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DLN: 93493317013612

Form 990

Department of the Treasury

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)

2011

OMB No 1545-0047

ZUII

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

Open to Public
Inspection

Name of organization ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 11 STANWIX STREET 17TH FLOOR City or town, state or country, and ZIP + 4 PITTSBURGH, PA 15222 F Name and address of principal officer DENNIS YABLONSKY 11 STANWIX STREET 17TH FLOOR PITTSBURGH, PA 15222	25-0965 E Telephone (412) 28	e number 11-4783 upts \$ 8,641,056
Number and street (or P O box if mail is not delivered to street address) Room/suite 11 STANWIX STREET 17TH FLOOR City or town, state or country, and ZIP + 4 PITTSBURGH, PA 15222 F Name and address of principal officer DENNIS YABLONSKY 11 STANWIX STREET 17TH FLOOR	G Gross recei	e number 11-4783 lipts \$ 8,641,056
Number and street (or P O box if mail is not delivered to street address) Room/suite 11 STANWIX STREET 17TH FLOOR City or town, state or country, and ZIP + 4 PITTSBURGH, PA 15222 F Name and address of principal officer DENNIS YABLONSKY 11 STANWIX STREET 17TH FLOOR	G Gross received H(a) Is this a group refaffiliates?	turn for
TI STANWIX STREET 17TH FLOOR City or town, state or country, and ZIP + 4 PITTSBURGH, PA 15222 F Name and address of principal officer DENNIS YABLONSKY 11 STANWIX STREET 17TH FLOOR	G Gross received H(a) Is this a group refaffiliates?	ipts \$ 8,641,056 turn for
TI STANWIX STREET 17TH FLOOR City or town, state or country, and ZIP + 4 PITTSBURGH, PA 15222 F Name and address of principal officer DENNIS YABLONSKY 11 STANWIX STREET 17TH FLOOR	G Gross recei	turn for
F Name and address of principal officer DENNIS YABLONSKY 11 STANWIX STREET 17TH FLOOR	affiliates?	
DENNIS YABLONSKY 11 STANWIX STREET 17TH FLOOR	affiliates?	
DENNIS YABLONSKY 11 STANWIX STREET 17TH FLOOR	affiliates?	
PITTSBURGH,PA 15222	U/h) Ann all affiliates in a	, 105 , 110
	` '	, ,
▼ 501(c)(3)		ist (see instructions)
	H(c) Group exemption	number F
	1	T
·	L Year of formation 1944	M State of legal domicile Pr
LATE ECONOMIC GROWTH AND IMPROVE THE QUALITY OF LIFE	THROUGHOUT SOUTH	1WESTERN
hov H if the organization discontinued its operations or disposed of	more than 25% of its ne	t accete
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		-
•		
· · · · · · · · · · · · · · · · · · ·		
a business taxable meome nomitorm 556 1, mie 51 1	 	Current Year
ions and grants (Part VIII line 1h)		
		10,000
	9,095,617	8,641,056
nd similar amounts paid (Part IX, column (A), lines 1–3)	4,444,912	6,125,562
oald to or for members (Part IX, column (A), line 4)	(
other compensation, employee benefits (Part IX, column (A), lines	4,622,048	4,899,857
nal fundraising fees (Part IX, column (A), line 11e)	(
	486.169	-1,727,22
		
	Beginning of Current Year	End of Year
ets (Part X, line 16)	17,251,532	15,410,684
	6,505,961	5,322,249
ts or fund balances Subtract line 21 from line 20	10,745,571	1 10,088,435
	box if the organization discontinued its operations or disposed of voting members of the governing body (Part VI, line 1a)	L Year of formation 1944 arry cribe the organization's mission or most significant activities LATE ECONOMIC GROWTH AND IMPROVE THE QUALITY OF LIFE THROUGHOUT SOUTH ANIA box

Forn	Form 990 (2011)					Page 2
Par	Part III Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III				. [~	
1	Briefly describe the organization's mission					
OF (THE ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT (ACCD) AND AFFILIATES - THE GREAT OF COMMERCE (CHAMBER), THE PENNSYLVANIA ECONOMY LEAGUE OF SOUTHWESTERN PENNSYLVA PITTSBURGH REGIONAL ALLIANCE (PRA) - WORK IN COLLABORATION WITH PUBLIC AND PRIVATE SE STIMULATE ECONOMIC GROWTH AND IMPROVE THE QUALITY OF LIFE IN SOUTHWESTERN PENNSYLV	NIA (I ECTOF	PEL) A R PAR	DNA	THE	AMBER
2	2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		Yes	ר N•	o o	
	If "Yes," describe these new services on Schedule O					
3	3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Г	Yes	r N	0	
	If "Yes," describe these changes on Schedule O					
4	Describe the organization's program service accomplishments for each of its three largest program service expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to its grants and allocations to others, the total expenses, and revenue, if any, for each program service reports	report				
4a	4a (Code) (Expenses \$ 2,136,411 including grants of \$ 2,012,606) (Revenue :	\$		763	,196)	
	STIMULATING NEW BUSINESS INVESTMENT - WORKING TO STIMULATE BUSINESS INVESTMENT AND ADVANCE REGIONAL PROSI CONFERENCE, ALONG WITH SUPPORT FROM ITS AFFILIATE, THE PITTSBURGH REGIONAL ALLIANCE (PRA) PARTNERSHIP - A CC PUBLIC SECTOR LEADERS AND ECONOMIC DEVELOPMENT PROFESSIONALS FROM 10 SOUTHWESTERN PENNSYLVANIA COUNTIE: LOCATING 39 COMMERCIAL PROJECTS IN THE PITTSBURGH REGION THESE 39 LOCATED PROJECTS REPRESENT A "LEADING IN OF AT LEAST \$135 5 MILLION AND 4,922 CREATED OR RETAINED JOBS IN THE YEARS TO COME	OALITIO ES - GEN	N OF 5 NERATE	0-PLU: D an e	S PRIVAT ASSIST	ED IN
4b	4b (Code) (Expenses \$ 958,621 including grants of \$ 924,155) (Revenue :	\$		112	,151)	
	RAISING AWARENESS OF CAREER OPPORTUNITIES IN THE REGION - EVEN WITH AN IMPROVING BUSINESS CLIMATE AND AN AC PROGRAM, THE PITTSBURGH REGION CANNOT REALIZE ITS FULL POTENTIAL WITHOUT A SKILLED AND ACCESSIBLE WORKFORG PROGRAM THE ALLEGHENY CONFERENCE SEEKS TO RETAIN AND ATTRACT WORKERS BY RAISING AWARENESS OF CAREER OPI NEEDED TO CAPTURE THEM TO ACHIEVE THIS, THE CONFERENCE FOCUSED IN 2011 ON THREE AREAS OF ACTIVITY 1) CREA	CE THE	ROUGH NITIES	ITS W AND T	ORKPLA HE SKILI	.CE LS

