FOR TAX YEAR 2020

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

October 31, 2021

The Pittsburgh Project 2801 North Charles Street Pittsburgh, PA 15214

The Pittsburgh Project:

Enclosed is the 2020 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.

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

October 31, 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

EF_PDF~			FOR YOUR RECORDS) Attachments	2020
Name of corporation The Pittsbur	ah Project			FEIN 25-1594578
Reference	<u></u>	Description	Filename:	
Form 990 Inst	ruction	Audited Financial Statements	TPP Audited FS 12-31-2020.pdf	

Acknowledgement and General Information for Entities That File Returns Electronically	2020
	Employer Identification Number
Name(s) as shown on return I The Pittsburgh Project I Entity address 2801 North Charles Street Pittsburgh, PA 15214 Image: Comparticipating in IRS e-file. 1. X 2020 8868-01 income tax return for Federal was filed elements The electronic filing services were provided by Donnelly Boland Tax Services LLC Image: Comparison of the service serv	ectronically.
PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN	

Form	99	an	Rot	furn /	of Organization	Exempt F	From Inc	omo	Tay		OMB No. 1545-0047
FOIII				unn	or organization	Lyempti		Unic	Ιαλ		2020
			Under section 5	501(c), 5	27, or 4947(a)(1) of the	Internal Rever	nue Code (ex	cept pr	ivate found	lations)	
Depar	tment of t	he Treasury	► Do	not ent	er social security numl	bers on this for	m as it may	be mad	e public.		Open to Public
		le Service			/ww.irs.gov/Form990 fo	or instructions	and the late	st infor	mation.		Inspection
A I	For the	2020 calenda	ar year, or tax yea	r begin	ning		, 2020, a	Ind end	ing		, 20
B	Check if a	pplicable:	C Name of organi	ization Th	e Pittsburgh Pro	oject				D Emplo	over identification number
/	Address c	hange	Doing business	as				1			25-1594578
r	Name cha	inge	Number and str	reet (or P.0	D. box if mail is not delivered to a	street address)		Room/su	uite	E Telepl	none number
ı	nitial retur	m	2801 Nort	h Cha	rles Street						(412)321-1678
F	inal retur	n/terminated			ince, country, and ZIP or foreigr	n postal code				G Gross	receipts
/	Amended	return	Pittsburg	h, PA	15214					\$	826,542
/	Application	n pending	F Name and addr	ress of prir	cipal officer: Roderick	Mason			H(a) Is this a	group return f	or subordinates? Yes X No
			Same as C						H(b) Are all	subordinate	es included? Yes No
	Tax-exem		501(c)(3) 501(c	, ,		7(a)(1) or	527		lf "No,"	attach a lis	t. See instructions
	Vebsite:		.pittsburghp						H(c) Group		
		-	Corporation Trust	t 🔄 Asso	ociation Other		L Year of format	ion: 19	85 M S	State of leg	al domicile: PA
Pa	rtl	Summar									
			0		on or most significant ac		Pittsbur	-	-		
e					tian community o						
Activities & Governance					chool and summer		and prov	rides	homeown	er se	rvices for the
ern					-income househol						
Š					discontinued its operation					1 1	
∞ ∞			-	-	rning body (Part VI, line	,					11
es					s of the governing body (10
iviti					calendar year 2020 (Par						42
Act			•		necessary)						
					Part VIII, column (C), line						0
	a	Net unrelate	d business taxable	Income	from Form 990-T, Part I,	line 11	· · · · · ·			. 7b	0
		Contributions	and suprate (Dart)	/111	44)				Prior Year		Current Year
					1h)				1,186		676,938
Revenue					2g)				240	,344	111,877
eve), lines 3, 4, and 7d)				~	0.007	6,400
R				. ,	es 5, 6d, 8c, 9c, 10c, and					3,287	31,327
					must equal Part VIII, colu				1,494		826,542
					X, column (A), lines 1-3) (, column (A), line 4)				3	,850	19,150
					benefits (Part IX, colum	••••••••••••••••••••••••••••••••••••••		·	1 222	201	<u> </u>
ŝ					olumn (A), line 11e)			•	1,233	,204	0
Expenses					umn (D), line 25) ►						
ğ									728	3,345	497,307
ш					equal Part IX, column (A				1,971		896,652
					8 from line 12					5,842)	(70,110)
. 4									inning of Curr	-	End of Year
Net Assets or Fund Balances	20	Total assets	(Part X, line 16)						2,856		3,039,550
Asse	21								1,333		1,586,287
Net /	22				ine 21 from line 20				1,523		1,453,263
	rt II		re Block					-		,	_//_
Unde	er penaltie	es of perjury, I dec	lare that I have examined		n, including accompanying sche			of my kno	wledge and be	lief, it is	
true,	correct, a	and complete. Dec	laration of preparer (othe	er than offi	cer) is based on all information of	of which preparer has	any knowledge.				
		Rođe	rick Mason								
Sig	n	►	e of officer							Dat	e
Her	e	Rode	rick Mason, 1	Execu	tive Director						
			print name and title								
		Print/Type pre	parer's name		Preparer's signature		Date		Check	if	PTIN
Pai	d	Linda L	eMaster CPA				10-31-20	21	self-em		xxxxxxxx
	 parer			nellv	Boland Tax Serv	vices LLC			Firm's EIN		
	Only			-	wnsville Road				Phone no.		
	J				gh PA 15227					412-8	384-4829
Mav	the IRS	S discuss this			own above? (see instruct	tions)					X Yes No

orm	990 (2020) The Pittsburgh Project	25-1594578	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
	Briefly describe the organization's mission:		
	The Pittsburgh Project is an urban neighborhood based, Christian community de	evelopment	
	organization that operates a series of youth development after school and sum	mer programs	and
	provides homeowner services for the elderly, disabled and low-income househol	ds.	
	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.		
	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.		
	Describe the organization's program service accomplishments for each of its three largest program services, as measured	d by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth		
	the total expenses, and revenue, if any, for each program service reported.		
	(Code:) (Expenses \$ 393,010 including grants of \$ 19,050) (Revenue	\$ 70,0	065)
	Youth Development The Pittsburgh Project operates a series of afterschool and	i summer day	camp
	programs for youths in Grades K-12. Through these activities, approximately 3		
	economically distressed and high crime neighborhoods are encouraged to grow a		
	relationally and spiritually each year.		
	(Code:) (Expenses \$14,229 including grants of \$1812) (Revenue	\$)
	Homeowner Services The Pittsburgh Project provides free home repairs for low-		
	who are elderly, poor, shut-in, widowed, disabled or immobile. The bulk of th		
	occur during the summer months with the labor of approximately 2,000 student	volunteers w	ho
	participate in our week long service camps.		
		<u></u>	· · ·
	(Code:) (Expenses \$ 32,258 including grants of \$) (Revenue	\$)
	Community Outreach The Pittsburgh Project leads or participates in a number o		
	strengthen our local neighborhood, preserve its assets, and to decrease the 1		
	violence. These initiatives include revitalizing our neighborhood park and po		
	adults with job skills and academic assistance and establishing an urban farm	which provi	des
	fresh produce to our neighbors through a weekly farm stand.		
	Other program services (Describe on Schedule O.)		
	(Expenses \$ 9,401 including grants of \$) (Revenue \$)	
	Total program service expenses ► 648,898	,	
	<u> </u>	Eorm C	990 (2020)

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Pa	rt IV Checklist of Required Schedules			1
			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		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		х
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		х
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		х
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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	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		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		x	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	x	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	-		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		х
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		х
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			х
20 a				x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

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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				
	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
~~	If "Yes," complete Schedule L, Part I	••••	25b		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%		~		
27	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II.		26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? 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		21		•
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? If "Yes," complete Schedule L, Part IV		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	х	
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		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
	or IV, and Part V, line 1		34		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		•••		<u> </u>
	Enter the sumbar respected in Day 2 of Form (2020, Follow 0, Kost and Kost)	-		Yes	No
1a ⊾	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		10	v	
	reportable gaming (gambling) winnings to prize winners?		1c	Х	

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Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 42			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	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		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
c	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			
u	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	x	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Va		<u> </u>
b	gifts were not tax deductible?	6b	v	
7	Organizations that may receive deductible contributions under section 170(c).	00	x	
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?	70	v	
ь		7a 7b	x	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70	х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7-		
	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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			x
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		x
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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
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			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<u> </u>
15		15		v
	excess parachute payment(s) during the year?	15		x
16	If "Yes," see instructions and file Form 4720, Schedule N.	40		
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.			

