
	From 2017				
	From 2018				
	Total of lines 3a through e				
	Applied to underdistributions of prior years				
	Applied to 2019 distributable amount				
<u> </u>	Carryover from 2014 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2019 from				
	Section D, line 7: \$ Applied to underdistributions of prior years				
	Applied to 2019 distributions of phot years				
	Remainder. Subtract lines 4a and 4b from 4.				
	Remaining underdistributions for years prior to 2019, if				
5	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in <b>Part VI</b> . See instructions.				
6	Remaining underdistributions for 2019. Subtract lines 3h				
Ŭ	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2020. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2015				
	Excess from 2016				
	Excess from 2017				
d	Excess from 2018				
e	Excess from 2019				
EEA			Sched	ule A (Form 990 or 990-EZ) 2019	

Schedule A (For	m 990 or 990-EZ) 2019 Page 8
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 B (Form 990, 990-EZ.

or 990-PF)

Department of the Treasury Internal Revenue Service

# Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization Employer identification number The Pittsburgh Project 25-1594578 Organization type (check one):

Filers of:	Sec	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization		
		4947(a)(1) nonexempt charitable trust <b>not</b> 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 х regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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 \$

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

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

Name of organization

Page 2 Employer identification number

The Pittsburgh Project

25-1594578

	sburgh Project		25-1594578
Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>   1    </u>	Highmark Health 1800 Center St Camp Hill, PA 17011-1702	\$ <u>28,000</u>	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2_	McCune Foundation <u>3 Ppg Pl Ste 400</u> Pittsburgh, PA 15222-5435	\$200,000	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	The Community at Holy Family Manor 301 Nazareth Way Pittsburgh, PA 15229-5105	\$48,840	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Urban Impact Foundation 801 Union Ave Pittsburgh, PA 15212-5523	\$ <u>61,216</u>	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person          Payroll          Noncash          (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person          Payroll          Noncash          (Complete Part II for noncash contributions.)

SCHEDULE D	
(Form 990)	

SCHEDULE D Supplemental Financial Statements			OMB No. 1545-0047				
(Fo	(Form 990) Complete if the organization answered "Yes" on Form 990,			2019			
	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.				20	13	
Department of the Treasury		▶	Attach to Form 990.		Open to	Public	
Internal Revenue Service For www.irs.gov/Form990 for instructions and the latest information				ation.	Inspecti	ion	
Name of the organization Employer				Employer identification	number		
				25-1594578	3		
Pa	rt I Organiza	ations Maintaining Donor Advised Fu	Inds or Other Similar Funds or Acco	unts.			
	Complete	e if the organization answered "Yes" on	Form 990, Part IV, line 6.				
			(a) Donor advised funds	(b) Funds a	nd other account	ts	
1	Total number at e	nd of year					
2	Aggregate value of	of contributions to (during year)					
3	Aggregate value of	of grants from (during year)					
4	Aggregate value a	at end of year					
5	Did the organizati	on inform all donors and donor advisors in w	riting that the assets held in donor advised		_	_	
	funds are the orga	anization's property, subject to the organization	on's exclusive legal control?	••••••	. Yes	No	
6	Did the organizati	on inform all grantees, donors, and donor adv	visors in writing that grant funds can be used				
	only for charitable	purposes and not for the benefit of the donor	r or donor advisor, or for any other purpose		_	_	
		issible private benefit?	<u> </u>		. 🗌 Yes	No	
Pa		vation Easements.					
	· · · · · · · · · · · · · · · · · · ·	e if the organization answered "Yes" or					
1		servation easements held by the organizatio					
		of land for public use (e.g., recreation or edu		a historically importation		ì	
Protection of natural habitat     Preservation of		a certified historic s	tructure				
		of open space					
2		through 2d if the organization held a qualified	conservation contribution in the form of a co	onservation			
		ast day of the tax year.		-	the End of the	e Tax Year	
а							
b	-	tricted by conservation easements		. <u>2</u> b			
С		rvation easements on a certified historic struc		. <u>2</u> c			
d		rvation easements included in (c) acquired af					
		ů – E	•••••••••••	2d			
3		rvation easements modified, transferred, rele	ased, extinguished, or terminated by the org	anization during the			
	tax year ►						
4		where property subject to conservation ease					
5	-	ation have a written policy regarding the period				□	
		forcement of the conservation easements it h	▼			∐ No	
6	Staff and voluntee	r hours devoted to monitoring, inspecting, ha	naling of violations, and enforcing conservat	ion easements during	j the year		
_	▶ <u> </u>						
7		es incurred in monitoring, inspecting, handlin	ig or violations, and enforcing conservation e	easements during the	year		
~	► \$						
8		rvation easement reported on line 2(d) above					
~	and section 170(h				. 🗌 Yes	∐ No	
9		ibe how the organization reports conservatio					
		d include, if applicable, the text of the footnote	e to the organization's financial statements th	hat describes the			
De		counting for conservation easements.	of Art Historiaal Tracquires ar	thar Similar A-			
Pa		izations Maintaining Collections		mer Similar As	sets.		
_		ete if the organization answered "Yes" o					
1a	0	elected, as permitted under FASB ASC 958	•				
		easures, or other similar assets held for publi		ance of public			
	service, provide, il	n Part XIII the text of the footnote to its finand	cial 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:
а	Revenue included on Form 990, Part VIII, line 1
b	Assets included in Form 990, Part X

