

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury Internal Pevenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

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	For the	2009 calend	dar year,	or tax year beginn	ing 7/01	, 200	9, and endin	g 6/	30	, 2010	
В	Check if a	applicable		С	-				D Employer Identi	fication Number	
	Addi	ress change	Please use IRS label	TRAVELERS A	ID SOCIETY	OF PITTSBU	RGH		25-0965!	581	
	Nam	ne change	or print or type.	103 SMITHFI	ELD STREET				E Telephone numb	er	
	\vdash	al return	See specific	PITTSBURGH,	PA 15222				412-281	-5474	
	\vdash	nination	Instruc-								
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	\vdash	ended return	E N	Ind address of principal o				H(a) Is this	G Gross receipts \$ a group return for affil		
	L_] Appl	lication pending			Sincer				affiliates included?	rates? Yes	X No No
				AS C ABOVE		40.474.3413			attach a list (see inst		
<u> </u>		exempt status			insert no)	4947(a)(1) or	527		_		
<u>1</u>				SAIDPGH.ORG			·		exemption number		
K		of organization	X Corpora	ation Trust	Association Other	<u> L</u>	Year of Format	ion 192	M State of le	egal domicile PA	
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ಹ					ning body (Part VI,		163		3 4		9
<u>e</u>					of the governing b	oody (Part VI, III	ie ib)		5		43
Activities & Governance				yees (Part V, line eers (estimate if n	•				6		33
¥ct					rom Part VIII, colu	ımn (C) line 12			7a		0.
		_			rom Form 990-T, I				7b		0.
		tet uniciated	business	taxable income in	01111 01111 330 1, 11	110 0 1			rior Year	Current Y	
		Nameter brokens		to (Dort VIII Ivon 1	16)				1,358,858.	4,397	
의			_	ts (Part VIII, line 1				-	192,349.		, 993.
Revenue		_		ue (Part VIII, line :	29)), lines 3, 4, and 7	4)			57,264.		,825.
æ	11 (Ther revenue	Dart VI	II column (A) lunt	95 10 00, 8c, 90 10	u) Oc. and 11a)			-27,692.		,072.
	12 T	otal revenue	t — add lu	nes 8 through 11	must-equal Party	III column (A)	line 12)		1,580,779.	4,723	
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-	14 E	serieins paid	10 01 101	members (Part IX	, column (A), line	" ^	F 10\		977,109.	1,168	115
စ					benefits (Part IX,		es 5-10)		911,109.	1,100	,115.
Š				\ \ \	atumn (A), line 11e					****	
Expenses	b T	otal fundrais	ing expe	nses (Part X, Colu	(D), line 25)	·	61,910.		* ** ** *	<u> </u>	
ш					es 11a-11d, 11f-24				274,379.	263	,090.
					qual Part IX, colun				1,239,540.	4,638	,559.
				s Subtract line 18	•				341,239.	85	,252.
8 8								Regi	nning of Year	End of Ye	ear
P P	20 T	otal assets (Part X lu	ne 16)					2,529,584.		,368.
Ase		otal liabilities	•	•					99,032.		,916.
Net Assets or Fund Balances			•		o 21 from line 20			-	2,430,552.	2,615	
	rt II	Signatu		ances Subtract lin	e 21 from line 20				2,430,332.	2,013	,432.
1 a									4 to the book of and the		
		true, correct, a	s of perjury, nd complete	Declare that I have exa	amined this return, includ r (other than officer) is ba	ling accompanying so ased on all information	on of which prepared	tements, and arer has any	knowledge	owledge and bellet,	it is
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Pai	id			n 12.			Date	İs	Check if (s	reparer's identifying ee instructions)	
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May	the IR	S discuss the	is return	with the preparer :	shown above? (see	e instructions)				X Yes	No

	1990 (2009) TRAVELERS AID SOCIETY OF PITTSBURGH	25-096558	T		age 2
,Pai	t III Statement of Program Service Accomplishments				
1	Briefly describe the organization's mission:				
^	SEE SCHEDULE O				
2	Did the organization undertake any significant program services during the year which were not listed on the	e prior		_	
	Form 990 or 990-EZ?		Yes	X	No
	If 'Yes,' describe these new services on Schedule O				
3		25?	Yes	X	No
•	If 'Yes,' describe these changes on Schedule O	<i>-</i> ° ⊔		لتت	
			-t E	01/~	(2)
4	Describe the exempt purpose achievements for each of the organization's three largest program services by and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and a	llocations to of	hers t	he tot	(S) al
	expenses, and revenue, if any, for each program service reported	nocations to o			
4 a	a (Code (Expenses \$ 4,425,668. including grants of \$) (Re	venue \$)
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	EMPLOYMENT & OTHER COMMUNITY SERVICES. ASSIST STRANDED INDIVIDUALS				
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	1 Other annual (December in Colonial In Col				
40	d Other program services (Describe in Schedule O.)				
	(Expenses \$ including grants of \$) (Revenue \$ e Total program service expenses ► 4, 466, 852.			_)	