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Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	s.		
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion 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			
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		x
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		x
6	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
Ū	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	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
5	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	3		~
000	ACT D. I ONCICS (This Section D requests information about policies not required by the internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	TVa		
N	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	TIA		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	Λ	v
		120		x
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	120		
40		12c		x
13	Did the organization have a written whistleblower policy?	13	x	
14	Did the organization have a written document retention and destruction policy?	14	x	
15	Did the process for determining compensation of the following persons include a review and approval by			
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		
a L	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		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	tion 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 X Another's website X 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			

EEA

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

Form 990 (20	020) The Pittsburgh Project	25-1594578	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, High Independent Contractors	hest Compensated Employe	es, and
	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 organization	e this table for all persons required to be listed. Report compensation for the calendar year end s tax year.	ding with or within the	

• 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	C)				
(A)	(B)			Posi			(D)	(E)	(F)
Name and title	Average		not chec , unless				Reportable	Reportable	Estimated amount
	hours		, unless cer and a				compensation	compensation	of other
	per week						from the	from related	compensation
	(list any	or	Ins	Q	Ке	Fo Hig en	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	hours for related	director	tituti	Officer	y em	Former Highesi employ			related organizations
	organizations	tor	onal		Key employee	ee on			
	below	or director	Institutional trustee		ee	npen			
	dotted line)		ee			Former Highest compensated employee			
						a			
(1) William Shimko	40.00								
Secretary /former Int Exec Dir		x		x			19,500	0	0
(2) Giannie Braafart									
Board Member		x					0	0	0
(3) Theresa Jones									
Board Member		x					0	0	0
(4) Kenya Matthews		1							
Board Member		x					0	0	0
(5) Alex Ruzanic	L								
Board Member		x					0	0	0
(6) Brian Johnson									
Chairman/Treasurer		х		x			0	0	0
(7) Alex Ruzanic									
former Board Member						x	0	0	0
(8) Daniel Esterly, M.S., MBA									
former Board Member						x	0	0	0
(9) Pam Davis									
former Board Member						x	0	0	0
(10)Elise R Yanders									
former Board Member						x	0	0	0
(11)Dennis Allan									
former Vice President						x	0	0	0
(12)Errika F Jones	L								
former President						x	0	0	0
(13)Dan Koller	L								
former Board Member						x	0	0	0
(14)Becky Boll									
former Board Member						x	0	0	0
EEA									Form 990 (2020)

Form 990 (2020) The Pittsburgh Project 25-1594578 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) Position (A) (B) (E) (F) (D) (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 Institutional trustee Highest compensatec <ey employee organization and hours for related organizations related organizations below dotted line) (15)CRAIG Schweiger former Board Member 0 0 х 0 <u>(16)</u>_____ (17) (18) (19) (20) (21) (22) (23) (24) (25) •••••• c Total from continuation sheets to Part VII, Section A d 0 19,500 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 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 x 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

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

Page 8

Oriect if Schedule O contains a response or note to any line in this Part VIII Image: Second S	020) St	The Pittsbur Statement of Revenue	gh Proj	ect			25-1594	5 78 Pag
State Column Column Column Ream of the second buildes revealed build			nonse or r	note to any line in thi	s Part VIII			
ai Federated campaigns 1a 1a <th></th> <th></th> <th></th> <th></th> <th>(A)</th> <th>(B) Related or exempt</th> <th>(C) Unrelated</th> <th>(D) Revenue excluded from tax under sections 512–514</th>					(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded from tax under sections 512–514
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a income from investment of tax-exempt bond proceeds	Invest	estment income (including dividence	s. interest.	and				
5 Royalties (i) Real (ii) Personal 6a Gross rents 6a 31, 317 b Less: rental expenses 6b 6a Gross amount from sales of assets other than inventory 6 , 400 7a Gross amount from sales of assets other than inventory 7a 6 , 400 b Less: cost or other basis and sales expenses 7a 6 , 400 7b 7c 6 , 400 6 7a Gross amount from sales of assets of assets of assets of assets of assets on ther than inventory 7a 6 , 400 b Less: cost or other basis and sales expenses 7b 6 , 400 6 , 400 8a Gross income from fundraising events (not including \$	other	er similar amounts)						
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Business Code	b Less: cost of goods sold 10b							
	Net in	income or (loss) from sales of inv	entory					
11a Building Revenue 900099 10 10								
				900099	10	10		
b								
d All other revenue								
e Total. Add lines 11a-11d				· · · · · · · •	10			
12 Total revenue. See instructions						149,604	0	

The Pittsburgh Project **Statement of Functional Expenses**

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

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Page IU	Page	10
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	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	19,150	19,150		
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)				
-	Other salaries and wages	200 460	239,808	E0 100	0.40
7 B	0	299,460	239,808	50,189	9,46
5	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	51,572	41,299	8,643	1,63
0	Payroll taxes	29,163	23,353	4,888	92
1	Fees for services (nonemployees):				
а	Management	79,932	15,353	64,499	8
b	Legal	1,471		1,471	
С	Accounting	4,214	3,375	706	13
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.)				
2	Advertising and promotion				
3	Office expenses				
4	Information technology				
5	Royalties				
6	Occupancy	94,479	72,689	21,790	
7	Travel	646	646		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest	72,880	60,490	12,390	
1	Payments to affiliates		-		
2	Depreciation, depletion, and amortization	98,566	81,810	16,756	
3		49,465	40,232	8,746	48
4	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	Program Supplies	35,232	27,053	7,712	46
b	Construction Materials Tools		12,344		10
	Maintenance and Repairs	14,093	9,641	1,749	
с с		13,490	3,041	3,849	
d	Taxes Penalties and Interest	23,184	1	23,184	
e	All other expenses	9,655	1,655	8,000	
	Total functional expenses. Add lines 1 through 24e. Joint costs. Complete this line only if the	896,652	648,898	234,572	13,18
5 6	organization reported in column (B) joint costs from a combined educational campaign and				