	lle D (Form 990) 2019 The Pittsburgh Pr	-	· · -		25-159457		Page 2
Pa	t III Organizations Maintaining Co					ets (cor	tinued)
3	Using the organization's acquisition, accession, an	d other records, check any	of the following that ma	ake significant us	e of its		
	collection items (check all that apply):						
а	Public exhibition	d [	Loan or exchange	programs			
b	Scholarly research	e	Other				
с	Preservation for future generations						
4	Provide a description of the organization's collection	ons and explain how they fu	uther the organization's	s exempt purpose	in Part		
-	XIII.		and of the organization of	, even by barboor			
5	During the year, did the organization solicit or rece	ive donations of art historic	cal traceures or other s	imilar			
5	assets to be sold to raise funds rather than to be r					Yes	🗌 No
Do			ganizations collection?	•••••	· · · · · ·	lies	
Γd	<b>t IV</b> Escrow and Custodial Arrange			0			
	Complete if the organization ans	wered "Yes" on Form	990, Part IV, line	9, or reported	i an amour	it on FC	orm
	990, Part X, line 21.						
1a	Is the organization an agent, trustee, custodian or					_	_
						Yes	No
b	If "Yes," explain the arrangement in Part XIII and o	complete the following table	:				
					Amour	nt	
с	Beginning balance			. 1c			
d	Additions during the year			. 1d			
е	Distributions during the year						
f	Ending balance			. 1f			
2a	Did the organization include an amount on Form 9						No
	If "Yes," explain the arrangement in Part XIII. Che						
b Do	t V Endowment Funds.		as been provided on Fa				
Га		warad "Vaa" on Earm	000 Dort IV/ line	10			
	Complete if the organization ans						
		a) Current year (b) Price	or year (c) Two years	s back (d) Three	e years back	(e) Four ye	ars back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and						
	losses						
d	Grants or scholarships						
е	Other expenditures for facilities and						
	programs						
f	Administrative expenses						
g	End of year balance						
2		ear end balance (line 1 g. co	lumn (a)) held as:				
a							
h	Permanent endowment	///					
С		1 1000/					
	The percentages on lines 2a, 2b, and 2c should ec						
3a	Are there endowment funds not in the possession	of the organization that are	e held and administered	for the			
	organization by:					Y	es No
	(i) Unrelated organizations					3a(i)	
	(ii) Related organizations					3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizations	listed as required on Sche	dule R?			3b	
4	Describe in Part XIII the intended uses of the orga	anization's endowment fund	ls.				
Pa	t VI Land, Buildings, and Equipme	nt.					
	Complete if the organization ans	wered "Yes" on Form	990, Part IV, line	11a. See For	m 990, Par	rt X, line	e 10.
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulate		(d) Book v	
		(investment)	(other)	depreciation			
1a	Land		47,518			Δ	7,518
b			4,775,027	2 714	367		0,660
	0			2,714			
C L	Leasehold improvements		166,515		,872	6	6,643
d			508,266	500	,655		7,611
e	OtherSTMD1E.					-	
	. Add lines 1a through 1e. (Column (d) must equa	ai ⊢orm 990, Part X, colum	n (B), line 10c.)	•••••			2,432
EEA					Sche	edule D (Fo	rm 990) 2019

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 (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives

(2) Closely-held equity interests	
(3) Other	
(A)	
(B)	
(C)	
(D)	
(E)	
(F)	
(G)	
(H)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	

#### Part VIII Investments - Program Related.

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

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

#### Part IX Other Assets.

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

(a) Description	(b) Book value
(1)Inder construction: Gymnasium	651,319
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	651,319

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) Fee	deral income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Co	olumn (b) must equal Form 990, Part X, col. (B) line	≥25.). ►

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. . . .

Schedule D (Form 990) 2019 The Pittsburgh Project		25-1594	
Part XI Reconciliation of Revenue per Audited Financial Sta	tements With Rev	enue per Retur	n.
Complete if the organization answered "Yes" on Form 9	90, Part IV, line 12a	a.	
1 Total revenue, gains, and other support per audited financial statements		1	1,567,987
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	. 2a		
<b>b</b> Donated services and use of facilities	. 2b		
c Recoveries of prior year grants	. 2c		
d Other (Describe in Part XIII.)	. 2d	47,127	
e Add lines 2a through 2d		2e	47,127
3 Subtract line 2e from line 1		3	1,520,860
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			
<b>b</b> Other (Describe in Part XIII.)	. 4b		
c Add lines <b>4a</b> and <b>4b</b>			
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).			1,520,860
Part XII Reconciliation of Expenses per Audited Financial S			turn.
Complete if the organization answered "Yes" on Form S	990, Part IV, line 12	a.	
1 Total expenses and losses per audited financial statements		1	2,018,606
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities			
<b>b</b> Prior year adjustments			
<b>c</b> Other losses			
d Other (Describe in Part XIII.)		47,127	
e Add lines 2a through 2d		2e	47,127
3 Subtract line 2e from line 1		3	1,971,479
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			
<b>b</b> Other (Describe in Part XIII.)			
<b>c</b> Add lines <b>4a</b> and <b>4b</b>		· · · · 4c	
5 Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> ) Part XIII Supplemental Information.		5	1,971,479
	N/ lines th and the Dar	V line 4 Dort V line	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part			;
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid		uon.	
01. Other revenues not included on Form 990 (Part XI, li	ne 2a)		
Cafe supplies of \$906 are included in management and gen	omal ownangag is	the audit or	a manager ad a g
are supprise of \$906 are included in management and gen	erai expenses in	i the audit an	e reported as
cost of goods sold - a reduction of revenue - on Form 99	0 Bart VIII		
cost of goods sold - a reduction of revenue - on Form 33	U PAIC VIII		
Special events expenses of \$46221 are included in fundra	ising expenses	in the audit b	ut are offset
special events expenses of \$40221 are included in fundra	ising expenses .	in the addit i	at are orrect
against revenue on Form 990 Part VIII in arriving at re	ported revenues		
	ported revenues		