Page 3

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х 1 Schedule A Х 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 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 Х 3 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete 4 Х Schedule C, Part II **Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If 'Yes,' complete Schedule C, Part III* 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, X 6 Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the Х 7 environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 X complete Schedule D. Part III Did the organization report an amount in Part X, line 21; 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 9 Х Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If V' is V' in V' in V' is V' in V'X 10 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or Х 11 X as applicable 200 Did_the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 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 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 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 • Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 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? If'Yes,' complete Schedule D, Part X Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII X 12 12AWas the organization included in consolidated, independent audited financial statement for the tax Yes No 12 A X year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 14a Х 14a Did the organization maintain an office, employees, or agents outside of the United States? **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Part I* Х 14h Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III X 16 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 17 Х 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 Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III 19 X 20 Х Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 22 Х 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 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 Х 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I Х 25a 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 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete 27 X Schedule L. Part III Was the organization a party to a business transation with one of the following parties (see Schedule L. Part IV ¥ instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a X **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes.' complete Х Schedule L. Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV Х 280 29 Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х contributions? If 'Yes,' complete Schedule M Х 31 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Х Schedule N. Part II 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 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, Х 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, 35 X Part V, line 2 **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* X 36 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

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Form 990 (2009)

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

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

Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable 1 a 0 1 b b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X 10 (gambling) winnings to prize winners? ž? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the 43 calendar year ending with or within the year covered by this return 2b 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3 a Х this return 3 b b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4a Х financial account in a foreign country (such as a bank account, securities account, or other financial account) **b** If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6a Х solicit any contributions that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6h deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services X 7 a provided to the payor? 7 b **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с 7d d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e X benefit contract? **7**f X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7<u>g</u> g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the 18 supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business 8 holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 9a a Did the organization make any taxable distributions under section 4966? **b** Did the organization make any distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter. 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter 11 a a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 122 b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b

Form 990 (2009)

25-0965581 Form 990 (2009) TRAVELERS AID SOCIETY OF PITTSBURGH Page 6 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 instructions. Section A. **Governing Body and Management** Yes No 1a Enter the number of voting members of the governing body 1 a **b** Enter the number of voting members that are independent 1h 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? SEE SCHEDULE O 2 officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its organizational documents Δ Х since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7 a 7b Х **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8a 8b Х **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 (This Section B requests information about policies not required by the Internal Section B. **Policies** Revenue Code) Yes No X 10 a 10a Does the organization have local chapters, branches, or affiliates? b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Х 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990 --×X Х 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12a **b** Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х 12b to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Х 12c Schedule O how this is done SEE SCHEDULE O Х 13 13 Does the organization have a written whistleblower policy? X 14 14 Does the organization have a written document retention and destruction policy? 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? Х 15a a The organization's CEO, Executive Director, or top management official SEE SCHEDULE O Х **b** Other officers of key employees of the organization 15b 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 16a

Section C. Disclos	ures
in joint venture arra	anization adopted a written policy or procedure requiring the organization to evaluate its participation ngements under applicable federal tax law, and taken steps to safeguard the organization's exempt o such arrangements?
entity during the year	ar?

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ect				is				

17	List the states with which a copy of this Form 990 is required to be filed ▶ _ PA
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public

inspection. Indicate how you make these available. Check all that apply Own website Another's website |X| Upon request

Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public SEE SCHEDULE O

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

TRAVELERS AID SOCIETY OF PGH 103 SMITHFIELD STREET ___ 15222 (412) 281-5474

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Form 990 (2009)

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed
- 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. See instructions for definition of 'key employees'

Check this box if the organization did not compensate any current officer, director, or trustee

- 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

Name and Title	O.
DIRECTOR	0.
JAMES L FISHER	0.
X	
RAFAEL J. ENGEL, PHD. DIRECTOR	
DIRECTOR 1 X 0. 0. JAMES GIEL 0. 0. 0. PRESIDENT 1 X X 0. 0. MARY BANASZAK 0. 0. 0. 0. DIRECTOR 1 X 0. 0. HARRY REINHART 0. 0. 0. CORDELIA A. GRABIAK, ESQ 0. 0. 0. VICE PRESIDENT 1 X X 0. 0. JAMES MCGRATH 0. 0. 0. 0. DR. H.J. ZOFFER 0. 0. 0. DIRECTOR 1 X 0. 0.	
PRESIDENT 1 X X 0. 0. MARY BANASZAK 0 0. 0. 0. DIRECTOR 1 X 0. 0. LARRY REINHART 0. 0. 0. DIRECTOR 1 X 0. 0. CORDELIA A. GRABIAK, ESQ 0. 0. 0. VICE PRESIDENT 1 X 0. 0. JAMES MCGRATH 0. 0. 0. DIRECTOR 1 X 0. 0. DIRECTOR 1 X 0. 0.	0.
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	0.
ROBERT H. LINDNER	,810.
EXECUTIVE DIREC 40 A 93,000. 0. 23	,010.
	-