Part X Balance Sheet (A) (B) Check H Schedulo O contains a response or note to any line in this Part X. (A) (B) I Cash - non-intresekbearing 7,811 236,596 3 Pledges and grant sneckhole, net 3 3 4 Accounts receivable, net 4 37,101 5 Loss and other receivables from any current or former officer, director, trustee, key emptyce, creator or founder, substitutil contributor, or 35%, corrected ends of shift(N), and persons desched in section 458(r)(3)(6) 6 6 Loss and other receivables from other disqualified persons (as defined under section 458(r)(1), and persons desched in section 458(r)(3)(6) 6 9 Propaid copeness and deferred charges 8 9 9 Propaid copeness and deferred charges 10b 3,378,161 11 Intreasmets - publicity traded securities 10b 3,378,161 12 Intreasmets - publicity traded securities 10b 3,378,161 13 Intreasmets - publicity traded securities 10b 3,378,161 14 Interplete assets. See Part V, line 11 12 11t 15	Form	990 (20	20) The Pittsburgh Project	2!	5-1594	578 Page 11
gg (A) (B) 1 Cash - non-interest-bearing 7,811 1 236,596 2 Savings and temporary cash investments 3 1 236,596 3 Pedges and grafts receivable, net 3 3 4 Accounts receivables from any current or former officer, director, trustee, key employes, 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 disquilified persons (as defined under section 4858(f)(11), and persons described in section 4958((0)(3)(5) 6 7 Nets and cans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and other receivable, net 7 10a 5,462,046 10a 11 Investments - other sources. See Part IV, line 11 11 12 Investments - other sources. See Part IV, line 11 12 13 Investments - other sources. See Part IV, line 11 13 14 Intergible aspenses 14 15 Other assets. See Part IV, line 11 15 16	Part	t X	Balance Sheet			
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2 Savings and temporay cash investments 2 3 Pledges and grants receivable. net 3 4 Accounts receivable. net 4 5 Loars and other receivables from any current or former officer, director, structural director, structural director, association contributor, or 35% controlled entity or family member of any of these persons 5 6 Loars and other receivables from other disquilifle persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loars receivable, net 7 8 Investments or stall deprecision 15, 336 9 Prepaid expenses and defreed charges 15, 336 10a 5, 462, 046 2, 182, 432 11 Investments - other securities. See Part IV, line 11 12 11 Investments - publicly traded securities 11 11 Investments - publicly traded securities 14 13 Investments - other assets. See Part IV, line 11 13 14 Intaryptile assets 41 15 Other assets. Sae Part IV, line 11 13 16 Other assets. Sae Part IV, line 11 14<				Beginning of year		End of year
3 Pladges and grants receivable, net 3 3 4 Accounts receivables from any current or former officer, director, trusse, 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 only of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4356(f)(3)(8) 6 7 Notes and const receivable, net 7 8 Inventiones for sale or use 8 9 Prepaid expenses and deferred charges 15, 386 9 10a 5, 462, 046 9 30, 669 10a 5, 462, 046 9 10 2, 182, 432 10c 2, 083, 865 11 Investments - program-related. See Part IV, line 11 12 12 12 11 12 12 11 13 14 14 14 14 14 14 14 14 15 14 16 12 12 12 12 12 12 12 12 12 13 14 </td <td></td> <td>1</td> <td>Cash - non-interest-bearing</td> <td>7,811</td> <td>1</td> <td>236,596</td>		1	Cash - non-interest-bearing	7,811	1	236,596
4 Accounts necesivables, net 4 37,101 5 Loans and other receivables from any current or former officer, director, ratios e, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (as defined under section 4958(r)(1)), and person described in section 4958(r)(3)(B) 5 6 Loans and other receivables from other disquiified persons (as defined under section 4958(r)(1)), and person described in section 4958(r)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 15,386 9 30,669 10a Expenses 15,386 9 30,669 11 Investments - publicly traded securities 11 1 12 11 Investments - publicly traded securities 11 11 1 10 Investments - publicly traded securities 14 14 14 11 Intranyble assets. 651, 319 15 51, 319 11 Intranyble assets. 651, 319 15 651, 319 16 Total assets. <t< td=""><td></td><td>2</td><td>Savings and temporary cash investments</td><td></td><td>2</td><td></td></t<>		2	Savings and temporary cash investments		2	
S Loars 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 S 6 Loars and other receivables from other disquified persons (as defined under section 4455(17)), and persons described in section 44558(c)(3)(B) 6 7 Notes and loars receivables, net 7 8 Inventories for sale or use 10 9 Prepaid expenses and deterred charges 15, 386 9 10a Land, buildings, and equipment cost or other basis. Comptlet Part VI of Schedule D 10a 5, 462, 046 11 Investments - publicly traded securities 11 12 11 Investments - program-related. See Part IV, line 11 13 14 15 Other assets. See Part IV, line 11 13 14 16 Total assets. Add lines 1 through 15 (must equal line 33) 2, 856, 948 16 3, 039, 550 16 Total assets. Add lines 1 through 15 (must equal line 33) 2, 265, 948 16 3, 039, 550 17 Accourus payable and accrued deprecise 20 21 25 24 25		3	Pledges and grants receivable, net		3	
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sector sector<		5	Loans and other receivables from any current or former officer, director,			
geg 6 Loans and other receivables from other disqualified persons (as defined under section 4868(h(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and Loans cereivable, et . 7 8 Inventories for sale or use . 8 9 Prepaid expenses and deferred charges . 15,386 9 30,669 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D . 10a 5,462,046 15,386 9 30,669 11 Investments - other securities. See Part IV, line 11 12 11 12 13 14 14 Intergetments - other securities. See Part IV, line 11 13 14 13 14 15 Other assets. Add lines 1 through 15 (must equal line 33) 2,856,944 18 3,03,850 17 Accounts payable and accrued expenses 24 20 22 22 20 Tax-exempt bord liabilities 20 22 22 22 21 Loans and other payables to any current or former officer, director, trustes, key employee, creator or founder, subtainial contributor, or 35% 22 22			trustee, key employee, creator or founder, substantial contributor, or 35%			
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b Less: accumulated depreciation 10b 3,378,181 2,182,432 10c 2,083,865 11 Investments - publicly traded securities 11 12 11 12 Investments - publicly traded securities 11 12 13 Investments - program-related. See Part IV, line 11 13 13 14 Intragible assets 651,319 15 651,319 16 Total assets. Add lines 11 through 15 (must equal line 33) 2,856,948 16 3,039,550 17 Accounts payable and accrued expenses 421,389 17 457,750 18 19 Deferred revenue 19 20 13 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 20 22 Loars and other payables to any current to former office, director, trustee, key employee, creator of founder, substantial contributor, or 35% controlled entity or family member of any of these parsors 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 1,128,537 26 Total Habilities (including tederal income tax, payables to related thir		10a	Land, buildings, and equipment: cost or other			
11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - other securities. See Part IV, line 11 13 14 Intargible assets. 14 15 Other assets. See Part IV, line 11 651, 319 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 2, 856, 948 16 3, 039, 550 17 Accounts payable and accrued expenses 421, 389 17 457, 750 18 Grants payable 18 19 20 20 Tax-exempt bond liabilities 20 21 21 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 24 24 Unsecured notes and loans payable to unrelated third parties 24 24 25 24 Unsecured notes and loans payable to unrelated third parties 24 1, 333, 575 26 1, 128, 537 26 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td></td<>						
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13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 651, 319 15 651, 319 16 Total assets. Add lines 1 through 15 (must equal line 33) 2, 856, 948 16 3, 039, 550 17 Accounts payable and accrued expenses 421, 389 17 457, 750 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 22 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loars and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persors 22 23 Secured mottgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable fo uncelated third parties 24 24 25 Other liabilities not included on times 17*24). Complete Part X 912,186 25 1,128,537 26 <t< td=""><td></td><td>11</td><td>Investments - publicly traded securities</td><td></td><td>11</td><td></td></t<>		11	Investments - publicly traded securities		11	
14 Intangible assets 14 15 Other assets. See Part IV, line 11 651, 319 15 651, 319 16 Total assets. Add lines 1 through 15 (must equal line 33) 2,856,948 16 3,039,550 17 Accounts payable and accrued expenses 421,389 17 457,750 18 Grants payable 18 19 19 20 21 Escrew or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any ot these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities. Add lines 17 through 25 1,333,575 26 1,586,287 Organizations that follow FASB ASC 958, check here \box 1,519,042 27 1,395,017 28 Net assets with othor restrictions 1,519,042 27 1,395,017 28 Capital stock or trust principal, or current funds 29 29 29		12	Investments - other securities. See Part IV, line 11		12	
Secure montpace with our parties and other labilities and		13	Investments - program-related. See Part IV, line 11		13	
16 Total assets. Add lines 1 through 15 (must equal line 33)		14	Intangible assets		14	
17 Accounts payable and accrued expenses 421,389 17 457,750 18 Grants payable 18 19 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including tederal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 912,186 25 1,128,537 26 Total liabilities. Add lines 17 through 25 1,333,575 26 1,286,287 27 Net assets with donor restrictions 1,519,042 27 1,395,017 26 Add infor capital such or trast principal, or current funds 29 29 29 28 Capital stock or trust principal, or current funds		15	Other assets. See Part IV, line 11	651,319	15	651,319
18 Grants payable		16	Total assets. Add lines 1 through 15 (must equal line 33)	2,856,948	16	3,039,550
19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 912,186 25 1,128,537 26 Total liabilities. Add lines 17 through 25 1,333,575 26 1,586,287 Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33. Y Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here ▶ ☑ and complete lines 29 through 33. 29 29 Paid-in or capital suplus, or land, building, or equipment fund 30 30 29 29						