Schedule D (Form 990) 2019 The Pittsburgh Project	25-1594578	Page 5
Part XIII         Supplemental Information (continued)		
02. Other expenses not included on Form 990 (Part XII, line 2d)		
C. C. D	T T 000 D 11	
Cafe Revenues are reported at gross in the audited financial statements.	In Form 990 Part V	<u></u> ,
they are reported net of cost of goods sold.		
Cafe supplies of \$906 are included in management and general expenses in t	he audit are repor	ted as
cost of goods sold - a reduction of revenue - on Form 990 Part VIII		
Special events expenses of \$46221 are included in fundraising expenses in	the audit but are	offset
against neuropue on Form 000 Dart WIII in arriving at non-orted neuropues		
against revenue on Form 990 Part VIII in arriving at reported revenues		

organization entered more than \$15,000 on Form \$90-EZ, line 6a.     Corr Sole       Perturnal of the organization entered more than \$15,000 on Form \$90-EZ, line 6a.     Denote Public Inspection       The relatence Service     25-1594578       Part I     Fundraising Activities. Complete if the organization answered "Yes" on Form \$90, Part IV, line 17.       Form \$90-EZ filers are not required to complete this part.     1       1     Indicate whether the organization raised funds through any of the following activities. Check all that apply.       a     Mail solicitations     f       b     Internet and email solicitations     f       c     Solicitation of one-government grants       c     Phone solicitations     g       23 Did the organization have a written or oral agreement with any individual (including officers, directors, trustes, or key employees listed in form \$90, Part IVI) or entity in connection with professional fundraising services?     res       1     Indicate whether the organization.	SCHEDULE G	Supplemer	ntal Informatio	on Regard	ling Fund	raising or Gar	ning Acti	vities	OMB No. 1545-0047
	(Form 990 or 990-EZ)	Complete	if the organization	answered "Y	es" on Form	990, Part IV, line 17,	18, or 19, or	if the	2019
Wine of the opportation Engloyer identification number   25-1594578   Part1 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   b   c   Procesolicitations   c   B   d   Inperson solicitations   c   Solicitation of government grants   d   Solicitation adjustment with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraiser is to be compensated at least \$5,000 by the organization.   (i) None and address of individual (ii) Activity (iii) Did fundraiser have output of the organization and the organization.   (i) None and address of individual (ii) Activity (iii) Did fundraiser have output of the organization (i) Name and address of individual (iii) Activity (iii) Did fundraiser have output of the organization (iii) Activity (iii) Did fundraiser have output of the organization (iii) Activity (iii) Did fundraiser have output of the organization (iii) Activity (iii) Did fundraiser have output of the organization (iii) Activity (iii) Did fundraiser have output of the organization (iii) Activity (iii) Did fundraiser have output of the organization (iii) Activity (iii) Did fundraiser have output of the organization (iii) Activity (iii) Did fundraiser have output of the organization (iii) Activity (iii) Did fundraiser (iiiii) (iiii) Activity (iiii) Did fundraiser (iiii) Did f	Department of the Treasury		► Att	tach to Form	990 or Form	990-EZ.			Open to Public
The Pittsburgh Project       25-1594578         Part[			Go to www.irs.gov/F	orm990 for in	istructions ai	nd the latest informa	ition.	Employer ide	
Part I       Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-E2 files 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       e         b       Internet and email solicitations       f       Solicitation of government grants         c       Phone solicitations       g       Solicitation of government grants         c       In-person solicitations       g       Solicitation of government grants         2a       Dot 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       Induces withen the organization.       Yes       No       No         correlations?       (i) Activity       (iii) Did fundraiser have care on the did the form activity in connection with professional funderaising activities.       (iv) Amount paid to (or retained by) (o	·	oject							
Form 990-E2 files 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       e         Solicitation of government grants       f         C       Phone solicitations       g         Solicitation of government grants       f         Did the organization have a written or oral agreement with any individual (including officers, directors, trustes, or key employees listed in from 900, Part VII) or entity in connection with professional fundrising 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.       (W) Amount paid to (or retained by) form activity or entity in could organization       (W) Amount paid to (or retained by) form activity or entity in could organization         (I) Name and address of individual or entities (fundraiser have or could organization?       (W) Amount paid to (or retained by) form activity or entity in could organization?       (W) Amount paid to (or retained by) (or entity in could organization?         1       Yes       No       (W) Amount paid to (or retained by) (or entity in could organization?       (W) Amount paid to (or retained by) (or entity in could organization?         1       Yes       No       (W) Amount paid to (organization?       (Oretained by) (organization?			. Complete if the	ne organiz	ation ans	wered "Yes" or	Form 99		
A Mail solicitations     Provide and remail solicitations     Provide a virtue 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?     Proves, "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 (ii) Activity     (iii) Did fundraiser have (iv) Gross receipts (iv) Gross receipts (iv) Gross receipts (iv) Gross receipts (iv) or entity or control of contributions or context on with the fundraiser is to be compensated at least \$5,000 by the organization.		-		-				-,	· -
b Internet and email solicitations f   c Phone solicitations   d In-preson solicitations   2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?   b It "Yes; It the 10 highest paid individuals or entities (fundraiser) 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 entities (fundraiser) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.     (ii) Name and address of individual or entities (fundraiser) pursuant to agreements under which the fundraiser listed in organization.     (i) Name and address of individual or entities (fundraiser)     (iii) Activity	1 Indicate whether the	organization rais	ed funds through a	any of the foll	owing activit	ies. Check all that a	apply.		
c       Phone solicitations       g       Special fundraising events         d       In-person solicitations       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       It "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.       (v) Gross receipts (v) Amount paid to (or retained by) (organization or entity (fundraiser)       (v) Amount paid to (or retained by) (organization)         i       (ii) Name and address of individual or entities (fundraiser have or ontity (fundraiser)       (v) Gross receipts (v) Amount paid to (or retained by) (organization       (v) Amount paid to (or retained by) (organization         1       Yes       No       Vers       (v) Gross receipts (v) Amount paid to (or retained by) (organization         2       Yes       No       Vers       (v) Gross receipts (v) Amount paid to (or retained by) (organization         3       Yes       No       Vers       No       Vers         4       Yes       No       Vers       Vers       Vers         3       Yes       No       Vers       Vers       Vers       Vers         4       Yes       Yes       Vers       Vers       Vers       Vers </td <td>a 🗌 Mail solicitations</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	a 🗌 Mail solicitations								