RAISING AWARENESS OF CAREER OPPORTUNITIES IN THE REGION - EVEN WITH AN IMPROVING BUSINESS CLIMATE AND AN AGGRESSIVE BUSINESS INVESTMENT PROGRAM, THE PITTSBURGH REGION CANNOT REALIZE ITS FULL POTENTIAL WITHOUT A SKILLED AND ACCESSIBLE WORKFORCE THROUGH IT'S WORKPLACE PROGRAM THE ALLEGHENY CONFERENCE SEEKS TO RETAIN AND ATTRACT WORKERS BY RAISING AWARENESS OF CAREER OPPORTUNITIES AND THE SKILLS NEEDED TO CAPTURE THEM TO ACHIEVE THIS, THE CONFERENCE FOCUSED IN 2011 ON THREE AREAS OF ACTIVITY 1) CREATING MORE EFFECTIVE AND TRANSPARENT SYSTEMS TO CONNECT EMPLOYERS AND TALENT, 2) CREATING A MORE INCLUSIVE, DIVERSE AND GLOBALLY COMPETITIVE WORKFORCE, AND 3) IMPROVING THE SYSTEMS BY WHICH K-12 AND POST-SECONDARY STUDENTS PREPARE THEMSELVES FOR SUCCESSFUL AND FAMILY SUSTAINING EMPLOYMENT THE CONFERENCE OPERATED IMAGINEPITTSBURGH COM, A COMPREHENSIVE LISTING OF OPEN POSITIONS IN THE REGION, AS WELL AS INDIVIDUAL PROFILES AND ARTICLES PRESENTING PERSONAL STORIES ABOUT YOUNG AND DIVERSE PEOPLE WORKING HERE THROUGH A NEW COLLABORATION WITH THE THREE RIVERS WORKFORCE INVESTMENT BOARD (TRWIB), THE CONFERENCE IS WORKING TO BUILD A DATA GATHERING MODEL THAT CAN HELP IN UNDERSTANDING NOT ONLY HOW MANY JOBS THERE ARE LIKELY TO BE IN THE FUTURE, BUT THE EDUCATION, SKILLS AND PERSONAL COMPETENCIES NEEDED TO EFFECTIVELY FILL THEM IN ADDITION, THE CONFERENCE INITIATED A KEY COMPONENT OF THE STRATEGIC PLAN FOR THE ENERGY ALLIANCE OF GREATER PITTSBURGH, AN OCCUPATIONAL ANALYSIS ACROSS ALL THE ENERGY SECTORS, INCLUDING RELEVANT SUPPLY CHAINS THIS DATA WILL HELP ALIGN CURRICULUM, OUTFREACH, INDUSTRY ENGAGEMENT AND TALENT ATTRACTION STRATEGIES IT WILL ALSO PROVIDE IMPORTANT INFORMATION TO SUPPORT POLICYMAKERS EVALUATING NEEDED

4c (Code) (Expenses \$ 1,291,340 including grants of \$ 1,194,524) (Revenue \$ 314,215)

REFORMS AND MODERNIZATION ACROSS OUR CAREER AND TECHNICAL EDUCATION SYSTEM

ENERGY ALLIANCE OF GREATER PITTSBURGH - THE ALLEGHENY CONFERENCE AND INNOVATION WORKS CREATED THE ENERGY ALLIANCE OF GREATER PITTSBURGH, A CONSORTIUM OF MORE THAN 100 ORGANIZATIONS DEDICATED TO ENHANCING THE REGION'S POSITION AS THE NEW CENTER OF AMERICAN ENERGY. THE ALLIANCE FOCUSES ON IMPROVING PUBLIC POLICY RELATED TO ENERGY, ATTRACTING BUSINESS INVESTMENT AND PROMOTING JOB CREATION ACROSS SEVEN ENERGY-RELATED INDUSTRIES, AND FOSTER THE COMMERCIALIZATION OF INNOVATIVE TECHNOLOGIES DEVELOPED AT THE REGION'S ACADEMIC, GOVERNMENT AND CORPORATE RESEARCH LABORATORIES A KEY FOCUS IN 2011 WAS IMPLEMENTATION OF MARCELLUS SHALENET, A MARCELLUS-WIDE WORKFORCE DEVELOPMENT PROGRAM THAT SOUGHT TO FILL KEY POSITIONS WITHIN THE NATURAL GAS DRILLING INDUSTRY THROUGH PARTNERSHIPS WITH COMMUNITY COLLEGES IN SOUTHWESTERN AND CENTRAL PENNSYLVANIA MARCELLUS SHALENET HELPED MORE THAN 900 INDIVIDUALS TO TRAIN AND FIND JOBS IN THE DRILLING INDUSTRY THROUGHOUT THE MARCELLUS FOOTPRINT ALSO DURING 2011 THE ENERGY ALLIANCE LAUNCHED THE "ENERGY TO THE POWER OF PITTSBURGH" CAMPAIGN AND POWEROFPITTSBURGH COM, A WEBSITE FEATURING A JOB SEARCH ENGINE AND MULTI-MEDIA ARTICLES ABOUT REGIONAL COMPANIES, INVESTMENT AND CAREERS ACROSS THE SEVEN ENERGY-RELATED INDUSTRIES IN WHICH THE PITTSBURGH REGION IS A LEADER CAMPAIGN ELEMENTS INCLUDED INSERTS IN THE PITTSBURGH BUSINESS TIMES, PITTSBURGH MAGAZINE, AS WELL AS DAILIES IN THE GREATER PITTSBURGH REGION - INCLUDING THE PITTSBURGH POST-GAZETTE - TO EXPLAIN THE OPPORTUNITIES ACROSS OUR PORTFOLIO OF ENERGY-RELATED ASSETS AND EXPERTISE, A SERIES OF COMMERCIALS THAT AIRED DURING BROADCASTS OF PITTSBURGH PENGUINS GAMES, UNIVERSITY OF PITTSBURGH FOOTBALL AND BASKETBALL GAMES, AND RELATED EARNED MEDIA ACTIVITIES

(Code) (Expenses \$ 2,228,112 including grants of \$ 1,994,277) (Revenue \$ 752,846)

OTHER ACCOMPLISHMENTS IN 2011 - THE ALLEGHENY CONFERENCE, WITH SUPPORT FROM ITS AFFILIATES, THE PENNSYLVANIA ECONOMY LEAGUE OF SOUTHWESTERN PA, LLC AND THE GREATER PITTSBURGH CHAMBER OF COMMERCE WORKED TO ADDRESS POLICY ISSUES THAT REDUCE PENNSYLVANIA'S AND THE PITTSBURGH REGION'S COMPETITIVENESS, DISCOURAGING BUSINESS INVESTMENT AND JOB CREATION THE LEAGUE AND CHAMBER WORK TO EDUCATE AND INFORM POLICY MAKERS ABOUT THE NEED TO SUPPORT POLICIES TO ADDRESS THESE ISSUES, INCLUDING (A) EDUCATING STATE LEGISLATORS ON BUSINESS TAX COMPETITIVENESS AND WORKING IN PARTNERSHIP WITH THE COMPETEPA COALITION TO UNDERSCORE THE IMPORTANCE OF COMPETITIVE BUSINESS TAXES, (B) SEEKING TO PREVENT CHANGES TO THE EXISTING TAX STRUCTURE (E G COMBINED REPORTING, SALES FACTOR, NOL CARRY FORWARD, ROYALTY ADD-BACKS) THAT WERE LIKELY TO HAVE A CHILLING EFFECT ON BUSINESS INVESTMENT, (C) SUPPORTING A SUCCESSFUL STATEWIDE INITIATIVE TO SEEK LAWSUIT ABUSE REFORM, (D) SUPPORTING A COMPREHENSIVE APPROACH TO MARCELLUS SHALE DEVELOPMENT THAT INCLUDED COMPETITIVE REGULATION AND TAXATION TO ASSURE THAT THIS IMPORTANT RESOURCE IS DEVELOPED RESPONSIBLY AND TO THE BENEFIT OF ALL PENNSYLVANIANS, AND (E) PROVIDING ANALYSIS AND SUPPORTING MEASURES, INCLUDING LEGISLATION, THAT WILL ADDRESS THE CITY OF PITTSBURGH'S, AS WELL AS OTHER MUNICIPALITIES' CHRONIC MUNICIPAL PENSION UNDERFUNDING IN ADDITION, THE CONFERENCE WORKED CLOSELY WITH ALLEGHENY COUNTY AND THE ALLEGHENY COUNTY AIRPORT AUTHORITY TO MAINTAIN AND SEEK TO IMPROVE COMPETITIVE AIR SERVICE AT PITTSBURGH INTERNATIONAL AIRPORT, INCLUDING NONSTOP TRANSATLANTIC SERVICE AND WITH THE PORT AUTHORITY OF ALLEGHENY COUNTY TO MODERNIZE THE TRANSIT SYSTEM'S ROUTE STRUCTURE AND ADDRESS CRITICAL TRANSIT FUNDING ISSUES