EEA

Form 990 (2020)

Form	990 (2020) The Pittsburgh Project	25-159457	8	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		826,	542
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		896,	652
3	Revenue less expenses. Subtract line 2 from line 1	. 3		(70,	,110)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4	1,	523,	373
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,	453,	263
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				$\cdot \Box$
				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:				
	Separate basis X 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		x
b					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2	2020)

SCH	EDU	LE	Α
(Form	990 d	or 99	0-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Z)	rubic onanty otatus and rubic oupport	. 2020
	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trus	_{t.} 2020

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

o to www.irs.gov/Form990 for instructions and the latest info

Open to Public

Intern	al Rev	enue Service F Got	o www.irs.gov/ro	orm990 for instructions	and the l	atest Into	mation.	inspection
Name	of the	e organization					Employer identification	on number
_	-	ttsburgh Project					25-1594578	
	rt I	Reason for Public Charity					t.) See instructions	3.
	orga	nization is not a private foundation bec	•	•	•	,		
1	Ц	A church, convention of churches, or			• • •			
2	Ц	A school described in section 170(b)						
3	Ц	A hospital or a cooperative hospital s	-					
4		A medical research organization ope	rated in conjunction	n with a hospital describ	ed in sect	ion 170(b))(1)(A)(iii). Enter the	
_		hospital's name, city, and state:						
5		An organization operated for the bene	-	iniversity owned or opera	ated by a g	governmen	tal unit described in	
-		section 170(b)(1)(A)(iv). (Complete						
6		A federal, state, or local government	0					
7	х	An organization that normally receive	•		/ernmental	unit or froi	m the general public	
•		described in section 170(b)(1)(A)(vi						
8	Ц	A community trust described in secti						
9		An agricultural research organization						je
		or university or a non-land-grant colle	ge of agriculture (s	ee instructions). Enter the	e name, ci	ty, and stat	e of the college of	
10		university:	a: (1) mara than 22	1/20/ of its support from	oontributi	ana mamb	archip food, and groop	
10		An organization that normally received receipts from activities related to its e					-	
		support from gross investment income	•	, ,		· ·		
		acquired by the organization after Ju					IOIII DUSIIIESSES	
11		An organization organized and opera						
12		An organization organized and operat					carry out the purposes	3
		of one or more publicly supported or					, , , ,	
		Check the box in lines 12a through 12						•
	а	Type I. A supporting organization						-
		the supported organization(s) the				-		.9
		supporting organization. You mu						
	b	Type II. A supporting organizatio			ith its supp	orted orga	anization(s), by having	
		control or management of the sup				-		
		organization(s). You must comp					0 11	
	с	Type III functionally integrated	. A supporting orga	anization operated in cor	nnection w	ith, and fu	nctionally integrated wi	th,
		its supported organization(s) (see						
	d	Type III non-functionally integr	ated. A supporting	organization operated i	n connecti	ion with its	supported organization	n(s)
		that is not functionally integrated.	The organization g	enerally must satisfy a d	istribution I	requiremer	nt and an attentiveness	
		requirement (see instructions). Y	ou must complete	e Part IV, Sections A ar	nd D, and	Part V.		
	е	Check this box if the organization	received a written	determination from the IF	RS that it is	a Type I, ⁻	Type II, Type III	
		functionally integrated, or Type III	non-functionally in	tegrated supporting orga	anization.			
	f	Enter the number of supported organi	izations					
	g	Provide the following information about	ut the supported or	ganization(s).				
	(i	i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	-	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))	listed in you docum		support (see instructions)	other support (see instructions)
						1		iner derione)
					Yes	No		
(A)								
(B)								
(C)								
(D)								

(E)

		burgh Proje				25-159457	
Pa	rt II Support Schedule for Organiz	ations Descri	bed in Secti	ons 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	/i)
	(Complete only if you checked the						fy under
	Part III. If the organization fails to	o qualify under	r the tests list	ed below, ple	ase complet	e Part III.)	
	tion A. Public Support		1				
	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,011,480	965,601	1,013,566	1,567,162	673 , 658	5,231,467
	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 3	1,011,480	965,601	1,013,566	1,567,162	673,658	5,231,467
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)						209,850
6	Public support. Subtract line 5 from line 4						5,021,617
Sec	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1,011,480	965,601	1,013,566	1,567,162	673,658	5,231,467
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	33,743	44,512	181,760		31,317	291,332
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)					9,690	9,690
11	Total support. Add lines 7 through 10.						5,532,489
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
	First five years. If the Form 990 is for the o					a section 501(c)	(3)
	organization, check this box and stop here						
Sec	tion C. Computation of Public Suppo	rt Percentage	•				····
	Public support percentage for 2020 (line 6, c			column (f))		14	90.77 %
	Public support percentage from 2019 Sched		-			15	81.23 %
	33 1/3% support test - 2020. If the organization						
	box and stop here. The organization qualifie						
	33 1/3% support test - 2019. If the organization						
	this box and stop here. The organization qu						
	10%-facts-and-circumstances test - 2020.		• • • •	•			
	10% or more, and if the organization meets	-					
	Part VI how the organization meets the facts				-	-	
	-			-	-		
	organization						·
	10%-facts-and-circumstances test - 2019.	-					
	15 is 10% or more, and if the organization m						
	in Part VI how the organization meets the fa	cre_and_circume	stances test. Th	ne organization	oualities as a	a DUDIICIV SUDDOI	ted
	-			-	-		_
	organization						_
18	-	not check a box	on line 13, 16	a, 16b, 17a, or	17b, check th	is box and see	► []