TEEA0107L 11/10/09

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization ▶ 0

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Pai	t VIII Statement of Revenue				· · · · · · · · · · · · · · · · · · ·
> }	*	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns1a113,852.b Membership dues1bc Fundraising events1cd Related organizations1de Government grants (contributions)1e3,961,152.		*	in the second se	
	f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribns included in lns 1a-1f. h Total. Add lines 1a-1f Business Code	4,397,921.			^ ***
PROGRAM SERVICE REVENUE	2a CLIENT FEES FOR SERVICES b c d	217,993.	217,993.		
PROGRAM	f All other program service revenue g Total. Add lines 2a-2f	217,993.	\$ 27	,	
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 	50,825.	50,825.		
	(i) Real (ii) Personal 6a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses (i) Securities (ii) Other				
	c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events	***************************************			
OTHER REVENUE	(not including \$	5,697.	5,697.		
	9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses b	\$ 40 · \$		4.5	
	c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold b	***			9 36
	c Net income or (loss) from sales of inventory				ļ
	Miscellaneous Revenue Business Code	<u></u>			
	11a MISCELLANEOUS INCOME b c	51,375.	51,375.		
	d All other revenue				
	e Total. Add lines 11a-11d	51,375.		3	*,*
	12 Total revenue. See instructions	4,723,811.	325,890.	0.	0.

Page 10

Part IX

Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (**D**) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and general expenses expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, Grants and other assistance to individuals in 5 % 3,207,354 3,207,354 the U.S. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 950. trustees, and key employees 95,000 86,450 7,600 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in 0 0 0 0. section 4958(c)(3)(B) 7,625. 693,828. 60,996 762,449 Other salaries and wages. Pension plan contributions (include section 401(k) and section 403(b) employer 19,379 1,704 213. 21,296 contributions) 199,908. 17,574 2,197. 219,679 Other employee benefits. 69,691 63,419. 5,575 697. 10 Payroll taxes 11 Fees for services (non-employees) a Management **b** Legal 5,232 6,312. c Accounting 12,000 456 **d** Lobbying e Prof fundraising svcs See Part IV, In 17 f Investment management fees 42,130. 34,936. 3,075 g Other 80,141 12 Advertising and promotion Office expenses Information technology Royalties 64,187 58,410 5.135 642. Occupancy 3,386 297 37. 3,720 Payments of travel or entertainment expenses for any federal, state, or local public officials 14. 1,268 111 1,393

14,993

27,810

17,258.

11,955.

8,556.

7,651.

5,059.

4,466,852

391

2,445

1,517.

1,051.

752.

673

445.

109,797.

19	Conferences, co	mverilions,	anu	ш
20	Interest			

Payments to affiliates

22 Depreciation, depletion, and amortization

23 Insurance

e TELEPHONE

13

14

16

17

18

covered above (and labeled misc	Itemize expenses not Expenses grouped together ellaneous may not exceed uses shown on line 25
-------------------------------------	--

and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)
a SUPPLIES
b POSTAGE AND SHIPPING

f	All other expenses	
25	Total functional expenses. Add lin	es 1 through 24f
26	Joint costs. Check here ►	ıf following
	SOP 98-2 Complete this line	e only if the

c RENTAL / MAINT EQUIPMENT

d PRINTING AND PUBLICATIONS

•	Some Costs. Check here . In tollowing
	SOP 98-2. Complete this line only if the
	organization reported in column (B) joint
	costs from a combined educational
	campaign and fundraising solicitation

Form 990 (2009)

234.

305.

190.

131.

94.

84.

55.

61,910.

15,618

30,560.

18,965.

13,137.

9,402

8,408 <u>5,559</u>

4,638,559

Form 990 (2009) TRAVELERS AID SOCIETY OF PITTSBURGH 25-0965581 Page 11 Part X Balance Sheet