4d Other program services (Describe in Schedule O)

(Expenses \$ 2,228,112 including grants of \$ 1,994,277) (Revenue \$ 752,846)

4e Total program service expenses►\$ 6,614,484

Part IV Checklist of Required Schedules	Part IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If</i> " <i>Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	<u> </u>
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		No
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	Yes	
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	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 Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
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, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
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		No
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	Yes	
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.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
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, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	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, Part I	14b		No
15	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 U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	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 U S ? If "Yes," complete Schedule F, Part III and IV	16		No
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	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	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	Yes	
22	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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	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) 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	25a		No
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		No
26	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	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section $512(b)(13)$?	35a	Yes	
b	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	Yes	
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	Yes	
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		No
38	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	38	Yes	
		F	orm 990	(2011)

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 8			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
		1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		103	
la	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
la	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 or securities account)?	4a		No
b	·			.,,
•	If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	255 managadis for ming requirements for Form FD F 20-22 1, Report of Foreign Dank and Financial Accounts			
ia	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	- 56		
•	1. 163 to fine 3a of 3b, and the organization me form 0000-17	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo
	organization 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 tax deductible?	6b		
,		OD		
_	Organizations that may receive deductible contributions under section 170(c).	7-		NI ~
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year]		
_	Did the organization receive any finds, directly or indirectly, to now promising on a new rest.			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
1	Form 1098-C?	<u> </u>		
•	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b	1		
_	facilities	1		
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other	1		
	sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	- 		
_	year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
ь	Enter the aggregate 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 aggregate amount of reserves on hand			
A -		4.4-		NI -
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
-	TENER DOCUMENTED A LORD A LUCTO POPORT TRACO DOLUMONTO 7 IT "No " provido on evolonation in Cohedule O		-	

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

Check	if Schedule O	contains a	response to	anv	question i	ın thıs Part VI	_	_	_	_	_	_	_	_	_	. ত
CHECK	ii Schedule O	Contains a	. response to	uny	question	ili cilis i alc vi	•	•	•	•	•	•	•	•	•	• ,

Se	ction A. Governing Body and Management			
			Yes	No
4-				
1a	Enter the number of voting members of the governing body at the end of the tax year			
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	Yes	
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	103	Νο
6	Did the organization have members or stockholders?	6		Νo
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
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		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶PA			

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website V Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 JANEL SKELLEY

11 STANWIX STREET 17TH FLOOR PITTSBURGH,PA 15222

(412) 281-4783

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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, or 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

Check this box if neither the or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
(A) Name and Title	(B) A verage hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				\vdash			_			

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

	(A) Name and Title	(B) Average hours per week (describe hours	unles an	on (d e tha	n on son er a	e bo is bo nd a	x, oth)		(D) Reportable compensati from the organization 2/1099-MIS	on (W-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)		(F) Estima amount o compens from to organizat relat	ated fother sation the ion and
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			11130)		organiza	
See A	ddıtıonal Data Table													
												+		
							+					+		
												+		
					_	_		_				+		
												_		
							-					+		
1b	Sub-Total				٠.	•		<u> </u>		丁		1		
С	Total from continuation sheets	to Part VII, Sec	tion A					>						
d	Total (add lines 1b and 1c) .			•			•	>	1,804			0		206,759
2	Total number of individuals (incl \$100,000 of reportable compen						above) who	o received mor	e tha	n			
														NI-
3	Did the organization list any for	mer officer, direc	tor or t	ruste	e.k	ev e	mplov	ee.c	or highest com	pensa	ited employee		Yes	No
	on line 1a? If "Yes," complete Sci						•	• '				3		No
4	For any individual listed on line organization and related organiz													
	individual	ations greater tr		•	•	•	es, co	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ete Schedule I i	or suc		4	Yes	
5	Did any person listed on line 1a								_					
	services rendered to the organiz	ration? <i>If</i> "Yes,"	complet	e Sch	edul	e J f	or sucl	h per	son	•	. [5		No
Se	ection B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	highest comper n the organizatio												
	Nai	(A) me and business add	dress							Descri	(B) ption of services		(C Comper	
													,	
												\dashv		
	Total number of independent cont	ractors (includir	a but n	ot lin	nıtar	l to i	thoco	licto	d abaya \ wba n		ad mara than			

\$100,000 of compensation from the organization $\blacktriangleright 0$

Form 9						Page 9
Part \	/1111	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
#\$ \$1	1a	Federated campaigns 1a				
蓝	b	Membership dues 1b	_			
s, ç ami	С	Fundraising events 1c	_			
<u>≢</u> ,≅	d	Related organizations 1d	_			
E S	e	Government grants (contributions) 1e 23,00	00			
rio er s	f	All other contributions, gifts, grants, and 1f 6,601,18 similar amounts not included above	37			
^듩	g	Noncash contributions included in				
Contributions, gifts, grants and other similar amounts	١.	lines 1a-1f \$ Total. Add lines 1a-1f	► 6,624,187			
<u> </u>	h					
ē	22	Business Code	 	4 042 054		
Program Service Revenue	2a	SHARED SERVICES REIMB 9000	· · ·			
2 <u>2</u> 32	b c	PROGRAM INVESTMENTS 9000 RIC EVENTS 9000	<u> </u>			
Ş	d	ANCILLARY SERVICES 9000	<u>'</u>			
38	e	ANCILLARI SERVICES 9000	4,292	4,292		
Tan E	f	All other program service revenue				
ွိ						
	g 3	Total. Add lines 2a-2f	1,942,408			
	3	Investment income (including dividends, interest and other similar amounts)	64,461			64,461
	4	Income from investment of tax-exempt bond proceeds	,			,
	5	Royalties	10,000			10,000
		(ı) Real (ıı) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
		(1) Securities (11) Other				
	7a	Gross amount from sales of				
		assets other than inventory				
	b	Less cost or other basis and				
	c	sales expenses Gain or (loss)	_			
	d	Net gain or (loss)	_			
	8a	Gross income from fundraising				
a n		events (not including				
돌		\$ of contributions reported on line 1c)				
я.		See Part IV, line 18				
Other Revenue	ь	Less direct expenses b	_			
₹	С	Net income or (loss) from fundraising events	\dashv			
	9a	Gross income from gaming activities				
		See Part IV, line 19				
	ь	Less direct expenses b	_			
	С	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances .				
	b	Less cost of goods sold b	\dashv			
	С	Net income or (loss) from sales of inventory •	<u></u>			<u> </u>
		Miscellaneous Revenue Business Code	9			
	11a					
	b					
	С					
	d	All other revenue				
	e	Total. Add lines 11a-11d				
	12	Total revenue. See Instructions	0.641.056	101-11-	_	
	1		8,641,056	1,942,408	0	74,461

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) Check if Schedule O contains a response to any question in this Part IX

Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	6,125,562	6,125,562		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	, ,	, ,		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,404,764	487,162	615,040	302,562
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	2,750,837	1,807,472	924,903	18,462
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	171,161	119,890	49,333	1,938
9	Other employee benefits	336,204	207,045	115,115	14,044
10	Payroll taxes	236,891	151,887	78,366	6,638
11	Fees for services (non-employees)				
а	Management				
b	Legal	11,527	7,854	3,673	
С	Accounting	54,424	38,563	15,861	
d	Lobbying	·			
е	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	176,884	68,475	108,409	
12	Advertising and promotion	66,629	38,844	24,201	3,584
13	Office expenses	79,557	45,591	33,648	318
14	Information technology	29,196	8,352	20,076	768
15	Royalties		,	,	
16	Occupancy	375,599	218,974	156,625	
17	Travel	37,790	15,324	18,966	3,500
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		23,223	23,222	
19	Conferences, conventions, and meetings	118,029	32,905	42,908	42,216
20	Interest		,	,	·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	107,159	62,474	44,685	_
23	Insurance	40,314	23,503	16,811	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)	·		,	
а	DUES AND MEMBERSHIPS	18,660		18,528	132
ь	MISCELLANEOUS	5,766	3,368	2,398	
c	ECON DEVELOP EXPENSE	-75,306	-75,306		
d	SHARED EXPENSES	-2,773,455	-2,773,455		
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	9,298,192	6,614,484	2,289,546	394,162
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 114,639 56,328 1 1 3.024.682 2 3.731.520 2 Savings and temporary cash investments 3 3,530,544 2,452,653 651.110 513.431 4 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 6 7 8 9 116,361 9 91.515 Prepaid expenses and deferred charges 839,975 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 116,391 b Less accumulated depreciation 759,234 **10c** 723,584 11 11 3,003 12 3,003 12 Investments—other securities See Part IV, line 11 13 9,051,959 13 7,838,650 Investments—program-related See Part IV, line 11 . . 14 14 Intangible assets 15 15 17,251,532 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 15,410,684 2,919,127 17 1,717,069 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties 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 3,586,834 25 3,605,180 D 26 6,505,961 26 5,322,249 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 1,282,203 27 1,560,197 Unrestricted net assets 9.463.368 28 8.528.238 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 10.745.571 33 10.088.435 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 17.251.532 15.410.684

Ра	Check if Schedule O contains a response to any question in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8.6	541,05		
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,29				
3	Revenue less expenses Subtract line 2 from line 1	3		-6	557,13		
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4						
5	Other changes in net assets or fund balances (explain in Schedule O)	5					
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		10,0	88,43		
Par	TXII Financial Statements and Reporting Check If Schedule O contains a response to any question in this Part XII		•	৮			
		F		Yes	No		
1	Accounting method used to prepare the Form 990						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No		
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes			
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	sued					
За	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		No		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b				

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

Name of the organization ALLEGHENY CONFERENCE ON COM					OIIII 990 OI 1 OIIII 990-L	er occ separate motrace	Employer identification	n number			
ALLEG	HENY C	CONFEREN	CE ON COMMU	JNITY DEVELOPMENT			25-0965213				
Pa	rt I	Reas	on for Pu	blic Charity Sta	tus (All organization	s must complete this p					
						ugh 11, check only one bo					
1	Г	A churc	h, convent	ion of churches, or a	ssociation of churches	section 170(b)(1)(A)(i).					
2	Г	A scho	ol described	d in section 170(b)(1	.)(A)(ii). (Attach Sched	ule E)					
3	Г	A hosp	ital or a coo	perative hospital se	rvice organization desci	ribed in section 170(b)(1)	(A)(iii).				
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state									
5	Γ	-	•		•	ty owned or operated by a	a governmental unit desc	 cribed in			
	_			(A)(iv). (Complete P	•						
6	<u> </u>			=	-	cribed in section 170(b)(1					
7	<u>~</u>	describ	ed in	at normally receives (A)(vi) (Complete P		support from a governme	ntal unit or from the gen	eral public			
8	Г				170(b)(1)(A)(vi) (Co	mplete Part II)					
9	Ė					of its support from contrib	outions, membership fee	s, and gross			
	•	_		•	• •	t to certain exceptions, a	•	, -			
						ess taxable income (less :					
			_			509(a)(2). (Complete Par	· · · · · · · · · · · · · · · · · · ·				
10	Г					public safety See section					
11	Ė					efit of, to perform the fund		the purposes of			
	·	the box	that descr	ibes the type of supp	orting organization and	ion 509(a)(1) or section to complete lines 11e through	gh 11h				
	_		Type I	b Type I	, ,,	I - Functionally integrated		e III - Other			
е	ı	other th	_		_	rolled directly or indirectl blicly supported organizat		•			
f				received a written d	etermination from the IF	RS that it is a Type I, Type	e II or Type III supporti	ng organization,			
			his box				6.1	Г			
g			ugust 1/, 2 g persons?		zation accepted any gir	t or contribution from any	or the				
					ontrols, either alone or	together with persons des	cribed in (ii)	Yes No			
		and (III)) below, the	governing body of th	e the supported organiz	ation?	11g	ı(i)			
				er of a person descri			11g				
		(iii) a 3	5% control	lled entity of a perso	n described in (i) or (ii)	above?	11g	(iii)			
h		Provide	the followi	ng information about	the supported organiza	tion(s)					
	(i) Name		(ii)	(iii) Type of organization (described on	(iv) Is the organization in	(v) Did you notify the organization in	(vi) Is the organization in	(vii)			

(i) Name of supported organization	(ii) EIN	Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?	
		instructions))	Yes	No	Yes	No	Yes	No		
									_	
Tatal										
Total										

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

	ection A. Public Support	e organization	rails to qualify u	naer the tests i	istea below, ple	ase co	mpiete i	art III.)
	endar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2	011	(f) Total
1	In) Gifts, grants, contributions, and membership fees received (Do not include any "unusual				7,860,882		5,788,993	41,174,554
2	grants ") 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							
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a	11,986,24	5 6,584,014	7,954,420	7,860,882	6	5,788,993	41,174,554
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							5,085,423
6	Public Support. Subtract line 5							36,089,131
S	from line 4 ection B. Total Support		1					
	endar year (or fiscal year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
7	beginning in) A mounts from line 4	11,986,245	6,584,014	7,954,420	7,860,882		,788,993	41,174,554
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties	-306,792	380,113	128,652	74,354	74,461		350,788
9	and income from similar sources Net income from unrelated							
	business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets							
11	Total support (Add lines 7 through 10)							41,525,342
12	Gross receipts from related activiti					12		10,039,994
13	First Five Years If the Form 990 is check this box and stop here			thırd, fourth, or fı	fth tax year as a !	501(c)(3	3) organız	ation, ▶┌
<u>S</u> 14	ection C. Computation of Pub Public Support Percentage for 201			1.1 column (f))		14		96.010.07
15	Public Support Percentage for 201	-		11 Column (1 <i>))</i>		14 15		86 910 % 89 170 %
	33 1/3% support test—2011. If the	•	-	on line 13. and li	ne 14 is 33 1/3%		, check t	
b	and stop here. The organization qua 33 1/3% support test—2010. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organiza	alifies as a public organization did n qualifies as a p —2011. If the org	ly supported orga not check the box ublicly supported anization did not c	nization k on line 13 or 16 organization theck a box on lin	a, and line 15 is 3 e 13, 16a, or 16b	33 1/3% and line	or more,	► ▼
b	in Part IV how the organization mee organization 10%-facts-and-circumstances test	ets the "facts and	d cırcumstances"	test The organiza	ition qualifies as a	a publicl	y support	ed ►
_	15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization	nization meets th tion meets the "f	e "facts and cırcu ācts and cırcumst	mstances" test, c ances" test The	heck this box and organization qual	d stop he Ifies as a	e re. a publicly	▶
18	Private Foundation If the organizatinstructions	ion did not check	a box on line 13,	16a, 16b, 17a or	17b, check this b	oox and	see	▶ □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 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 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 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) Total support (Add lines 9, 10c, 13 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 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).							
	Facts And Circumstances Test							
	Explanation							

Schedule A (Form 990 or 990-EZ) 2011

Additional Data

Software ID:

Software Version:

EIN: 25-0965213

Name: ALLEGHENY CONFERENCE ON COMMUNITY

DEVELOPMENT

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

2,228,112 including grants of \$ (Code) (Expenses \$ 1,994,277) (Revenue \$ 752,846) OTHER ACCOMPLISHMENTS IN 2011 - THE ALLEGHENY CONFERENCE, WITH SUPPORT FROM ITS AFFILIATES, THE PENNSYLVANIA ECONOMY LEAGUE OF SOUTHWESTERN PA, LLC AND THE GREATER PITTSBURGH CHAMBER OF COMMERCE WORKED TO ADDRESS POLICY ISSUES THAT REDUCE PENNSYLVANIA'S AND THE PITTSBURGH REGION'S COMPETITIVENESS. DISCOURAGING BUSINESS INVESTMENT AND JOB CREATION THE LEAGUE AND CHAMBER WORK TO EDUCATE AND INFORM POLICY MAKERS ABOUT THE NEED TO SUPPORT POLICIES TO ADDRESS THESE ISSUES, INCLUDING (A) EDUCATING STATE LEGISLATORS ON BUSINESS TAX COMPETITIVENESS AND WORKING IN PARTNERSHIP WITH THE COMPETEPA COALITION TO UNDERSCORE THE IMPORTANCE OF COMPETITIVE BUSINESS TAXES, (B) SEEKING TO PREVENT CHANGES TO THE EXISTING TAX STRUCTURE (E.G. COMBINED REPORTING, SALES FACTOR, NOL CARRY FORWARD, ROYALTY ADD-BACKS) THAT WERE LIKELY TO HAVE A CHILLING EFFECT ON BUSINESS INVESTMENT. (C) SUPPORTING A SUCCESSFUL STATEWIDE INITIATIVE TO SEEK LAWSUIT ABUSE REFORM, (D) SUPPORTING A COMPREHENSIVE APPROACH TO MARCELLUS SHALE DEVELOPMENT THAT INCLUDED COMPETITIVE REGULATION AND TAXATION TO ASSURE THAT THIS IMPORTANT RESOURCE IS DEVELOPED RESPONSIBLY AND TO THE BENEFIT OF ALL PENNSYLVANIANS, AND (E) PROVIDING ANALYSIS AND SUPPORTING MEASURES, INCLUDING LEGISLATION, THAT WILL ADDRESS THE CITY OF PITTSBURGH'S, AS WELL AS OTHER MUNICIPALITIES' CHRONIC MUNICIPAL PENSION UNDERFUNDING IN ADDITION, THE CONFERENCE WORKED CLOSELY WITH ALLEGHENY COUNTY AND THE ALLEGHENY COUNTY AIRPORT AUTHORITY TO MAINTAIN AND SEEK TO IMPROVE COMPETITIVE AIR SERVICE AT PITTSBURGH INTERNATIONAL AIRPORT, INCLUDING NONSTOP TRANSATLANTIC SERVICE AND WITH THE PORT AUTHORITY OF ALLEGHENY COUNTY TO MODERNIZE THE TRANSIT SYSTEM'S ROUTE STRUCTURE AND ADDRESS CRITICAL TRANSIT **FUNDING ISSUES**

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and	Independ	ent C	ontr	act	ors	•					
(A) Name and Title	(B) Average hours	verage Position (check all hours that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
JOHN P SURMA CHAIR	2 00	х		х				0	0	0	
CHARLES E BUNCH VICE CHAIR	1 00	х		х				0	0	0	
KIMBERLY T FLEMING TREASURER	1 00	×		x				О	0	0	
MICHELE FABRIZI SECRETARY	1 00	х		х				0	0	0	
ROBERT O AGBEDE AT-LARGE MEMBER	50	Х						0	0	0	
GREGORY BABE AT-LARGE MEMBER	50	×						0	0	0	
ESTHER L BARAZZONE AT-LARGE MEMBER	50	Х						0	0	0	
JAMES S BROADHURST AT-LARGE MEMBER (EXIT 2011)	50	Х						0	0	0	
ARIS S CANDRIS AT-LARGE MEMBER	50	Х						0	0	0	
JULIE CAPONI AT-LARGE MEMBER	50	Х						0	0	0	
CARLOS M CARDOSO AT-LARGE MEMBER	50	Х						0	0	0	
HELEN HANNA CASEY AT-LARGE MEMBER	50	Х						0	0	0	
JARED L COHON AT-LARGE MEMBER	50	Х						0	0	0	
RANDALL DEARTH AT-LARGE MEMBER	50	Х						0	0	0	
NICHOLAS J DEIULIIS AT-LARGE MEMBER (EXIT 2011)	50	Х						0	0	0	
J CHRISTOPHER DONAHUE AT-LARGE MEMBER	50	Х						0	0	0	
CHARLES J DOUGHERTY AT-LARGE MEMBER	50	Х						0	0	0	
LAURA E ELLSWORTH AT-LARGE MEMBER	50	Х						0	0	0	
MARK EVANS AT-LARGE MEMBER (EXIT 2011)	50	Х						0	0	0	
KAREN WOLK FEINSTEIN AT-LARGE MEMBER	50	Х						0	0	0	
DANIEL K FITZPATRICK AT-LARGE MEMBER	50	Х						0	0	0	
MICHAEL D FLO WERS AT-LARGE MEMBER	50	Х						0	0	0	
M CAROL FOX AT-LARGE MEMBER	50	Х						0	0	0	
WILLIAM P GETTY AT-LARGE MEMBER	50	Х						0	0	0	
STEVEN J GUY AT-LARGE MEMBER	50	х						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and I	Independ	ent C	ontr	act	ors	·				
(A) Name and Title	(B) Average hours per	rage Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
		l trustëë pr	al Trustee	Э	oloyee	npensated)er			
CHARLES L HAMMEL III AT-LARGE MEMBER	50	Х						0	0	0
J BRETT HARVEY AT-LARGE MEMBER	50	х						0	0	0
RICHARD J HARSHMAN AT-LARGE MEMBER	50	Х						0	0	0
L PATRICK HASSEY EXIT 2011 AT-LARGE MEMBER	50	Х						0	0	0
DAWNE S HICKTON AT-LARGE MEMBER	50	Х						0	0	0
SCOTT D IZZO AT-LARGE MEMBER	50	Х						0	0	0
WILLIAM R JOHNSON EXIT 2011 AT-LARGE MEMBER	50	Х						0	0	0
GREGORY B JORDAN AT-LARGE MEMBER	50	Х						0	0	0
PETER J KALIS AT-LARGE MEMBER	50	Х						0	0	0
SAMUEL M LIANG AT-LARGE MEMBER	50	Х						0	0	0
DAVID J MALONE AT-LARGE MEMBER	50	Х						0	0	0
KENNETH R MELANI AT-LARGE MEMBER	50	Х						0	0	0
TODD C MOULES AT-LARGE MEMBER	50	Х						0	0	0
MARK A NORDENBERG AT-LARGE MEMBER	50	Х						0	0	0
MORGAN K O'BRIEN AT-LARGE MEMBER	50	Х						0	0	0
ROBERT P OELER AT-LARGE MEMBER	50	Х						0	0	0
GRANT OLIPHANT AT-LARGE MEMBER	50	Х						0	0	0
CHRISTOPHER T OLIVIA AT-LARGE MEMBER (EXIT 2011)	50	Х						0	0	0
RALPH J PAPA AT-LARGE MEMBER (EXIT 2011)	50	Х						0	0	0
DAVID PORGES AT-LARGE MEMBER	50	Х						0	0	0
DAVID F REBHOLZ AT-LARGE MEMBER	50	Х						0	0	0
RICHARD RIAZZI AT-LARGE MEMBER	50	Х						0	0	0
JAMES E ROHR AT-LARGE MEMBER	50	Х						0	0	0
JEFFREY A ROMOFF AT-LARGE MEMBER	50	Х						0	0	0
JOHN T RYAN III AT-LARGE MEMBER	50	Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and	T	ent C			OFS					1
(A) Name and Title	(B) Average hours		(tion that a		/)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
VINCENT SANDS AT-LARGE MEMBER	50	Х						0	0	0
DAVID S SHAPIRA AT-LARGE MEMBER	50	Х						0	0	0
WILLIAM E STRICKLAND JR AT-LARGE MEMBER	50	Х						0	0	0
WALTER W TURNER AT-LARGE MEMBER	50	Х						0	0	0
THOMAS L VANKIRK AT-LARGE MEMBER	50	Х						0	0	0
SUNIL WADHWANI AT-LARGE MEMBER	50	Х						0	0	0
MILTON A WASHINGTON AT-LARGE MEMBER	50	Х						0	0	0
JERRY R WHITAKER AT-LARGE MEMBER	50	Х						0	0	0
DENNIS YABLONSKY CEO	53 00	Х		х				463,413	0	28,440
JANEL SKELLEY CFO	48 00			х				147,814	0	16,189
WILLIAM FLANAGAN EVP CORP RELATIONS	49 00				х			184,853	0	26,705
BARBARA MCNEES EVP PUBLIC AFFAIRS	45 00				х			212,217	0	26,135
DEWITT PEART EVP ECON DEVELOPMENT	53 00				х			203,420	0	27,862
KEN ZAPINSKI SENIOR VICE PRESIDENT	45 00					Х		127,004	0	14,417
BRIAN JENSEN SENIOR VICE PRESIDENT	45 00					Х		123,337	0	19,890
LAURA FISHER SENIOR VICE PRESIDENT	45 00					Х		137,195	0	23,997
CATHERINE DELOUGHRY SENIOR VICE PRESIDENT	48 00					Х		103,700	0	10,023
DEBORAH LUKUS VICE PRESIDENT	46 00					Х		101,730	0	13,101