Sche	dule A (Form 990 or 990-EZ) 2020 The Pitts	burgh Proje	ect			25-15945	78 Page 3
Pa	rt III Support Schedule for Organiz	ations 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	d to qualify ur	nder Part II.
	If the organization fails to qualify						
See	ction A. Public Support	·		· · ·	•	,	
	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees	(,	(,	(0) 2010	(,	(0) = 0 = 0	(1) 1 0 (0.1
•	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	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Ŭ	line 6.)						
Sec	ction B. Total Support						<u> </u>
-	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
		(4) 2010	((0) 2010	(4) 2010	(0) 2020	
	Gross income from interest, dividends,						
100	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
h	Unrelated business taxable income (less						
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						
r	Add lines 10a and 10b						
	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						
14	loss from the sale of capital assets						
	(Explain in Part VI.)						
12	Total support. (Add lines 9, 10c, 11,						
15							
11	and 12.)	nization's first	occord third	fourth or fifth	tax year as a a	oction E01(a)(<u> </u>
14	First 5 years. If the Form 990 is for the orga				-		
<u> </u>	organization, check this box and stop here ction C. Computation of Public Support		<u></u>		• • • • • • • • •		· · · · · ► 📋
-						45	0/
	Public support percentage for 2020 (line 8, c		-			15	%
	Public support percentage from 2019 Sched					16	%
	ction D. Computation of Investment Inc						
	Investment income percentage for 2020 (line		•••••••			17	<u>%</u>
	Investment income percentage from 2019 Se					18	%
19a	33 1/3% support tests - 2020. If the organiz						
	17 is not more than 33 1/3%, check this box	-	-	-		••••	
b	33 1/3% support tests - 2019. If the organiz						
	line 18 is not more than 33 1/3%, check this	-	-		-		-
20	Private foundation. If the organization did r	ot check a box	k on line 14, 19	9a, or 19b, che	ck this box and	see instructio	ns 🕨 🗌

Part	IV Supporting Organizations			age -
	(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete	Sect	ions	Δ
	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part			
	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	Part v	.)	
sect	on A. All Supporting Organizations			
			Yes	No
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 Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	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 Part VI what controls the organization put in place to ensure such use.	3c		
42	Was any supported organization not organized in the United States ("foreign supported organization")? If			
70	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	-+a		
b	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
		46		
_	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 Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
_	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disgualified 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		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	-		
-4	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	Ja		
D		9b		
~	the supporting organization had an interest? If "Yes," provide detail in Part VI .	30		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	0-		
~	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 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		

The Pittsburgh Project

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Schedule A (Form 990 or 990-EZ) 2020

Schedu	lle A (Form 990 or 990-EZ) 2020 The Pittsburgh Project 25-1594578		F	age 5
Par	t IV Supporting Organizations (continued)			
	the the energy is the expected a with a contribution from any of the following second 2		Yes	No
11	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 lines 11b and			
a	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	1		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	2		
000			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's income or expected at all times during the tax user? If "Ves." departies in Part VI the role the experimentation's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	tions	
a	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	'see ir	struci	ions).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
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.	3b		

explain in Part VI). See
ections A through E.
(B) Current Yea (optional)
(B) Current Yea (optional)
Current Year
orting organization

EEA

Schedule A (Form 990 or 990-EZ) 2020

The Pittsburgh Project

Schedule A (Form 990 or 990-EZ) 2020

25-1594578

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Schedu	le A (Form 990 or 990-EZ) 2020 The Pittsburgh Project		25-1	59	4578 Page 7
Par) Supporting Organia			<u> </u>
Sec	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exem	pt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	· · · ·			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizat	ions	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required) - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	organization is respons	sive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
	Excess distributions carryover, if any, to 2020				
	From 2015				
	From 2016				
	From 2017				
	From 2018	· ·			
	From 2019				
-	Total of lines 3a through 3e		•		
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2020 from				
4	Section D, line 7:				
	Applied to underdistributions of prior years				
	Applied to 2020 distributions of prior years				
-	Remainder. Subtract lines 4a and 4b from line 4.				
-	Remaining underdistributions for years prior to 2020, if				
•	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
e	Excess from 2020				
FFA				Schor	dule A (Form 990 or 990-EZ) 2020

Schedule A (For	m 990 or 990-EZ) 2020 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

OMB No. 1545-0047

2020

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

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

Filers of:	Section:
Form 990 or 990-EZ	∑ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Name of organization

The Pittsburgh Project

Page 2 Employer identification number 25-1594578

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	The Pittsburgh Foundation		Person 🗵 Payroll 🗌			
	5 PPG Place Ste 250	\$45,400	Noncash (Complete Part II for			
	Pittsburgh PA 15222-5414		noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	Irene C Shea Charitable Foundation		Person <u>x</u> Payroll □			
	300 5th Avenue	\$50,000	Noncash (Complete Part II for			
	Pittsburgh PA 15222		noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	The Buhl Foundation		Person 🗴 Payroll 🗌			
	650 Smithfield Street Suite 2300	\$35,450	Noncash (Complete Part II for noncash contributions.)			
	Pittsburgh PA 15222-3912		,			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	The Grable Foundation 650 Smithfield Street Suite 240	\$25,000	Person x Payroll Noncash (Complete Part II for			
	Pittsburgh PA 15222-3907		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)	

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No. 1545-0047

Denart	Department of the Treasury Attach to Form 990. Open to Put				Open to Public
•	Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.				Inspection
Name	Name of the organization Employer identificat			ation number	
The	Pittsburgh P	roject		25-1594	578
Par	rt I Organiza	tions Maintaining Donor Advised F	unds or Other Similar Fu	nds or Accounts.	
	Complete	if the organization answered "Yes" or	Form 990, Part IV, line 6.		
			(a) Donor advised fur	nds (b) Fun	ds and other accounts
1	Total number at er	nd of year			
2	Aggregate value o	f contributions to (during year)			
3	Aggregate value o	f grants from (during year)			
4		tend of year			
5	Did the organization	n inform all donors and donor advisors in w	riting that the assets held in do	onor advised	
	funds are the orga	nization's property, subject to the organizati	on's exclusive legal control?		Yes No
6	Did the organization	n inform all grantees, donors, and donor ad	visors in writing that grant fund	ds can be used	
	only for charitable	purposes and not for the benefit of the donc	or or donor advisor, or for any c	other purpose	
_		ssible private benefit?		<u> </u>	Yes No
Pai		vation Easements.			
		e if the organization answered "Yes" o		7 .	
1		servation easements held by the organization			
	_	f land for public use (e.g., recreation or edu		Preservation of a historically imp	
	Protection of n			Preservation of a certified histor	ic structure
	Preservation o				
2		nrough 2d if the organization held a qualified	d conservation contribution in t		
		ist day of the tax year.			at the End of the Tax Year
a					
b		ricted by conservation easements			
C		vation easements on a certified historic stru			
d		vation easements included in (c) acquired a			
•		ů –			h -
3		vation easements modified, transferred, rele	eased, extinguished, or termina	ated by the organization during t	ne
4	tax year ►		montiple stad		
4 5		where property subject to conservation easily the particular the p		ndling of	
5	-	ion have a written policy regarding the peri- procement of the conservation easements it h		-	🗌 Yes 🗌 No
e					
6		hours devoted to monitoring, inspecting, ha	aluning of violations, and eritor	cing conservation easements do	ining the year
7	Amount of expense	 es incurred in monitoring, inspecting, handlin	na of violations, and onforcing	conservation accoments during	the year
'		es meaned in monitoring, inspecting, nandin	ng or violations, and emotering	conservation easements during	the year
8	► \$	vation easement reported on line 2(d) abov	a satisfy the requirements of s	action 170(b)(4)(B)(i)	
U	and section 170(h)				🗌 Yes 🗌 No
9	. ,	be how the organization reports conservation			
Ŭ		include, if applicable, the text of the footnot			
		bunting for conservation easements.			
Pa		zations Maintaining Collections	of Art. Historical Trea	sures, or Other Similar	Assets.
	•	e if the organization answered "Yes"		•	
1a		~ ~ ~			ks
	a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public				
	service, provide, in Part XIII the text of the footnote to its financial statements that describes these items.				
b		elected, as permitted under FASB ASC 958			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:				
	•	ded on Form 990, Part VIII, line 1			5
		d in Form 990, Part X			
2		received or held works of art, historical trea			
_	-	required to be reported under FASB ASC 9			
а	•	on Form 990, Part VIII, line 1	•		5
b		Form 990, Part X			;