d   In-person solicitations         2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?   Yes   No         b If "Yes," list the 10 highest paid individuals or entities (fundraiser) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.         (i) Name and address of individual (ii) Activity       (iii) Did fundraiser have or ontrol of contributions?       (v) Amount paid to (or retained by) organization         (i) Name and address of individual (ii) Activity       (iii) Did fundraiser have or ontrol of contributions?       (v) Amount paid to (or retained by) organization         1       Yes       No         2       Vestication       (v) Gross receipts (v) Amount paid to (or retained by) organization         4       Vestication       Vestication         5       Vestication       Vestication         6       Vestication       Vestication         9       Vestication       Vestication         10       Vestication       Vestication         6       Vestication       Vestication         9       Vestication       Vestication         10       Vestication       Vestication         10       Vestication       Vestication <t< td=""><td></td><td></td><td></td><td>_</td><td></td><td></td><td>6</td><td></td><td></td></t<>				_			6		
2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in cornection with professional fundraising services? I res I 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) (III) Did fundraiser have custody or control of contributions? (IV) Amount paid to (or retained by) (or retained by) (or retained by) (or retained by) (organization)   1 Yes No (IV) Amount paid to (or retained by) (organization)   2 Yes No (IV) Amount paid to (or retained by) (organization)   3 Yes No (IV) Amount paid to (or retained by) (organization)   4 Image: State of the organization of the organization Image: State of the organization   5 Image: State of the organization of the or				g ∐ S	Special fundr	aising events			
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 have curved or control of corretained by) fundraiser listed in corretained by) fundraiser listed in corretained by) fundraiser listed in correlation (if or retained by) fundraiser listed in correlation (if or retained by) fundraiser listed in correlation (if organization)         1       Yes       No         2       No       Image: second				al	le al Carales Pa	a di ana dia da m			
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 entities (fundraiser have custody or control of or entity (fundraiser)       (ii) Activity       (iii) Did fundraiser have custody or control of contributions?       (v) Amount paid to (or retained by) fundraise listed in col. (i)         1       Yes       No       (iii) Activity       Yes       No         2       Yes       No       (iii) Activity       (iiiii) Activity       (iii) Activity       <	-		-	-		-			
compensated at least \$5,000 by the organization.         (i) Name and address of individual or entity (fundraiser)       (ii) Activity       (iii) Did fundraiser have custedy or control of					•	-			
(i) Name and address of individual or entity (fundraiser)       (ii) Activity       (iii) Did fundraiser have custody or control of corretained by) fundraiser listed in col. (i)       (v) Amount paid to (or retained by) fundraiser listed in col. (i)         1       Yes       No       Image: Control of corretained by (undraiser)       (v) Gross receipts from activity       (v) Amount paid to (or retained by) fundraiser listed in col. (i)         2       Image: Control of control control of control of control of control contr					aloudine to ug				•
(ii) Name and address of individual or entity (fundraiser)       (iii) Activity       (iii) Activity       (iv) Gross receipts from activity       (iv) Gross receipts from activity       (iv) Andoun paid to contributions?         1       Yes       No       (iv) Andoun paid to contributions?       (iv) Gross receipts from activity       (iv) Andoun paid to contributions?         2       Yes       No       (iv) Andoun paid to contributions?       (iv) Gross receipts from activity       (iv) Andoun paid to contributions?         3       Yes       No       (iv) Andoun paid to contributions?       (iv) Gross receipts from activity       (iv) Andoun paid to contributions?         6       Iv) Gross receipts from activity       Iv) Gross receipts from activity       (iv) Andoun paid to contributions?         9       Iv) Gross receipts from activity       Iv) Gross receipts from activity       Iv) Gross receipts from activity         1       Iv) Gross receipts from activity       Iv) Gross receipts from activity       Iv) Gross receipts from activity         2       Iv) Gross receipts from activity       Iv) Gross receipts from activity       Iv) Gross receipts from activity         4       Iv) Gross receipts from activity         9       Iv) Gross from activity       Iv) Gross receipts from activity	•		0						
or entity (fundraiser)     (ii) Activity     custody or control of contributions?     from activity     fundraiser issid in col. (i)     (of retained by organization       1     Yes     No       2     Image: Solution     Image: Solution     Image: Solution       3     Image: Solution     Image: Solution     Image: Solution       4     Image: Solution     Image: Solution     Image: Solution       5     Image: Solution     Image: Solution     Image: Solution       6     Image: Solution     Image: Solution     Image: Solution       9     Image: Solution     Image: Solution     Image: Solution       10     Image: Solution     Image: Solution     Image: Solution       3     Image: Solution     Image: Solution     Image: Solution       3     Image: Solution     Image: Solution     Image: Solution       10     Image: Solution     Image: Solution     Image: Solution       3     List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from	(i) Name and address	of individual		(iii) Did fun	draiser have	(iv) Gross receipts			(vi) Amount paid to
Yes       No         1       Yes       No         2			(ii) Activity						
1   2   3   4   5   6   7   8   9   10   Total					1		CC	ol. <b>(i)</b>	organization
2   3   4   5   6   7   8   9   10   3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from				Yes	No				
3   4   5   6   7   8   9   10   Total	1								
3   4   5   6   7   8   9   10   Total	2								
4   5   6   7   8   9   10   Total	-								
5   6   7   8   9   10   Total	3								
5   6   7   8   9   10   Total									
6   7   8   9   10     7     3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from	4								
6   7   8   9   10     7     3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from									
7   8   9   10   Total	5								
7   8   9   10   Total	-								
8   9   10     Total	0								
8   9   10     Total	7								
9 10 Total	•								
10         Total	8								
10         Total									
Total	9								
Total									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from	10								
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from	Total								
		the organization	is registered or lic	•••••	cit contributi	ons or has been no	tified it is ex	remot from	
								emperiori	
		0							