ţ		- Balance once	(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing		1	
	2	Savings and temporary cash investments	784,851.	2	341,418.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	392,805.	4	754,760.
	5	Receivables from current and former officers, directors, trustees, key employees and highest compensated employees. Complete Part II of Schedule L.		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)			
		and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
ASSETS	7	Notes and loans receivable, net		7	
Ē	8	Inventories for sale or use		8	
Š	9	Prepaid expenses and deferred charges	167,158.	9	194,235.
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 131,689) <u>.</u>	, ,	
	b	Less accumulated depreciation 10b 114,640	32,667.	10 c	17,049.
	l	Investments – publicly-traded securities	1,152,103.	11	1,405,906.
	12	Investments – other securities See Part IV, line 11	· · · · · · · · · · · · · · · · · · ·	12	,
	13	Investments – program-related See Part IV, line 11		13	.,
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets Add lines 1 through 15 (must equal line 34)	2,529,584.	16	2,713,368.
	17	Accounts payable and accrued expenses	99,032.	17	96,101.
	18	Grants payable		18	
	19	Deferred revenue		19	1,815.
Ļ	20	Tax-exempt bond liabilities		20	
Å	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
L	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
ı		of Schedule L		22	
S	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 Complete Part X of Schedule D	00 022	25	07.016
	26	Total liabilities. Add lines 17 through 25	99,032.	26	97,916.
P T		Organizations that follow SFAS 117, check here ► X and complete lines			
	27	27 through 29 and lines 33 and 34.	784,491.	27	786,592.
ASSE	27	Unrestricted net assets	1,068,972.	28	1,183,886.
Ē S	28	Temporarily restricted net assets	577,089.	29	644,974.
Q R	29	Permanently restricted net assets	311,009.	25	** ½ /2
		Organizations that do not follow SFAS 117, check here and complete lines 30 through 34.			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
FUZD	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
Ā	32	Retained earnings, endowment, accumulated income, or other funds		32	1
BALAZCES	33	Total net assets or fund balances	2,430,552.	33	2,615,452.
E	34		2,529,584.	34	2,713,368.
	34	Total liabilities and net assets/fund balances	2,323,304.	بعر	Earm 990 (2009

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Form **990** (2009)

orm 990 (2009) TRAVELERS AID SOCIETY OF PITTSBURGH	Z5-096 <u>3381</u>	Pa	ige iz
Part XI Financial Statements and Reporting			
• • • • • • • • • • • • • • • • • • • •		Yes	No
1 Accounting method used to prepare the Form 990 Cash X Accrual Other	* :		4
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		X
b Were the organization's financial statements audited by an independent accountant?	2b	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign review, or compilation of its financial statements and selection of an independent accountant?	ght of the audit,	х	
If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year we consolidated basis, separate basis, or both	¥3	* .	1
X Separate basis Consolidated basis Both consolidated and separate basis			. xxx
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	in the Single	х	

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

OMB No 1545-0047 2009

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number

TRAY	ELERS AID SOCI	ETY OF PITTSB	URGH					25-09	65581	·		
Part	I Reason for Pu	blic Charity Statu	s (All organizations	must c	omple	te this	part.)	See in	structi	ons		
The o	rganization is not a priv	vate foundation becau	se it is (For lines 1 thro	ugh 11,	check o	nly one	box)					
1	A church, convention	on of churches or ass	ociation of churches desc	cribed in	section	170(b)((1)(A)(i).	•				
2	A school described	in section 170(b)(1)(4	A)(ii). (Attach Schedule E	Ξ)								
3	A hospital or coope	erative hospital service	e organization described	ın secti e	on 170(t	χ1χΑχ	iii).					
4	A medical research	organization operate	d in conjunction with a h	ospital c	describe	d in sec	tion 170	0(b)(1)(A)(iii) En	iter the hos	pital's	
	name, city, and sta	te									_ _ _	
5	<u> —</u> 170(b)(1)(A)(iv). (С	Complete Part II)	of a college or university					nmental	unit des	scribed in s	ection	
6			governmental unit descri						4ha aa	مناطيية امتما	docor	bod
	in section 170(b)(1)	(Complete P	•			vernme	ntai uni	t or irom	the gen	ierai public	descri	ibea
8			170(b)(1)(A)(vi). (Comple								_	
9	from activities relate investment income	d to its exempt function	more than 33-1/3 % of its a is – subject to certain exce ass taxable income (less omplete Part III)	entions, a	and (2) n	o more t	nan 33-	1/3 % of	its suddo	ort from aros	SS	fter
10		,	exclusively to test for pu		-			• •				
11	more publicly supp	orted organizations c	exclusively for the bene lescribed in section 509(zation and complete lines	a)(1) or	section :	509(a)(2	ctions o 2) See	of, or car section !	ry out th 509(a)(3)	ne purpose). Check t	s of on ne box	e or that
	a Type I	b Type II	c Type II				ed		d 🗌	Type III-	Other	
е	Ry checking this ho	x I certify that the or	ganization is not control n one or more publicly s	led direc upportec	tly or in	directly zations	by one describe	or more ed in sec	dısqualı tıon 509	fied perso (a)(1) or s	ns othe	er
f	, , , ,	received a written det	ermination from the IRS	that is a	a Type I,	, Type II	or Typ	e III sup _l	porting o	organizatio	n,	
g	Since August 17, 2	006, has the organiza	ition accepted any gift o	r contrib	ution fro	om any	of the f	ollowing	persons	?		
-			, , ,								Yes	No
	(i) a person who below, the go	directly or indirectly everning body of the s	controls, either alone or upported organization?	together	with pe	rsons d	escribe	d ın (ıı) a	ınd (III)	11 g (i)		
	(ii) a family mem	ber of a person desc	cribed in (i) above?							11 g (ii)		
	(iii) a 35% contro	lled entity of a persor	described in (i) or (ii) a	bove?						11 g (iii)		
h			the supported organization									
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) lister gove	Is the tion in cold in your erning ment?	the organ	ou notify nzation in (i) of upport?	(vi) Is organizati (i) organiz U S	on in col I	(vii) Amoui	nt of Supp	port
				Yes	No	Yes	No	Yes	No			
		-		-			-					-
				<u> </u>		ļ		<u> </u>				
						<u> </u>						
				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				1				