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

	lle D (Form 990) 2020 The Pittsburgh Pro	-			5-1594578		Page 2
Pa	t III Organizations Maintaining Co	llections of Art, Hist	torical Treasures	, or Other Sim	ilar Assets	(contil	nued)
3	Using the organization's acquisition, accession, and	d other records, check any	of the following that ma	ake significant use o	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 ir	n Part		
-	XIII.				i i ait		
5	During the year, did the organization solicit or recei	ive denotions of ort historic	al tracquirae, or other a	imilor			
5						Vaa [
De	assets to be sold to raise funds rather than to be n		ganization's collection?		••••	Yes	No
Pa	t IV Escrow and Custodial Arrange			0			
	Complete if the organization answ	wered "Yes" on Form	990, Part IV, line	9, or reported a	an amount o	n Forr	n
	990, Part X, line 21.						
1a	Is the organization an agent, trustee, custodian or o						
	included on Form 990, Part X?				[]	Yes	No
b	If "Yes," explain the arrangement in Part XIII and c	complete the following table	:				
					Amount		
с	Beginning balance			. 1c			
d	Additions during the year			. 1d			
e	Distributions during the year						
f	Ending balance			. 1f			
	Did the organization include an amount on Form 99					Yes	No
2a							
b	If "Yes," explain the arrangement in Part XIII. Chec	ck here if the explanation ha	as been provided on Pa		•••••	<u>·· [</u>	
ra	t V Endowment Funds.						
	Complete if the organization answ						
		a) Current year (b) Price	or year (c) Two year	s back (d) Three ye	ears back (e)	Four years	s 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						
	End of year balance						
g 2	Provide the estimated percentage of the current ye	ar and halance (line 1g. or					
			numm (a)) neiù as.				
a	Board designated or quasi-endowment	%					
D	Permanent endowment >%						
С	Term endowment > %						
	The percentages on lines 2a, 2b, and 2c should eq						
3a	Are there endowment funds not in the possession	of the organization that are	e held and administered	for the			
	organization by:					Yes	s No
	(i) Unrelated organizations				3a	a(i)	
	(ii) Related organizations				3a	(ii)	
b	If "Yes" on line 3a(ii), are the related organizations	listed as required on Sche	edule R?		3	Bb	
4	Describe in Part XIII the intended uses of the orga	nization's endowment fund	ls.				
Pa	t VI Land, Buildings, and Equipmer		-				
	Complete if the organization answ		990 Part IV line	11a See Form	990 Part X	line '	10
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated		Book valu	
	Description of property	(investment)	(other)	depreciation	(u)	DOOK Valu	6
10	Land	(,	. ,				E1 0
1a			47,518				,518
b	Buildings		4,775,027	2,798,6		1,976	
C	Leasehold improvements		166,515	108,6			,882
d	Equipment		472,986	470,8	350	2	,136
e	OtherSTMD1E.						
Tota	. Add lines 1a through 1e. (Column (d) must equa	al Form 990, Part X, colum	n (B), line 10c.)		. ► 🔤 💈	2,083	, 865
EEA					Schedule	e D (Form	990) 2020

Schedule D (Form 990) 2020

Page 3

Part VII Investments - Other Securities.		
Complete if the organization answered "Yes" on For	m 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		

(=)	
(C)	
(D)	
(E)	
(F)	
(G)	
(H)	
Total (Column (b) must equal Form 900 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 Cost or end-of-ye	
(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) Federal income taxes	
(2)Line of Credit - Dollar	525,000
(3¢Onstruction loan - Gym	399,901
(4PPP Loan	203,636
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). ►	1,128,537

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.

Schedu	ule D (Form 990) 2020 The Pittsburgh Project	25-1594578	Page 4
Par	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	826,542
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	826,542
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	826,542
Par	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	896,650
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	896,650
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	2	
С	Add lines 4a and 4b	4c	2
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	896,652
Par	rt XIII Supplemental Information.		

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

01. Other expenses included on Form 990 (Part XII, line 4b)

Rounding difference

SCHEDULE G	Supplemen	tal Informatio	on Regard	ling Fund	raising or Gar	ming Act	ivities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete				990, Part IV, line 17, Form 990-EZ, line 6		if the	2020
Department of the Treasury Internal Revenue Service	►G	► At	tach to Form	990 or Form				Open to Public Inspection
Name of the organization		10 10 www.irs.gov/F	011133010111		iu the latest morma		Employer ide	entification number
The Pittsburgh Pr	oiect						25-15	94578
		. Complete if the	he organiz	zation ans	wered "Yes" or	n Form 99		
	-	required to com	-					
1 Indicate whether the	organization rais	ed funds through a	any of the fol	lowing activit	ies. Check all that	apply.		
a 🗌 Mail solicitations			e 🗌 S	Solicitation of	non-government g	grants		
b Internet and email	solicitations		_		government grants	S		
c Phone solicitation			g 🗌 🤅	Special fundr	aising events			
d 🔄 In-person solicitati								
2a Did the organization		-	-		-			(
or key employees list b If "Yes," list the 10 his compensated at leas	ghest paid individ	luals or entities (fu		•	0			′es No be
(i) Name and address or entity (fundra		(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(or re fundrais	ount paid to tained by) ser listed in ol. (i)	(vi) Amount paid to (or retained by) organization
1			Yes	No				
2								
3								
4								
5								
6								
7								
8								
9								
0								
 otal		is registered or lic	ensed to sol	icit contributi	ons or has been no	tified it is ex	kempt from	

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

			\$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
anu						
Revenue	1	Gross receipts				
R	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)				
	4	Cash prizes				
	5	Noncash prizes				
		_				
ses	6	Rent/facility costs				
kpen	7	Food and beverages				
ст Ст	'					
Direct Expenses	8	Entertainment				
	-					
	9	Other direct expenses				
	10	Direct expense summary. Add lines	4 through 9 in column (d)			
	11	Net income summary. Subtract line				
Pa	rt II	II Gaming. Complete if the o	rganization answered "	'Yes" on Form 990, Part	: IV, line 19, or reported	more than
		\$15,000 on Form 000 E7 1	1 O			
		\$15,000 on Form 990-EZ, I	ine 6a.			
anı		\$15,000 on Form 990-E2, 1	Ine 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
evenue		\$13,000 on Form 990-E2, 1			(c) Other gaming	
Revenue	1	Gross revenue			(c) Other gaming	
Revenue		Gross revenue			(c) Other gaming	
	1	-			(c) Other gaming	
		Gross revenue			(c) Other gaming	
	2	Gross revenue			(c) Other gaming	
	2	Gross revenue			(c) Other gaming	
Direct Expenses Revenue	2 3 4	Gross revenue			(c) Other gaming	
	2	Gross revenue			(c) Other gaming	
	2 3 4	Gross revenue	(a) Bingo	bingo/progressive bingo		
	2 3 4 5 6	Gross revenue	(a) Bingo	bingo/progressive bingo	□ Yes % □ No	
	2 3 4 5	Gross revenue	(a) Bingo	bingo/progressive bingo	□ Yes % □ No	
	2 3 4 5 6	Gross revenue	(a) Bingo (a) Bingo (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	bingo/progressive bingo	□ Yes% □ No	
	2 3 4 5 6 7	Gross revenue	(a) Bingo (a) Bingo (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	bingo/progressive bingo	□ Yes% □ No	
	2 3 4 5 6 7 8 En	Gross revenue	(a) Bingo	bingo/progressive bingo	□ Yes% □ No	col. (a) through col. (c))
b c Direct Expenses	2 3 4 5 6 7 8 En	Gross revenue	(a) Bingo	bingo/progressive bingo	□ Yes% □ No	col. (a) through col. (c))
6 Direct Expenses	2 3 4 5 6 7 8 En	Gross revenue	(a) Bingo	bingo/progressive bingo	□ Yes% □ No	col. (a) through col. (c))
b c Direct Expenses	2 3 4 5 6 7 8 En	Gross revenue	(a) Bingo	bingo/progressive bingo	□ Yes% □ No	col. (a) through col. (c))
d a g Direct Expenses	2 3 4 5 6 7 8 En Is If	Gross revenue	(a) Bingo	bingo/progressive bingo		col. (a) through col. (c))
d a g Direct Expenses	2 3 4 5 6 7 8 En Is If	Gross revenue	(a) Bingo	bingo/progressive bingo		col. (a) through col. (c))