	rt II		event contributions and	answered "Yes" on Form	n 990, Part IV, line 18,	
		<u> </u>	(a) Event #1 BanquetRoast (event type)	(b) Event #2 <u>Xmas party</u> (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	128,111	8,048		136,159
	2 3	Less: Contributions Gross income (line 1 minus	25,344	898		26,242
		line 2)	102,767	7,150		109,917
	4	Cash prizes				
	5	Noncash prizes				
<b>Direct Expenses</b>	6 7	Rent/facility costs	6,565			6,565
Direct E	8	Entertainment	0,505			6,505
	9	Other direct expenses	38,781	875		39,656
	10 11	Direct expense summary. Add lines Net income summary. Subtract line	10 from line 3, column (d)			46,221 63,696
Ра	rt III	Gaming. Complete if the c \$15,000 on Form 990-EZ,	-	Yes" on Form 990, Part I	IV, line 19, or reported	more than
anue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
eve eve				biligo/progressive biligo		
Revenue	1	Gross revenue				
	1 2	Gross revenue				
Expenses		Cash prizes				
	2 3 4	Cash prizes				
Expenses	2 3 4 5	Cash prizes	Yes%	%	□ Yes%	
Expenses	2 3 4	Cash prizes	Yes%	□ Yes% □ No	No	
Expenses	2 3 4 5	Cash prizes          Noncash prizes          Rent/facility costs          Other direct expenses          Volunteer labor	Yes%     No 2 through 5 in column (d)	□ Yes% □ No	□ No	
b 6 Direct Expenses	2 3 4 5 6 7 8 Ent Is t	Cash prizes	Yes% No	Yes         %           No         %           mn (d)            ities:	□ No	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

## Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047
2019
Open to Public

Inspection

Employer identification number

25-1594578

The Pittsburgh Project

01. Form 990 governing body review (Part VI, line 11)

The Board of Directors of The Pittsburgh Project reviews the Form 990 prior to filing.

The governing documents are available upon request.

02. Conflict of interest policy compliance (Part VI, line 12c)

The Pittsburgh Project has a written conflict of interest policy on file.

03. CEO, executive director, top management comp (Part VI, line 15a)

The process for determining compensation includes a comparison to a regional survey and

the results are reviewed by the Board of Directors.

04. Governing documents, etc, available to public (Part VI, line 19)

Articles and By-Laws and other governing documents are available upon request.

Form 8879-EO
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# IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning , and ending

OMB No. 1545-1878

2019

Department of the Treasury
Internal Revenue Service
Name of exempt organization

Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number

25-1594578

The Pittsburgh Project

Name and title of officer

William F Shimko, Interim Exec. Director
Part I         Type of Return and Return Information (Whole Dollars Only)
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you
check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then
leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on
the applicable line below. <b>Do not</b> complete more than one line in Part I.
1a       Form 990 check here <ul> <li> <b>b</b></li> <b>Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12) <li> <b>c</b></li> <li> <b>1,520,860</b> </li> </ul>
2a Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9)
3a Form 1120-POL check here <b>b</b> Total tax (Form 1120-POL, line 22)
4a Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5a         Form 8868 check here ►         b         Balance Due (Form 8868, line 3c)
Part II Declaration and Signature Authorization of Officer
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the
organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they
are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the
organization's electronic retum. I consent to allow my intermediate service provider, transmitter, or electronic retum originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of
the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I
authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the
financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this
retum, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions
involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and
resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's
electronic return and, if applicable, the organization's consent to electronic funds withdrawal.
Officer's PIN: check one box only
X   authorize Donnelly Boland Tax Service to enter my PIN 12345 as my signature
ERO firm name ERO firm name Enter five numbers, but do not enter all zeros
on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is
being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return.
If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.
Officer's signature ► Date ► 04-22-2021
Part III Certification and Authentication
ERO's EFIN/PIN. Enter your six-digit electronic filing identification
number (EFIN) followed by your five-digit self-selected PIN. XXXXXX 02801
Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed retum for the organization
indicated above. I confirm that I am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-File (MeF) Information for Authorized IRS <i>e-file</i> Providers for Business Returns.
ERO's signature  Linda LeMaster CPA Date  04-22-2021
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2019)

EEA

	FOR YOUR RECO			
Name(s) as shown on return	deral Supporting	Statements	2019 Tax ID Number	PG01
The Pittsburgh Project				<u>25-1594578</u>
		_		
	Schedule D - Investments -	<b>Part VI - Line 1</b> Other	e st	atement #D1e
Description	Cost/basis	Cost/basis		Book
of Investment	(Investment)	(Other)	Depr	Value
Furniture & fixtures	0	0	0	0
Total	0	0	0	0

990	Overflow Statement	<b>2019</b> Page 1
Name(s) as show	n on return	FEIN
Descrip	tsburgh Project	<u>25-1594578</u>
	nd Philanthropy Total:	
Descrip	tion	Amount
Charles	Street Cafe	\$ 3,237