DLN: 93493317013612

OMB No 1545-0047

Political Campaign and Lobbying Activities SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Yes

Yes

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities).

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	
ALLEGHENY CONFERENCE ON COMMUNITY	DEVELOPMENT

Employer identification number

25-0965213

Part I-A	Complete if the org	janization is exem	pt under section 501	L(c) or is a section	527 org	ganization.
----------	---------------------	--------------------	----------------------	-----	-------------------	---------	-------------

- Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV Political expenditures Volunteer hours 0 Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 0 Enter the amount of any excise tax incurred by organization managers under section 4955 ┌ Yes 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

Was a correction made?

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527
- exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year?

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-

section 4911 tax for this year?

┌ Yes ┌ No

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check	⊽	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,
		expenses, and share of excess lobbying expenditures) 💯

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lobbying)	0	0
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	4,060	4,060
c	Total lobbying expenditures (add lines 1a and 18	b)	4,060	4,060
d	Other exempt purpose expenditures		9,294,132	12,973,567
е	Total exempt purpose expenditures (add lines 1	c and 1d)	9,298,192	12,977,627
f	Lobbying nontaxable amount Enter the amount foolumns	from the following table in both	614,910	798,881
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		_
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)	153,728	199,720
h	Subtract line 1g from line 1a If zero or less, ent	er -0-	0	0
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -	0	0
j	If there is an amount other than zero on either lii	ne 1h or line 1i, did the organization file Form 472	20 reporting	

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) Total beginning in) 929,977 Lobbying non-taxable amount 751,050 808,052 798,881 3,287,960 Lobbying ceiling amount 4,931,940 (150% of line 2a, column(e)) 17,654 4,060 Total lobbying expenditures 21,347 14,983 58,044 Grassroots non-taxable amount 232,494 187,763 202,013 199,720 821,990 Grassroots ceiling amount 1,232,985 (150% of line 2d, column (e)) 1,057 147 4,048 Grassroots lobbying expenditures

_	edule C (Form 990 or 990-EZ) 2011				Page 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has f (election under section 501(h)).	NOT f	iled Fo	orm 57	768
		(a)	(b)
		Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	O ther activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i		_		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), d	or sect	tion
			_	Y	es No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				tion
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
C	Total	2c			
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier | Return Reference | Explanation

DLN: 93493317013612

OMB No 1545-0047

Inspection

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, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT 25-096<u>5213</u> organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ✓ Yes conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) **2**c

d	Number of conservation easements included in (c) acquired after 8/17/06	2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	d by th	ıe organızatıon dur	ıng	
	the taxable year ►				
4	Number of states where property subject to conservation easement is located 🛌				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, hand enforcement of the conservation easements it holds?	lling of	violations, and	_ Yes	ΓN
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easem	ents d	uring the year 🛌		
7	A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements	during	g the year		
	▶ \$				
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sec 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	tion	Г	_ Yes	ΓN
9	In Part XIV, describe how the organization reports conservation easements in its revenue and	expen	se statement, and		

balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	<u>, His</u>	<u>stori</u>	<u>cal Tre</u>	easu	res, or Ot	<u>her</u>	<u>Similar Asse</u>	ets (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	he fol	lowing th	at are	e a significai	nt use	e of its collectio	n	
а	Public exhibition		d	Γ	Loan o	rexch	ange progra	ıms			
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	y further	the o	rganızatıon's	sexe	mpt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answered	"Ye	s" to Form 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary	for c	ontributi	ions o	rotherasse	ets no		Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able		_		Amo	unt	
_	Darwaya balanca						<u> </u>	10	Allio	шпс	
c d	Additions during the year						<u> </u>	1c Ld			
e	Additions during the year Distributions during the year						<u> </u>	Le Le			
f	• •						_	lf			
	Ending balance Did the organization include an amount on Fo	orm 990 Port V II-	. 212	,			<u>_</u>			Yes	□ No
2a 	-		e zır						,	res) 1 11 0
	If "Yes," explain the arrangement in Part XIV Endowment Funds. Complete in		n 200		ad "Vac	" to E	Orm 000	Dort	TV line 10		
Ра	rt V Endowment Funds. Complete	(a)Current Year)Prior						≥) Four Y	ears Back
1a	Beginning of year balance	(a) can can rear	<u> </u>	<i>y</i>		(-)		()	(- , ,	
b	Contributions										
С	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held a	as		•				•		
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
c	Term endowment ▶										
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	atıon	that	are held	and a	dmınıstered	for th	ne	Yes	No
	(i) unrelated organizations								3a(i)	165	110
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(II), are the related organizatio								3b	i	i i
4	Describe in Part XIV the intended uses of th	e organization's end	dowm	ent fu	ınds					•	
Par	t VI Land, Buildings, and Equipme	nt. See Form 99	0, Pa	art X	, lıne 10).					
	Description of property				ı) Cost or o sıs (ınvestr		(b)Cost or ot basis (othe		(c) Accumulated depreciation	(d) B	ook value
1a	Land										
Ь	Buildings										
c I	Leasehold improvements						525,	954	49,492		476,462
d I	Equipment						314,	021	66,899		247,122
e (Other										
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colur	nn (B,), line	10(c).)						723,584
	•	·	/						Schedule D (Form 9	