SCHEDULE I	1		ants and Other				1	OMB No. 1545-0047
(Form 990)		Gove	rnments, and I	ndividuals in	the United Sta	tes		2020
. ,		Complete	e if the organization an	swered "Yes" on Fo Attach to Form 990.		or 22.	C	pen to Public
Department of the Treasury Internal Revenue Service			► Go to www.irs.g					Inspection
Name of the organization							Employer identification	
The Pittsburgh							25-1594578	
Part I Gene	ral Information on	Grants and Assis	tance					
	zation maintain records to							
the selection cri	teria used to award the g	rants or assistance?						. 🗴 Yes 🗌 No
	t IV the organization's pro							
		-			-	organization answered	"Yes" on Form 990),
Part IV	, line 21, for any recip	ient that received m	ore than \$5,000. Part	Il can be duplicate	d if additional space	is needed.	1	
.,	dress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(4.0)								
(10)								
2 Enter total numb	per of section 501(c)(3) a	nd government organiza	ations listed in the line 1	table			· · · · · · •	·
3 Enter total numb	per of other organizations	listed in the line 1 table	· · · · · · · · · · · · · · · · · · ·	<u></u>			· · · · · · • ¯	

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<u>25-1594578</u> Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assistance
	recipients	cash grant	noncash assistance	FMV, appraisal, other)	
1 Scholarship	1	3,000			
2 Scholarship	1	3,000			
3 Scholarship	1,	1,650			
4 Scholarship	1	3,000			
5 Scholarship	1	2,500			
6 Scholarship	1	3,000			
7 Scholarship	1	3,000			
Part IV Supplemental Information. Prov	vide the information re	quired in Part I, line	e 2; Part III, colum	n (b); and any other add	itional information.
1. Monitoring procedures (1	Part I, line 2	2)			
he Organization has a formal scholar	rship program from	n which it makes	a limited num	ber of scholarship g	grants annually to
participants in its youth programs.					
articipants in its youth programs.					

Page	2
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Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Scholarship	1	2,000			
2Scholarship	1	1,500			
3 Scholarship	1	1,500			
4					
5					
6					
7					
Part IV Supplemental Information.	Provide the information r	equired in Part I, lin	e 2; Part III, colum	n (b); and any other addi	tional information.

SCHEDULE J	Compensation Information	MB No. 1	1545-0	047
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	20	20	
Department of the Treasury Internal Revenue Service	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. 	Open to Inspec		ic
Name of the organization	Employer identification nu	nber		
The Pittsburgh H				
Part I Question	ns Regarding Compensation		Vee	Na
1a Check the approx	opriate box(es) if the organization provided any of the following to or for a person listed on Form	n 🗌	Yes	No
	ection A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	r charter travel Housing allowance or residence for personal use			
Travel for co	mpanions			
	fication and gross-up payments			
Discretionary	spending account Personal services (such as maid, chauffeur, chef)			
	es on line 1a are checked, did the organization follow a written policy regarding payment nt or provision of all of the expenses described above? If "No," complete Part III to			
		1b		
-	tion require substantiation prior to reimbursing or allowing expenses incurred by all es, and officers, including the CEO/Executive Director, regarding the items checked on line			
1a?		2		
	f any, of the following the organization used to establish the compensation of the			
-	EO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
-	tion to establish compensation of the CEO/Executive Director, but explain in Part III.			
	compensation consultant Compensation survey or study			
	other organizations Approval by the board or compensation committee			
÷ .	did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing a related organization:			
a Receive a sever	ance payment or change-of-control payment?	4a		x
•	receive payment from a supplemental nonqualified retirement plan?	4b		x
	receive payment from an equity-based compensation arrangement?	4c		x
If "Yes" to any o	f lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only costion E	01(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	ontingent on the revenues of:			
•	1?	5a		x
	anization?	5b		x
If "Yes" on line 5	ia or 5b, describe in Part III.			
.				
-	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any ontingent on the net earnings of:			
•		6a		x
•	inization?	6b		x
	Sa or 6b, describe in Part III.			
7 For persons liste	ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
-	escribed on lines 5 and 6? If "Yes," describe in Part III	7		x
	nts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
-	ract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
in Part III		8		x
	B, did the organization also follow the rebuttable presumption procedure described in	_		
Regulations sec	tion 53.4958-6(c)?	9		

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

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

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

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

			W-2 and/or 1099-MI					
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i)	0	0	0	0	0	0	0
1 former President	(ii)	0	0	0	0	0	0	0
Dennis Allan	(i)	0	0	0	0	0	0	0
2 former Vice President	(ii)	0	0	0	0	0	0	0
Elise R Yanders	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
CRAIG Schweiger	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
Becky Boll	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
Alex Ruzanic	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							
EEA							Sci	hedule J (Form 990) 2020

Schedule J (Form 990) 2020

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EEA

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2020

Open to Public

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

► Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

	Pittsburgh Project				25-1594	£578			
Par	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts repor Form 990, Part V	rted on	Method noncash cor			
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household								
	goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC,								
40	or trust interests								
12	Securities - Miscellaneous Qualified conservation								
13	contribution - Historic								
	structures								
14	Qualified conservation								
	contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► (Program Supplie)	x	2		-	estimate			
26	Other ► (Staff Furlough)	X	1		-	estimated			
27	Other ► (<u>Staff Time - In</u>)	x	1		25,000	estimated	d cor	np va	lue
28 29	Other ► () Number of Forms 8283 received by the	organization	during the tax year for contribut	tions for					
29	which the organization completed Form	0	0 ,			29			
	which the organization completed Form	5200,1 art v	, Donee Acknowledgement			23		Yes	No
30a	During the year, did the organization rece	eive by contr	bution any property reported in	Part I. lines 1 thro	uah			100	
	28, that it must hold for at least three yea	-			•				
	to be used for exempt purposes for the e						30a		x
b	If "Yes," describe the arrangement in Par	-							
31	Does the organization have a gift accept	ance policy t	hat requires the review of any n	onstandard					
	contributions?						31		x
32a	Does the organization hire or use third p	arties or rela	ted organizations to solicit, pro-	cess, or sell nonca	sh				
	contributions?						32a		x
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amour	nt in column	(c) for a type of property for whi	ich column (a) is ch	necked,				
	describe in Part II.								

Schedule M (Form 990) 2020 The Pittsburgh Project	25-1594578 Pag	ge 2
Part II Supplemental Information. Provide the information required by Part I, lines the organization is reporting in Part I, column (b), the number of contributions or a combination of both. Also complete this part for any additional information	30b, 32b, and 33, and whether s, the number of items received	•
01. General Explanation Attachment		
Board Member William Shimko performed the duties of the interim Executi	ve Director for a period	of 5
		<u> </u>
months following the furlough of staff - to which a value of \$25,000 wa	s assigned for donated	
services.		