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		(Кее	p for your records)			201	9
(s) a	Tax ID	Number					
		h Project					1594578
1	Multi-Form	Description	Date	Basis	Method	Life	Deduction
	1	Building Church	08-06-2003	282,473	SL	39	7,24
	1	Building Improvements	06-15-2001	51,608	SL	15	
	1	accoustical foam spray	10-13-2003	17,300	SL	15	
	1	ELECTRICAL SERVICES	12-31-2003	12,000	SL	15	
	1	BASEMENT FURNITURE	10-23-2003	3,273	SL	7	
	1	PAINT SANCTUARY	04-23-2003	18,188	SL	15	
	1	BASEMENT CONTRACT WORK	06-11-2003	10,883	SL	15	
	1	BASEMENT REMODELING	09-18-2003	16,248 1,112	SL SL	15 15	
	1	KITCHEN REMODELING ARCHITECTURAL FEES	05-17-2003	33,520	SL	15	
	1	NEW BATHROOM REMODELING	12-22-2003	4,474	SL	15	
	1	NEW BATHROOM FIXTURE	12-10-2003	488	SL	15	
	1	NEW BATHROOM CONTRACTED	12-22-2003	19,756	SL	15	
	1	INSTALL HVAC IN SANCTUAR	12-31-2003	3,908	SL	15	
	1	NEW CARPET-SANCTUARY	12-10-2003	9,299	SL	15	
	1	STAGE LIGHTS	10-10-2003	1,665	SL	15	
	1	SANCUARY STAGE & ACOUSTI	11-12-2003	3,294	SL	15	
	1	EMPLOYEE WORK ON BUILDIN	12-31-2003	41,721	SL	15	
	1	BILL DWYER WORK ON BUILD	12-31-2003	8,989	SL	15	
	1	RENOVATIONS CHURCH	12-01-2004	761,661	SL	15	
	1	CONTRACTORS WORK ON BUIL	12-31-2004	81,528	SL	15	
	1	EMPLOYEE WORK ON BUILDIN	12-31-2004	8,493	SL	15	
	1	GAS LINES	09-25-2004	1,695	SL	15	
	1	ALARM SYSTEM	03-05-2004	3,276	SL	5	
	1	IMPROVEMENT CHURCH	12-31-2005	10,874	SL	15	36
	1	IMPROVEMENT	06-30-2006	5,663	SL	39	14
	1	IMPROVEMENTS	09-30-2007	16,010	SL	39	41
	1	STEAMER	06-08-2007	2,800	SL	7	
	1	ROOF	06-30-2008	55,212	SL	39	1,41
	1	HANDICAP RAMP	08-06-2009	15,040	SL	39	38
	1	CARPETING SANCTUARY	07-01-2011	7,600	SL	7	
	1	CIRCUIT BOARD	11-09-2017	693	SL	5	13
	1	INDUCER, MOTOR AND WHEEL	12-01-2017	1,632	SL	5	32
	1	IMPROVEMENT	05-09-2018	7,904	SL	15	52
	1	BUILDING GUEST HOUSE	12-31-2004	510,452	SL	39	13,08
	1	BUILDING GUEST HOUSE	12-31-2005	1,508,013	SL	39	38,66
	1	SECURITY SYSTEM	06-12-2006	30,380	SL	7	22
	1	IMPROVEMENT IMPROVEMENT	10-12-2006	8,898 12,680	SL SL	39 39	32
	1	IMPROVEMENT	07-01-2006	5,201	SL	39	13
	1	IMPROVEMENT	07-01-2008	4,483	SL	39	11
	1	IMPROVEMENT	06-30-2007	39,866	SL	39	1,02
	1	SMOKE ALARMS	04-30-2008	3,500	SL	7	
	1	IMPROVEMENTS	12-31-2008	9,625	SL	39	24
	1	BOOSTER PUMP & COUPLER G	02-05-2013	1,911	SL	5	
	1	GAGA PIT	05-05-2013	882	SL	5	
	1	WINDOWS GUEST HOUSE	08-30-2016	28,980	SL	27	1,07
	1	REPLACEMENT BEARINGS	02-13-2017	840	SL	5	16
	1	REPLACEMENT POWER SUPPLY	03-18-2017	1,479	SL	5	29
	1	BUILDING IMPROVEMENTS	01-01-1993	91,157	SL	15	6,07
	1	BLDG IMPR OTHER	01-01-1993	20,324	SL	5	
	1	BUILDING IMPROVEMENTS	01-01-1994	62,251	SL	15	
				-			

			Depreciation V ep for your records)			201	9
• • •	as ahown on retu						Number
	-	h Project		1	1		L594578
rm	Multi-Form	Description	Date	Basis	Method	Life	Deduction
	1	BUILDING MAIN	12-31-1994	40,000	SL	15	
	1	BUILDING	02-21-1995	1,156	SL	15	
	1	BUILDING IMPROVEMENTS	06-15-1995	40,310	SL	15	
	1	BUILDING IMPROVEMENTS	04-30-1996	13,828	SL	15	
	1	BUILDING IMPROVEMENTS	06-15-1997	69,971	SL	15	
	1	BUILDING IMPROVEMENTS EN	10-01-1998	27,677	SL	15	
	1	BUILDING IMPROVEMENTS AR	09-01-1998	4,782	SL	15	
	1	BUILDING WAREHOUSE	05-13-1999	25,373	SL	39	651
	1	IMPROVEMENT	01-25-1999	4,778	SL	15	1 055
	1	IMPROVESMENTS OFFICES	12-31-2005	72,410	SL	39	1,857
	1	IMPROVEMENTS OFFICES	06-30-2006	117,579	SL	39	3,015
	1	IMPROVEMENTS EXCAVATING	02-10-2006	14,500	SL	39	372
	1	IMPROVEMENT	06-30-2006	50,966	SL	39	1,307
	1	WINDOWS	12-31-2006	15,156	SL	39	389
	1	BATHROOM IMPROVEMENTS	11-01-2006	29,230	SL	39 39	749
	1	CLASSROOM IMPROVEMENTS IMPROVEMENTS	06-30-2007	10,449 95,239	SL SL	39	268
	1	SCHOOL WINDOWS	03-03-2007	45,469	SL	39	-
	1	IMPROVEMENTS	06-30-2007	102,202	SL	39	1,166
	1	FURNACES 3 SCHOOL	12-31-2007	6,100	SL	7	2,021
	1	IMPROVEMETS	07-01-2008	80,873	SL	39	2,074
	1	3RD FLOOR ART AND GIRLS	07-01-2009	2,849	SL	39	73
	1	3RD FLOOR ART AND GIRLS	07-01-2010	10,124	SL	39	260
	1	FURNACE AT SCHOOL	12-20-2010	1,900	SL	7	200
	1	MUSIC ROOM IMPROVEMENTS	12-05-2011	2,849	SL	7	
	1	FURNACE	06-21-2011	1,900	SL	7	
	1	COMPRESSOR-PA ROOM AC	07-18-2011	1,039	SL	7	
	1	REMOVATIONS TO ART ROOM	07-01-2011	4,760	SL	7	
	1	213 ROOF ON OLD WAREHOUS	07-01-2011	1,086	SL	5	
	1	NEW ROOF AT OLD WAREHOUS	01-20-2012	1,773	SL	39	45
	1	FURNACE FOR SCHOOL BUILD	10-27-2017	-	SL	5	720
	1	MARIANA & RICHARDS POOL	05-09-2018	13,640	SL	39	350
	1	CHAIRS	07-16-2001	1,342	SL	7	
	1	TABLES AND CHAIRS	11-15-2001	744	SL	7	
	1	COMPUTER FURNITURE	03-15-2001	920	SL	7	
	1	CAMCORDER	10-09-2002	749	SL	5	
	1	LAMP	06-25-2002	587	SL	5	
	1	CHAIRS SANCTUARY	12-22-2003	5,952	SL	7	
	1	BEDS	05-23-2005	87,681	SL	7	
	1	OFFICE CHAIRS	08-12-2005	1,575	SL	7	
	1	FILE CABINET	11-11-2005	700	SL	7	
	1	MINI BLINDS GALLERY	03-24-2006	4,806	SL	7	
	1	GUEST HOUSE FURNITURE	03-31-2006	6,171	SL	7	
	1	GUEST HOUSE FURNITURE	05-03-2006	2,466	SL	7	
	1	GUEST HOUSE FURNITURE	12-31-2006	1,456	SL	7	
	1	TABLE & CHAIRS BASIC ACA	09-05-2006	1,080	SL	5	
	1	BALDWIN CONSOLE PIANO	01-03-2008	800	SL	7	
	1	MAILBOXES	03-05-2008	1,551	SL	7	
	1	6 DRAWER CHEST	04-16-2008	2,414	SL	7	
	1	3 QUEEN MATTRESSES	02-26-2008	1,082	SL	7	
	1	11 TWIN MATTRESSES	03-31-2008	1,029	SL	7	
	1	VINYL BLINDS FOR CLASSRO	07-01-2010	4,276	SL	7	