25-0965581

	dule A (Form 990 of 990-EZ) 200					1.770(1.)(1.)(4.)	
Par	t II Support Schedule for	•			b)(1)(A)(iv) an	d 170(b)(1)(A)	(VI)
Sec	(Complete only if you check tion A. Public Support	ed the box on line	5, 7, or 8 of Par	(1)			
Cale:	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	2,707,669.	3,843,439.	4,098,678.	4,358,858.	4,406,678.	19,415,322.
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4	Total. Add lines 1-through 3	2,707,669.	3,843,439.	4,098,678.	4,358,858.	4,406,678.	19,415,322.
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)						199,936.
6	Public support. Subtract line 5 from line 4		- 1	· ¥4		*	19,215,386.
Sec	tion B. Total Support						-
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	2,707,669.	3,843,439.	4,098,678.	4,358,858.	4,406,678.	19,415,322.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	75,111.	127,230.	138,796.	29,572.	102,200.	472,909.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV	36,449.	21,463.		-	57,072.	114,984.
11	Total support. Add lines 7 through 10						20,003,215.
12	Gross receipts from related activ	vities, etc. (see in	structions)			12	655,355.
13	First five years. If the Form 990 organization, check this box and		ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501(c)(3) ▶ □
	tion C. Computation of Pu						
14 15	Public support percentage for 20 Public support percentage from			ne 11, column (f)		14	96.1 % 95.6 %
16 a	33-1/3 support test – 2009. If the and stop here. The organization	e organization did qualifies as a pu	I not check the bo	ox on line 13, an organization.	d the line 14 is 33	3-1/3 % or more,	check this box
t	33-1/3 support test – 2008. If the and stop here. The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13, or 16 organization	a, and line 15 is 3	33-1/3% or more,	check this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts-	and-circumstance	es' test, check this	s box and stop he	e re. Explain in Pa	rt IV how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-ar	meets the 'facts- id-circumstances'	and-circumstance test The organ	es' test, check this ization qualifies a	s box and stop he as a publicly supp	e re. Explain in Pa orted organizatioi	rt IV how the
18	Private foundation. If the organ	ization did not ch	eck a box on line	, 13, 16a, 16b, 17			
BAA					S	chedule A (Form	990 or 990-EZ) 2009

TRAVELERS AID SOCIETY OF PITTSBURGH 25-0965581 Page 3 Schedule A (Form 990 or 990-EZ) 2009 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support (a) 2005 (f) Total (c) 2007 (d) 2008 (e) 2009 Calendar year (or fiscal yr beginning in) ► **(b)** 2006 Giffs, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 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 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b ******* Public support (Subtract line 48 84 * 3 À 3 7c from line 6.) Section B. Total Support (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal yr beginning in) ► **(b)** 2006 (c) 2007 (a) 2005 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, 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 IV) 13 Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 % 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)). 16 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage % 17 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 %

19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not

more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33-1/3 support tests** — **2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A	A (Forr	n 990 o	r 990-	EZ) 200	9 T	RAVE	LERS	S AII) SO	CIET	Y OF	PITI	SBUR	<u>GH</u>		25-0 <u>9</u>	9655 <u>8</u>	1	F	age 4
Part IV	Sup	pleme	ntal	Inform	ation	ı. Coı	mplet	e this	par	t to pi	ovide	the e	explan	ations	requi	red by	y Part	II, lin	e 10;	
	Part	H, IIn	e 1/2	or 17	b; an	o Pa	rt III,	line	12. F	rovia	e any	otner	addit	ionai	IIIIOIIII	ation.	See	instruc	LIONS	
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions OMB No 1545-0047 2009