SCHEDULE O (Form 990 or 990-EZ)

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.

2020 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

The Pittsburgh Project

25-1594578

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

Members of the Board of Directors of The Pittsburgh Project are furnished with a draft of

the Form 990 and review the return with members of the Firm preparing it prior to its

filing.

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

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

available for inspection upon request.

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. Other officer or key employee compensation (Part VI, line 15b

The Board of the Organization is actively involved in recruiting talent to the

organization and is attentive to compensation matters. The Board consults compensation

studies prepared by the Bayer Center for Nonprofit Management to benchmark organization

compensation against the pay offered by other nonprofit organizations in the local market.

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

Financial statements are available upon request and will be made available through the

organization's website. The Organization's 990 is also published in the public domain by

Guidestar - www.guidestar.org

Form 8879-EO	IRS <i>e-file</i> Signature Authorization for an Exempt Organization	OMB No. 1545-0047	
	For calendar year 2020, or fiscal year beginning, and ending		2020
Department of the Treasury	Do not send to the IRS. Keep for your records.		2020
Internal Revenue Service Name of exempt organization or pe	► Go to www.irs.gov/Form8879EO for the latest information	n. Taxpayer identifi	ication number
The Pittsburgh Pr Name and title of officer or person s		25-159457	0
Roderick Mason, E			
	eturn and Return Information (Whole Dollars Only)		
check the box on line 1a , 2 blank, then leave line 1b , 2	 n for which you are using this Form 8879-EO and enter the applicable amount, if a 2a, 3a, 4a, 5a, 6a, or 7a, below, and the amount on that line for the return being 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, is e applicable line below. Do not complete more than one line in Part I. X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . 	filed with this form with you entered -0- on	was o the
2a Form 990-EZ check h	ere b Total revenue, if any (Form 990-EZ, line 9)		2b
3a Form 1120-POL chec	k here b Total tax (Form 1120-POL, line 22)		3b
4a Form 990-PF check h	ere b Tax based on investment income (Form 990-PF, Part VI, line	ə5)	4b
5a Form 8868 check here	b Balance due (Form 8868, line 3c)		5b
6a Form 990-T check her	b Total tax (Form 990-T, Part III, line 4)		6b
7a Form 4720 check here			7b
Part II Declaration	on and Signature Authorization of Officer or Person Subject	to Tax	
Under penalties of perjury,	I declare that 🛛 I am an officer of the above organization or 🔲 I am a pers	son subject to tax wit	h respect to
(name of organization)	, (EIN) and the	at I have examined a	сору
of the 2020 electronic retur	n and accompanying schedules and statements, and, to the best of my knowledg	e and belief, they are	Э
true, correct, and complete	. I further declare that the amount in Part I above is the amount shown on the cop	y of the electronic re	tum.
	nediate service provider, transmitter, or electronic return originator (ERO) to send		
	an acknowledgement of receipt or reason for rejection of the transmission, (b)		
	fund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury		
-	nic funds withdrawal (direct debit) entry to the financial institution account indicate		
	federal taxes owed on this return, and the financial institution to debit the entry to		
a payment, I must contact t	he U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business da	ys prior to the paym	ent
(settlement) date. I also au	thorize the financial institutions involved in the processing of the electronic payme	ent of taxes to receiv	'e
confidential information neo	essary to answer inquiries and resolve issues related to the payment. I have sele	ected a personal	
identification number (PIN)	as my signature for the electronic return and, if applicable, the consent to electro	nic funds withdrawal	•
PIN: check one box only			
	elly Boland Tax Service to enter my PIN 98745 ERO firm name ERO firm name		ture
state agency(ies)	20 electronically filed retum. If I have indicated within this retum that a copy of the regulating charities as part of the IRS Fed/State program, I also authorize the afore disclosure consent screen.		
electronically filed	rson subject to tax with respect to the organization, I will enter my PIN as my sign retum. If I have indicated within this retum that a copy of the retum is being filed s as part of the IRS Fed/State program, I will enter my PIN on the retum's disclos	with a state agency	ies)
Signature of officer or person subje	ct to tax 🕨 Da	ate ► 05-11-20	021
	ion and Authentication		<u></u>
ERO's EFIN/PIN. Enter vo	ur six-digit electronic filing identification		
-		254340 0280	01
	-		enter all zeros
l contific that the channel	ario antre la mu DIN subjeti la rescalaratura en 45a 0000 els stractoritativa (1. 1. 1.	indiants - labour - l	onfirm
•	eric entry is my PIN, which is my signature on the 2020 electronically filed return		
that I am submitting this re IRS <i>e-file</i> Providers for Bu	turn in accordance with the requirements of Pub. 4163 , Modernized e-File (Mel siness Returns.	-) information for Au	ILLOUIZEO
ERO's signature	Da	ate ▶ <u>10-31-2</u>	021
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested		
For Paperwork Reduction	Act Notice, see instructions.		Form 8879-EO (2020)

	FOR YOUR RECORDS ONLY	2020 5301
Name(s) as shown on return	ederal Supporting Statements	2020 PG01 Tax ID Number Tax ID Number
The Pittsburgh Project		25-1594578
Form 990 -	- Schedule D - Part VI - Li Investments - Other	.ne le Statement #Dle
Description of Investment	Cost/basisCost/basis(Investment)(Other)	
Total	<u>0</u> <u>0</u> _	<u> 0 0 0 </u>

990 Overflow Stat	
Name(s) as shown on return	FEIN OF 1504550
The Pittsburgh Project	25-1594578
Description Gifts and Philanthropy Other Income Charles Street Cafe	3,270
Description	Amount
Office Expense	
Office Supplies	5,090
<u>Supplies</u> Program Supplies	<u> </u>
Food	
<u>Other Program Expenses</u>	
Less M&G allocation	(7,712)
Less Fundraising allocation	(467)
	Total: \$ <u>27,053</u>
Description Repairs and Maintenance Building Repairs	Amount \$ 13,868 225
Less M&G Allocation	(1,749)
	Total: \$ <u>12,344</u>
Description	Amount
Maintenance and Repairs	\$ 13,490
M&G Allocation	(3,849)
	Total: \$9,641

990	Overflow Statement	2020 ₂ Page 2
Name(s) as shown on return The Pittsburgh	Project	FEIN 25-1594578
Description Grants Meals Miscellaneous Less M&G Alloc	ation (Grants)	Amount \$ 8,000 1,350 305 (8,000) 1: \$
<u>Description</u> Scholarships	Tota	Amount \$ 8,000 1: \$ 8,000
Description Rounding	Tota	Amount \$ 2 1: \$ 2

2020 Filing Instructions The Pittsburgh Project Tax year ending 12-31-2020

Form filed:

Form 990 and supplemental forms and schedules

Filing method:

The return will be e-filed once the signed and dated Form 8879-EO has been received by this office. Do not mail the return to the IRS.

Due date:

05-17-2021

The return reflects neither a refund nor a balance due.

Please note:

The Taxpayer First Act requires tax-exempt organizations to electronically file all information returns in the 990 series and related forms for tax years beginning after July 1, 2019. Mailing these returns is no longer allowed.

990EF	EF Transmission Status				2020	
		(Ke	eep for your reco	ds)		
Name(s) as shown on return						EIN number
The Pittsburgh Project 25-1594578						
The following will be transmitted to the IRS. X 990 990-T Am					An	nended 990-T
		8868	4720	FinCEN 114		
The following state returns	will be transmitted:					
The following returns have	been suppressed or a	are not eligib	le and will NOT	be transmitted.		
				· ·		
				·		
				. <u> </u>		
EF Notes						