			Depreciation V ep for your records)			20	19		
me(s) as ahown on return						Tax I	Tax ID Number		
e P:	ittsburg	?roject				25-	25-1594578		
m	Multi-Form	Description	Date	Basis	Method	Life	Deduction		
	1	TABLES (8)	06-01-2010	1,561	SL	5			
	1	TWIN MATRESSES (21)	07-01-2010	2,234	SL	7			
	1	RISER FOR SANCTUARY	07-01-2010	644	SL	7			
	1	VENDING MACHINE	01-29-2013	600	SL	5			
	1	REPLACEMENT PILOT, IGNIT	11-07-2017	2,985	SL	5			
	1	STEEL DOOR	04-30-2002	1,050	SL	5			
	1	POOL FENCE	07-01-2006	11,460	SL	15	764		
	1	POOL-SECURITY SYSTEM	07-28-2006	5,183	SL	7			
	1	IMPROVEMENTS PARK	07-12-2007	7,568	SL	15	505		
	1	IMPROVEMENTS PARK	09-13-2007	6,300	SL	15	420		
	1	IMPROVEMENTS PARK	10-29-2007	10,700	SL	15	713		
	1	CRISPEN GARDEN FENCE	06-18-2008	5,850	SL	15	390		
	1	PARK FENCE	10-16-2008	1,320	SL	15	88		
	1	OUTDOOR CHAPEL	07-11-2008	22,659	SL	15	1,511		
	1	PEAC GARDEN & PAVILION	07-01-2009	48,517	SL	15	3,234		
	1	CONCRETE FOUNDATION FOR	07-01-2010	900	SL	15	60		
	1	SHED AT BALLPARK	01-10-2001	3,050	SL	15			
	1	IMPROVEMENTS	01-04-2018	4,260	SL	39	109		
	1	IMPROVEMENTS	12-09-2018	2,707	SL	39	69		
	1	IMPROVEMENTS	08-09-2018	15,808	SL	39	405		
	1	IMPROVEMENTS	10-02-2018	12,323	SL	39	316		
	1	ROOF IMPROVEMENT	04-01-2019	6,860	SL	39	176		
	1	MICHINERY & EQUIPMENT	08-15-1995	14,926	SL	5			
	1	FURNACE	02-02-1999	5,127	SL	5			
	1	1996 CHEVY PICKUP	12-31-2000	12,981	SL	5			
	1	FOOSBALL	04-07-2000	850	SL	5			
	1	COMPUTER	12-29-2000	3,000	SL	5			
	1	HOT WATER BOOSTER	05-16-2001	1,375	SL	5			
	1	STEAM TABLE & URNS	04-15-2001	1,054	SL	5			
	1	WORKTABLES	04-15-2001	500	SL	5			
	1	ICS COMPUTER & SERVER	07-05-2001	5,549	SL	5			
	1	TIMECLOCK	12-10-2001	-	SL	5			
	1	SAW & ATTACHMENTS	05-01-2001	420	SL	5			
	1	EQUIPMENT	06-30-2001		SL	5			
	1	TOOLS	02-26-2002	500	SL	5			
	1	PERSONAL COMPUTER	01-25-2002	600	SL	5			
	1	PERSONAL COMPUTER	04-30-2002	837	SL	5			
	1	10 COMPAQ COMPUTERS	12-20-2002	3,000	SL	5			
	1	SERVER	11-12-2003	-	SL	5			
	1	1 MULTIMEDIA & 2 DESKTOP	06-02-2004	-	SL	5			
	1	DISHWASHER	06-30-2004	-	SL	5			
	1	JACKHAMMER	08-05-2004	-	SL	5			
	1	20 REFURBISHED COMP	12-01-2004	-	SL	5			
	1	TOOLS	02-11-2004	-	SL	5			
	1	HAMMER DRILL	06-23-2004		SL	5			
	1	HAMMER DRILL	07-01-2004	660	SL	5			
		SOUND SYSTEM		2,792	SL	5			
	1		12-28-2004	-		-			
	1	SOUND ENGINEERING & EQUI	11-01-2004	-	SL	5			
	1	PHONE SYSTEM	03-31-2005	4,000	SL	5			
	1	COMPUTER UPGRADES	07-08-2005	6,892	SL	5			
	1	SOFTWARE	12-03-2008	-	SL	5			
	1	ESPRESSO MACHINE	06-22-2005	1,500	SL	5			