Open to Public

Name of the organization

TRAVELERS AID SOCIETY OF PITTSBURGH

Employer Identification number

110	WELEKS AID SOCIETI OF FITTSBU	NGII	25-0965581
Par	t l Organizations Maintaining Donor	Advised Funds or Other Similar Fun	nds or Accounts Complete if
	the organization answered 'Yes' to	Form 990, Part IV, line 6.	,
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the assets held in d to the organization's exclusive legal control?	donor advised Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private benefits	the benefit of the donor or donor advisor or foi	nds may be r any other Yes No
Par	till Conservation Easements Comple	ete if the organization answered 'Yes'	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by	the organization (check all that apply)	
	Preservation of land for public use (e.g., re	ecreation or pleasure) Preservation	of an historically important land area
	Protection of natural habitat	Preservation	of certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribution in	n the form of a conservation easement on the
			Held at the End of the Year
	Total number of conservation easements		2a
	Total acreage restricted by conservation easer		2b
	Number of conservation easements on a certif		2c
	Number of conservation easements included in		2d
3	Number of conservation easements modified,	transferred, released, extinguished, or termina	ated by the organization during the tax
4	year ► Number of states where property subject to co	nservation easement is located >	_
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitoring, inspection, hant it holds?	andling of violations, Yes No
	Staff and volunteer hours devoted to monitoring the year ▶		
7	Amount of expenses incurred in monitoring, in during the year ►	nspecting, and enforcing conservation easeme	ents \$
8	Does each conservation easement reported of $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	n line 2(d) above satisfy the requirements of s	ection Yes No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote conservation easements.	s conservation easements in its revenue and expeto the organization's financial statements that	ense statement, and balance sheet, and describes the organization's accounting for
Par	till Organizations Maintaining Colle	ctions of Art, Historical Treasures. o	or Other Similar Assets
	Complete if the organization ans	wered 'Yes' to Form 990, Part IV, line	e 8
1a	If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial statements.	lic exhibition, education, or research in further	ment and balance sheet works of art, historical rance of public service, provide, in Part XIV,
b	If the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items:	r SFAS 116, to report in its revenue statement lic exhibition, education, or research in further	t and balance sheet works of art, historical rance of public service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1	► \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar assets 116 relating to these items	for financial gain, provide the following
а	Revenues included in Form 990, Part VIII, line	e 1	> \$
b	Assets included in Form 990, Part X		> \$

Schedule D (Form 990) 2009 TRAVE					25-096		Page 2
Part III Organizations Maintai	ning Collectio	ns of Art, Histo	rical Treas	sures, or (Other Similar Ass	sets (con	<u>tınued)</u>
3 Using the organization's acquisition items (check all that apply):	on accession and				at are a significant us	se of its col	lection
a Public exhibition			or exchange p	orograms			
b Scholarly research		e 💹 Other					
c Preservation for future genera	ations						
4 Provide a description of the organ Part XIV						ose in	
5 During the year, did the organizat assets to be sold to raise funds ra	tion solicit or recei ather than to be m	ve donations of art	t, historical tr of the organiz	easures, or ation's colle	other similar ction?	Yes	No
Part IV Escrow and Custodial 9, or reported an amou	Arrangement	S Complete if o	rganızatıor			90, Part	IV, line
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, or	other intermediary	for contribut	ions or othe	r assets not	Yes	No
b If 'Yes,' explain the arrangement	in Part XIV and co	omplete the follow	ng table [.]				
						Amount	
c Beginning balance					1c		
d Additions during the year					1 d		
e Distributions during the year					1 e		
f Ending balance					1 f		
2a Did the organization include an a	mount on Form 99	0, Part X, line 21?				Yes	No
b If 'Yes,' explain the arrangement							
Part V Endowment Funds Cor	mplete if organ	ization answer					
	(a) Current year	(b) Prior year	- W - N	wo years back	(d) Three years back		r years back
1 a Beginning of year balance	577,089	710,7	30.	(8)		, <u>\$</u> &`	> \$01
b Contributions			2,43	Go X	1	<u></u>	<u> </u>
c Net Investment earnings, gains, and losses	80,13	7118,1	33.				
d Grants or scholarships				X (3)	23 11	Ÿ. ', .	
Other expenditures for facilities and programs	12,252	2. 15,5	08.				
f Administrative expenses			4 × ~ ~ ~	<u></u>	_ 3, 5,		
g End of year balance	644,97	1. 577,0	89. 🎉 🔻	(34).	. ~	3 1.	23.5.
2 Provide the estimated percentage	e of the year end l	palance held as					
a Board designated or quasi-endow		%					
b Permanent endowment ▶	100.00 %						
c Term endowment ►	8						
3a Are there endowment funds not i	n the possession	of the organization	that are held	d and admin	stered for the		/ac No
organization by						r- 1	res No
(i) unrelated organizations						3a(i)	X
(ii) related organizations						3a(ii)	^
b If 'Yes' to 3a(ıı), are the related of					CEE	3b	777
4 Describe in Part XIV the intended) Dort V		PART XI	<u>v</u>
Part VI Investments-Land, B						(d) Po	ak Value
Description of investment	(a) (Cost or other basis (investment)	(b) Cost o basis (c	other)	(c) Accumulated Depreciation	(0) 50	ok Value
1a Land	1					ļ	
b Buildings	<u> </u>	<u> </u>				1	
c Leasehold improvements		·					<u>-</u> .
d Equipment				1 606	444 644		17 010
e Other				1,689.	114,640.		17,049.
Total. Add lines 1a through 1e (Colum	n (d) must equal i	orm 990, Part X,	column (B), I	ine 10(c) <u>)</u>		<u> </u>	17,049.
BAA					Sche	edule D (For	rm 990) 2009