Part VIII Investments—Other Securities. 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 marke	
		Cost of end-of-year marke	t value
(1) Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Sec		13	
		(c) Method of valuation	nn
(a) Description of investment type	(b) Book value	Cost or end-of-year marke	
(1) INVESTMENT IN SIF, LP	479,994		С
(2) INVESTMENT IN SIF, INC	3,753,476		<u>C</u>
(3) INVESTMENT IN SRD	3,605,180		С
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	. , ,		
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(h) Dec	le ve lue
((-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)(-)	ne 15.	(b) Boo	ok value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Boo	ok value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Boo	ok value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Boo	ok value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Boo	ok value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Boo	ok value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Boo	ok value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Boo	ok value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Boo	ok value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Boo	ok value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Boo	ok value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Boo	ok value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Boo	ok value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Boo	ok value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Boo	ok value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Boo	ok value
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15. otion		ok value
Part IX Other Assets. See Form 990, Part X, III (a) Description (b) Should equal Form 990, Part X, col.(B) line 1	ne 15. ption	(b) Boo	ok value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	ne 15. ption (5.) (, line 25.		ok value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption		ok value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	ne 15. ption (5.) (, line 25.		ok value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption (5.) (, line 25.		ok value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. ption (5.) (, line 25. (b) A mount		ok value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. ption (5.) (, line 25. (b) A mount		ok value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. ption (5.) (, line 25. (b) A mount		ok value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. ption (5.) (, line 25. (b) A mount		ok value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. ption (5.) (, line 25. (b) A mount		ok value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. ption (5.) (, line 25. (b) A mount		ok value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. ption (5.) (, line 25. (b) A mount		ok value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. ption (5.) (, line 25. (b) A mount		ok value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. ption (5.) (, line 25. (b) A mount		ok value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. ption (5.) (, line 25. (b) A mount		ok value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. ption (5.) (, line 25. (b) A mount		ok value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. ption (5.) (, line 25. (b) A mount		ok value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. ption (5.) (, line 25. (b) A mount		ok value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. ption (5.) (, line 25. (b) A mount		ok value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. ption (5.) (, line 25. (b) A mount		ok value

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,641,056
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,298,192
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-657,136
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-657,136
Par	TXII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	2,569,907
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	1,507
3	Subtract line 2e from line 1	3	2,568,400
4	A mounts 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 XIV)		
С	Add lines 4a and 4b	4c	6,072,656
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	8,641,056
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	3,227,043
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	1	
d	Other (Describe in Part XIV) 2d		
е	Add lines 2a through 2d	2e	1,507
3	Subtract line 2e from line 1	3	3,225,536
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 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	6,072,656
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	9,298,192

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED THE ACCOUNTING FOR INCOME TAXES TOPIC OF THE ACCOUNTING STANDARDS CODIFICATION (CODIFICATION), WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS THIS TOPIC PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PRINCIPLES FOR FINANCIAL STATEMENT DISCLOSURE OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THE CONFERENCE'S COMBINED STATEMENTS OF FINANCIAL POSITION AT DECEMBER 31, 2011 DO NOT INCLUDE ANY LIABILITIES WITH UNCERTAIN TAX POSITIONS, FURTHER, THE CONFERENCE HAS NO UNRECOGNIZED TAX BENEFITS THE CONFERENCE IS NO LONGER SUBJECT TO EXAMINATION OF ITS TAX RETURNS FOR YEARS BEFORE 2008
PART XII, LINE 4B - OTHER ADJUSTMENTS		GRANT EXPENSE 4,143,214 REIMBURSEMENT OF SHARED SERVICES FROM AFFILIATES 1,812,851 TAX NOT BOOK GRANT REVENUE 116,591
PART XIII, LINE 4B - OTHER ADJUSTMENTS		GRANT EXPENSE 4,143,214 REIMBURSEMENT OF SHARED SERVICES FROM AFFILIATES 1,812,851 TAX NOT BOOK GRANT EXPENSE 116,591

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DLN: 93493317013612

Schedule I (Form 990)

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT 25-0965213 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (a) Name and address of (g) Description of (h) Purpose of grant ıf applıcable valuation non-cash assistance or assistance organization arant cash (book, FMV, appraisal or government assistance other) (1) GREATER PITTSBURGH 25-0399620 501(C)(6) 149,993 PROJECT SUPPORT CHAMBER OF COMMERCE 11 STANWIX STREET 17TH FLOOR PITTSBURGH, PA 15222 (2) PENNSYLVANIA PROJECT SUPPORT 23-1352264 501(C)(3) 396,666 ECONOMY LEAGUE OF SOUTHWESTERN PA11 STANWIX STREET 17TH FLOOR PITTSBURGH, PA 15222 (3) PITTSBURGH 501(C)(3) PROJECT SUPPORT 25-1780438 1,244,098 REGIONAL ALLIANCE11 STANWIX STREET 17TH FLOOR PITTSBURGH, PA 15222 (4) PENNSYLVANIA 23-1352264 501(C)(3) 1,459,766 OPERATING SUPPORT ECONOMY LEAGUE OF SOUTHWESTERN PA11 STANWIX STREET 17TH FLOOR PITTSBURGH, PA 15222 (5) PITTSBURGH 25-1780438 501(C)(3) 2,683,448 OPERATING REGIONAL ALLIANCE11 SUPPORT STANWIX STREET 17TH FLOOR PITTSBURGH, PA 15222 (6) PENNSYLVANIA 01-0661737 116,591 FORT PITT MUSEUM SUPPORT HISTORICAL & MUSEUM COMMISSIONSTATE MUSEUM BLDG 300 NORTH STREET HARRISBURG, PA 17120 (7) LEADERSHIP 25-1767779 501(C)(3) 20,000 PROGRAM SUPPORT PITTSBURGH535 SMITHFIELD STREE SUITE 1125 PITTSBURGH, PA 15222 55,000 (8) TECH BELT INITIATIVE 34-6528498 PROGRAM SUPPORT 501(C)(3) CO CLEVELAND DEVELOPMENT FOUNDATION1240 HURON ROAD EAST SUITE 300 CLEVELAND, OH 44115

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

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(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.

Identifier	Return Reference	Explanation
		THE ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT (ACCD), ALONG WITH ITS AFFILIATED
		ORGANIZATIONS PITTSBURGH REGIONAL ALLIANCE, PENNSYLVANIA ECONOMY LEAGUE OF SOUTHWESTERN PA,
		LLC AND THE GREATER PITTSBURGH CHAMBER OF COMMERCE SHARE A COMMON AGENDA AND STRATEGIC PLAN
		WORKING TO STIMULATE ECONOMIC GROWTH AND IMROVE THE QUALITY OF LIFE OF SOUTHWESTERN
		PENNSYLVANIA, ACCD ACTS AS THE FUNDING ARM OF THE AFFLIATIONS THROUGH ITS 3 RIVERS ONE FUTURE
		CAMPAIGN THE AFFILIATED ORGANIZATIONS REPORT TO THE ACCD BOARD OF DIRECTORS ON THEIR
		PROGRESS AND USES OF FUNDING ADDITIONALLY, ACCD MANAGED A FUND FOR THE BENEFIT OF THE FORT PITT
		MUSEUM IN 2011, ACCD GRANTED THE REMAINING BALANCE OF THIS FUND TO THE PENNSYLVANIA MUSEUM
		COMMISSION TO CONTINUE THE WORK OF SUPPORTING THE FORT PITT MUSEUM

Software ID: Software Version:

EIN: 25-0965213

Name: ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER PITTSBURGH CHAMBER OF COMMERCE11 STANWIX STREET 17TH FLOOR PITTSBURGH, PA 15222	25- 0399620	501(C)(6)	149,993				PROJECT SUPPORT
PENNSYLVANIA ECONOMY LEAGUE OF SOUTHWESTERN PA11 STANWIX STREET 17TH FLOOR PITTSBURGH, PA 15222	23- 1352264	501(C)(3)	396,666				PROJECT SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PITTSBURGH REGIONAL ALLIANCE11 STANWIX STREET 17TH FLOOR PITTSBURGH, PA 15222	25- 1780438	1 5017(1731)	1,244,098				PROJECT SUPPORT
PENNSYLVANIA ECONOMY LEAGUE OF SOUTHWESTERN PA11 STANWIX STREET 17TH FLOOR PITTSBURGH, PA 15222	23- 1352264	501(C)(3)	1,459,766				OPERATING SUPPORT