		Depreciation V ep for your records)			20	19
(s) as ahown on return Pittsburgh Project						ID Number -1594578
Multi-Form		Date	Basis	Method	Life	Deduction
1	CAFE EQUIPMENT	10-21-2005	1,176	SL	5	
1	TOOL	07-14-2005	1,801	SL	5	
1	30 PENTIUM COMPUTERS	09-19-2005	9,000	SL	5	
1	SCAFFOLING	09-19-2005	1,000	SL	5	
1	TELEPHONES	09-19-2005	1,000	SL	5	
1	WIDE SCREE TV	12-29-2005	3,000	SL	5	
1	1989 CHEVY VAN	11-18-2005	1,500	SL	5	
1	2001 FORD TRUCK	11-01-2005	10,740	SL	5	
1	CARRIER FURNACE	12-14-2005	1,200	SL	5	
1	34 COMPUTERS	09-01-2006	10,200	SL	5	
1	34 DELL MONITORS	09-01-2006	5,100	SL	5	
1	POOL TABLE	09-01-2009	1,500	SL	5	
1	PIANO	09-01-2006	600	SL	5	
1	2007 CHEVY VAN	09-01-2007	600	SL	5	
1	2007 CHEVY VAN	04-09-2007	22,783	SL	5	
1	2007 CHEVY VAN	04-09-2007	22,783	SL	5	
1	MAZDA PROTEGE	09-10-2007	7,000	SL	5	
1	FORD 1989 VAN	01-25-2007	2,000	SL	5	
1	2007 CHEVY VAN	04-09-2007	22,783	SL	5	
1	1986 FORD DUMP TRUCK	05-04-2007	7,000	SL	5	
1	11 PANTHER 34 BUTTON PHO	04-27-2008	1,100	SL	5	
1	SERVER	04-05-2008		SL	5	
1	2 COMPUTERS	04-10-2008	2,038	SL	5	
1	DONORPRO	05-22-2008	2,600	SL	5	
1	LAWNMOWER	05-19-2008	5,753	SL	5	
1	DRILL	07-02-2009	525	SL	5	
1	PROJECTOR	01-26-2009	5,428	SL	5	
1	1998 GMC TK VAN	11-16-2009	7,000	SL	5	
1	VITAMIX PROFESSIONA GRAD	07-01-2010	1,950	SL	5	
1	COMPUTERS	07-01-2010	900	SL	5	
1	EXTENSION LADDERS (4)	07-01-2010		SL	5	
1	LOEAF BLOWER	11-12-2010		SL	5	
1	APPLE 13 MACBOOK PRO	08-26-2010		SL	5	
1	APPLE IMAC	07-30-2010	-	SL	5	
1	VIDEO CAMERAS	07-30-2010	-	SL	5	
1	SNOW PLOW BLADE	03-16-2010		SL	5	
1	DRUM SET	07-01-2010	-	SL	5	
1	LIT DATABASE	03-01-2010		SL	5	
1	YOUTH DEV DATABAS	08-01-2010	-	SL	5	
1	YAMAHA MM6 KEYBOARD	07-01-2010	-	SL	5	
1	LADDERS EXTENSION AND ST	07-01-2010		SL	5	
1	MONITORS 15	07-01-2010	-	SL	5	
1	NETBOOK 1 GIG	07-01-2011	-	SL	5	
1	MAC COMPUTERS (2)	10-07-2011		SL	5	
1	KEYBOARD YAMAHA (10)	10-25-2011	-		5	
1	CAMERA NIKON	10-23-2011	-	SL	5	
1	KEYBOARDS (4)	07-01-2011	-	SL	5	
1	MICROPHONE (3)	07-01-2011		SL	5	
					5	
1	SOFTWARE PROPRESENTER 4	08-08-2011		SL	-	
1	1993 HONDA CIVIC	07-01-2011	-	SL	5	
1	4 WELL HOT FOOD TABLE	06-08-2012	-		5	
1	COICENT 3 LINE BROADCAST	01-05-2012	1,198	SL	5	

	Next Year's Do	for your records)			201	19
ahown on retur	n	, , , , , , , , , , , , , , , , , , ,			Tax ID	) Number
	n Project		1	1		1594578
Aulti-Form	Description	Date	Basis	Method	Life	Deduction
1	FIBER OPTIC CABLE	06-29-2012	500	SL	5	
1	SYMANTEC PROTECTION SUIT	10-05-2012	250	SL	5	
1	CISCO WIRELESS SECURITY	10-11-2012		SL	5	
1	1995 GMC VAN	12-31-2012		SL	5	
1	WASTE KING DISPOSA	08-28-2013		SL	5	
1 1	LENOVO THINKCENTRE DESKT CHROMEBOOK	06-05-2013 06-05-2013		SL SL	5 5	
1	LENOVO THINKCERTRE	07-05-2013		SL	5	
1	AUTOMATED EXTERNAL DEFIB	05-01-2013		SL	5	
1	PUMP JACKS	06-23-2013		SL	5	
1	FREEZER	05-28-2009		SL	5	
1	REFRIGERATOR	08-14-2009		SL	5	
1	PROJECTOR	11-25-2009	774	SL	5	
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	TOTAL					99,514
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	(Keep for	r your records)	2010					
Name(s) as shown on return			EIN number					
The Pittsburgh Pro	ject		25-1594578					
The following will be trans	nitted to the IRS. X 99	0 🗌 8868 🗌 Amended 🗌	FinCEN 114					
The following state returns	will be transmitted:							
The following returns have	The following returns have been suppressed or are not eligible and will NOT be transmitted.							
		,						
EF Notes								