Schedule D (Form 990) 2009 TRAVELERS AID SOC			25-096558	1 Page 3
Part VII Investments—Other Securities See Fo	1		lethod of valuation	
(a) Description of security or category (including name of security)	(b) Book value	Cost or er	nd-of-year market v	alue
Financial derivatives				
Closely-held equity interests				
Other				
	· · ·			
		7		32 82.
Total (Column (b) must equal Form 990 Part X, col (B) line 12.) ►		<u></u>	\$**	à l'
Part VIII Investments-Program Related (See				
(a) Description of investment type	(b) Book value	(c) N	Method of valuation nd-of-year market v	alue
		Cost or e	nu-or-year market v	aiue
		-	-	
		· · · ·	1.6	
	VE AL. A.			
-				
		<u> </u>		
Total (Column (b) must equal Form 990, Part X, Col (B) line 13.)		<u> </u>		
Part IX Other Assets (See Form 990, Part X,		<u> </u>		45 D. J. J. J.
(a) De	escription			(b) Book value
	· · ·			
	<u>_</u>			
				
	·			
Total. (Column (b) must equal Form 990, Part X, col (B),			▶	
Part X Other Liabilities (See Form 990, Part				
(a) Description of Liability	(b) Amount	`	8	
Federal Income Taxes			4	
			* ,	
		 	× ×	· <u>*</u> * *
		— —	,	1. J. J.
		——————————————————————————————————————		\$',"
				•
		_		¥c3
			, «	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			*	

	edule D (Form 990) 2009 TRAVELERS AID SOCIETY OF PITTSBURGH	25-0965581	Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statem		
` 1	Total revenue (Form 990, Part VIII,column (A), line 12)	4	,723,811.
2	Total expenses (Form 990, Part IX, column (A), line 25).	4	<u>,638,559.</u>
3	Excess or (deficit) for the year. Subtract line 2 from line 1		85,252.
4	Net unrealized gains (losses) on investments		99,648.
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		99,648.
10			184,900.
$\overline{}$	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return	
1	Total revenue, gains, and other support per audited financial statements		,823,459.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		,,
	L I	9, 648.	
	b Donated services and use of facilities 2b	7010.	
	c Recoveries of prior year grants		
	· · · · ·		
			99,648.
_	e Add lines 2a through 2d		,723,811.
3	Subtract line 2e from line 1	3 4	, 123,011.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	a Investments expenses not included on Form 990, Part VIII, line 7b		
	b Other (Describe in Part XIV)		
	c Add lines 4a and 4b	4c	702 011
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		<u>,723,811.</u>
_	Reconciliation of Expenses per Audited Financial Statements With Expen		620 550
_	Total expenses and losses per audited financial statements	1 4	<u>,638,559.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	a Donated services and use of facilities 2a		
ı	b Prior year adjustments 2b		
(c Other losses 2c		
•	d Other (Describe in Part XIV)		
•	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3 4	<u>,638,559.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	*	
	a Investments expenses not included on Form 990, Part VIII, line 7b.		
1	b Other (Describe in Part XIV)		
•	c Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)		,638,559.
Pa	rt XIV Supplemental Information		
line	pplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complet reaction. PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND	1, Part IV, lines 1b and te this part to provide a	2b; Part V, iny additional
	THE INCOME EARNED ON ENDOWMENT FUNDS ARE TO BE USED FOR UNRESTR	RICTED OPERATIO	NS AND
	FOR DIRECT CLIENT ASSISTANCE.		· -
BAA	TEEA3304L 02/02/10	Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 TRAVELERS AID SOCIETY OF PITTSBURGH	25-0965581	Page 5
Part XIV Supplemental Information (continued)		
Tart XIV Supplemental Information (communica)	 	
	-	

SCHEDULE I (Form 990)

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

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number 25-0965581 Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990. Part I General Information on Grants and Assistance TRAVELERS AID SOCIETY OF PITTSBURGH Department of the Treasury Internal Revenue Service Name of the organization

Yes X No	to Form Use	(h) Purpose of grant or assistance				-	1			
	on answered 'Yes nore than \$5,000.	(g) Description of non-cash assistance							A '	•
e grants or assistance	if the organization	(f) Method of valuation (book, FMV, appraisal, other)			. ,					
antees' eligibility for the tates	d States. Complete	(e) Amount of non-cash assistance								
nt of the grants or assistance, the grantees he use of grant funds in the United States	nd Organizations in the United States. Complete if the organization answered 'Yes' to Form at more than \$5,000. Check this box if no one recipient received more than \$5,000. Use space is needed	(d) Amount of cash grant								
e amount of the grant ce? Itoring the use of gran	ents and Organizations eceived more than \$5,0 itional space is needed	(c) IRC section if applicable							organizations	0
ds to substantiate the grants or assistan procedures for mon	nce to Governme y recipient that r Form 990) if add	(b) EIN		:					3) and government (
 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 	T	1 (a) Name and address of organization or government							2 Enter total number of section 501(c)(3) and government organizations	

Schedule I (Form 990) 2009

Grants and Other Assistance to Individuals in the United States. Complete of the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) of additional space is needed. TRAVELERS AID SOCIETY OF PITTSBURGH Schedule I (Form 990) 2009 PartIII

Page 2

BUS PASSES/TKTS, GAS CARDS, TAXI (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information SVC (e) Method of valuation (book, FMV, appraisal, other) 3,207,354. ACTUAL COST (d) Amount of non-cash assistance (c) Amount of cash grant 20,371 (b) Number of recipients TRANSPORTATION ASSISTANCE FOR NEEDY (a) Type of grant or assistance

BAA

Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

TRAVELERS AID SOCIETY OF PITTSBURGH	25-0965581
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION	
THE_TRAVELERS_AID_SOCIETY_OF_PITTSBURGH_PROVIDES_LOW_INCOME_IND	IVIDUALS AND FAMILIES
WITH_ACCESS_TO_HEALTH, EDUCATION_AND_COMMUNITY_SERVICES, PLACES	OF SAFETY AND
EMPLOYMENT_OPPORTUNITIES THROUGH THE PROVISION_OF TRANSPORTATION	N ASSISTANCE; AND
ALSO PROVIDES NEEDED SERVICES TO INDIVIDUALS AND FAMILIES WITH	MOBILITY CRISIS OR
COMMUNICATION_NEEDS, STRANDED_TRAVELERS_AND_FOREIGN_VISITORS, I	HE HOMELESS, RUNAWAY
YOUTHS, PERSON IN NEED OF COUNSELING OR REFERRALS, THOSE WITH F	HEALTHCARE PROBLEMS OR
TRAVELERS EXPERIENCING OTHER DISRUPTIVE CIRCUMSTANCES.	·
FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS	, DIRECT
EXECUTIVE DIRECTOR AND ORGANIZATION BOOKKEEPER ARE BROTHER-IN-I	AW AND SISTER-IN-LAW.
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
COPY OF 990 IS MADE AVAILABLE FOR REVIEW BY THE MEMBERS OF THE	BOARD OF DIRECTORS
BEFORE FILING.	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEM	ENT OF CONFLICTS
BY REVIEWING ANNUAL DISCLOSURES AND MONITORING BUSINESSES WITH	WHOM THE ORGANIZATION
CONDUCTS BUSINESS AND WHEN SUCH CONFLICT OF INTEREST IS RELEVAN	NT TO A MATTER
REQUIRING ACTION BY THE BOARD OF DIRECTORS, THE INTERESTED DIRECTORS	ECTOR SHALL BRING IT
TO THE ATTENTION OF THE BOARD. THE INTERESTED DIRECTOR WILL RET	TIRE FROM THE ROOM IN
WHICH THE BOARD IS MEETING AND WILL NOT PARTICIPATE IN ANY DISC	CUSSION OR VOTE ON
SUCH MATTER.	
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS	FOR OFFICERS & KEY EMPLOYEES
CEO/EXECUTIVE DIRECTOR'S SALARY IS DETERMINED BY THE BOARD OF 1	DIRECTORS, ALL OTHER
PROGRAM AND ADMIN STAFF SALARIES ARE DETERMINED BY CEO/EXECUTIVE	VE DIRECTOR AND ARE
THEN PRESENTED TO AND APPROVED BY THE BOARD OF DIRECTORS.	

Name of the organization	Employer identification number
TRAVELERS AID SOCIETY OF PITTSBURGH	25-0965581
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUME	NTS PUBLICLY AVAILABLE
WILL BE PROVIDED UPON REQUEST.	

Schedule 0 (Form 990) 2009		raye 4
Name of the organization	Employer identification number 25-0965581	
TRAVELERS AID SOCIETY OF PITTSBURGH	125-0965581	
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SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5 TRAVELERS AID SOCIETY OF PITTSBURGH 25-0965581

PART II	. LINE	10 -	OTHER	INCOME
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NATURE AND SOURCE	2009	2008	2007	2006	2005
NET SPECIAL EVENTS	5,697.			21,463.	36,449.
MISCELLANEOUS TOTAL	\$ 51,375. \$ 57,072.	0.	\$ 0.	\$ 21,463.	\$ 36,449.