	, , ,							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
PITTSBURGH REGIONAL ALLIANCE11 STANWIX STREET 17TH FLOOR PITTSBURGH, PA 15222	25- 1780438	501(C)(3)	2,683,448				OPERATING SUPPORT	
PENNSYLVANIA HISTORICAL & MUSEUM COMMISSIONSTATE MUSEUM BLDG 300 NORTH STREET HARRISBURG,PA	01- 0661737		116,591				FORT PITT MUSEUM SUPPORT	

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEADERSHIP PITTSBURGH535 SMITHFIELD STREE SUITE 1125 PITTSBURGH,PA 15222	25- 1767779	501(C)(3)	20,000				PRO GRAM SUPPORT
TECH BELT INITIATIVE CO CLEVELAND DEVELOPMENT FOUNDATION1240 HURON ROAD EAST SUITE 300 CLEVELAND, OH 44115	34- 6528498	501(C)(3)	55,000				PRO GRAM SUPPORT

Compensation Information

DLN: 93493317013612

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT **Employer identification number**

25-0965213

Pa	rt I Questions Regarding Compensatio	n	·				
					Yes	Νo	
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II						
	First-class or charter travel	Γ	Housing allowance or residence for personal use				
	Travel for companions	Γ	Payments for business use of personal residence				
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees				
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)				
b	If any of the boxes in line 1a are checked, did the o reimbursement orprovision of all the expenses desc			1b	Yes		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?						
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all t						
	▼ Compensation committee	া	Written employment contract				
	Independent compensation consultant	굣	Compensation survey or study				
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee				
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line 1a with respect to the filing organization				
а	Receive a severance payment or change-of-control payment?						
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?					Νo	
C	Participate in, or receive payment from, an equity-based compensation arrangement?					Νo	
	If "Yes" to any of lines 4a-c, list the persons and pi	rovide th	ne applicable amounts for each item in Part III				
	Only 501(c)(3) and 501(c)(4) organizations only me	ust comp	olete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	, lıne 1a,	did the organization pay or accrue any				
а	The organization?			5a		Νo	
b	Any related organization?			5b		Νo	
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	, lıne 1a,	did the organization pay or accrue any				
а	The organization?			6a		No	
b	Any related organization?			6b		Νo	
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7	Yes		
8	Were any amounts reported in Form 990, Part VII,						
	subject to the initial contract exception described i						
	ın Part III			8		Νo	
9	If "Yes" to line 8, did the organization also follow th section 53 4958-6(c)?	e rebutta	able presumption procedure described in Regulations	9			

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not 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, columns (D) and (E) for that individual

			•	,	· , ,		a (2) 101 chac marriada		
(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form 990 or Form 990-EZ	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)		
(1) DENNIS YABLONSKY	(I) (II)	377,453 0	85,000 0	960 0	14,704 0	13,736 0	491,853 0	0 0	
(2) JANEL SKELLEY	(I) (II)	126,500 0	20,354 0	960 0	9,167 0	7,022 0	164,003 0	0 0	
(3) WILLIAM FLANAGAN	(I) (II)	159,943 0	22,796 0	2,114 0	11,333 0	15,372 0	211,558 0	0 0	
(4) BARBARA MCNEES	(I) (II)	169,308 0	31,391 0	11,518 0	12,399 0	13,736 0	238,352 0	0 0	
(5) DEWITT PEART	(ı) (ıı)	172,212 0	29,629 0	1,579 0	12,490 0	15,372 0	231,282	0 0	
(6) LAURA FISHER	(I) (II)	119,964 0	15,750 0	1,481 0	8,625 0	15,372 0	161,192 0	0 0	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	1A	ACCD CURRENTLY PAYS FOR THE QUARTERLY DUES OF THE CEO AND EXECUTIVE VICE PRESIDENTS TO A BUSINESS CLUB THE BUSINESS CLUB HAS BEEN IDENTIFIED BY THE BOARD AS HAVING MEMBERS YIELDING TREMENDOUS IMPACT ON THE CITY, REGION, COUNTRY, AND EVEN THE WORLD A VAST MAJORITY OF THE BOARD MEMBERS ARE MEMBERS OF THIS BUSINESS CLUB AND ARE CONSIDERED LEADERS OF THE BUSINESS COMMUNITY THE PRIMARY PURPOSE OF HAVING THIS MEMBERSHIP IS TO CONDUCT BOARD MEETINGS AND OTHER BUSINESS MEETINGS, SPECIFICALLY TO ADVANCE THE AGENDA OF ACCD THE INTIATION FEES TO BELONG TO THIS BUSINESS CLUB WERE PAID BY ACCD AS ARE THE QUARTERLY DUES IF A BUSINESS PURPOSE IS NOT SUBSTANTIATED BY THE EMPLOYEE UPON RECEIPT OF THE INVOICE, THE EMPLOYEE WILL PAY THE PERSONAL PORTION DIRECTLY TO THE BUSINESS CLUB OR WILL SUBMIT A PERSONAL CHECK TO ACCD ALL EXPENSES ARE REVIEWED BY THE ACCOUNTING GROUP PRIOR TO PAYMENT ONLY THE CEO AND EXECUTIVE VICE PRESIDENTS ARE ELIGIBLE FOR BUSINESS MEMBERSHIPS INCLUDED IN THE CEO'S EMPLOYMENT AGREEMENT IS THE REIMBURSEMENT OF ANNUAL DUES AT A COUNTY CLUB FOR WHICH THE COSTS HAVE BEEN DEEMED NECESSARY FOR BUSINESS PURPOSES
	7	THE INCENTIVE PROGRAM IS A COMPLEMENTARY COMPONENT OF THE ORGANIZATION'S ANNUAL PERFORMANCE MANAGEMENT PROGRAM WHERE PAYOUTS ARE BASED ON THE WEIGHTED RESULTS OF THE EMPLOYEE'S ANNUAL PERFORMANCE ON THE THREE KEY PERFORMANCE ELEMENTS (10% - ORGANIZATIONAL BEHAVIORS, 20% - EMPLOYEE COMPETENCIES, AND 70% GOALS) THE NUMBERS ARE MAPPED AGAINST AN APPROVED INCENTIVE AWARD RANGE MATRIX WHICH PROVIDES PAYOUT RANGES

Schedule J (Form 990) 2011

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As Filed Data -

DLN: 93493317013612

OMB No 1545-0047

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Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

2011

Open to Public Inspection

Name of the organization ALLEGHENY CONFERENCE ON COMMUNITY	/ DEVELO	PMENT				E	mployer i	dent if ica	tion numbe	er	
							5-09652				
Part I Excess Benefit Tran									ına 40h		
						m 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line				(c) Corrected?	
1 (a) Name of disqu	uaiiiieu	person		(b) Description		i of transaction		Yes	No		
									163	110	
										-	
2 Enter the amount of tax impos		_				_	year unde	ır	•	•	
section 4958				· · · · · · · · · · · · · · · · · · ·				r			
3 Enter the amount of tax, if any	, 011 11116	2, 000	ve, reimbursed b	y the organization.	• •			·			
Part III Loans to and/or I											
Complete if the organiz	zation a T	nswere	d "Yes" on Form I	990, Part IV, line 26	or For T	m 990-			a T		
	(b) Loan				(e)	(e) In		(f) Approved		(g)Written	
(a) Name of interested person and purpose	1	m the zation?	(c)O riginal principal amol	(d)Balance due			by board or		agreement?		
parpose			- Principal annoc		Vac	l No	commit		Vac	No.	
	То	From			Yes	No	Yes	No	Yes	No	
						+					
						1					
Total				\$							
Part III Grants or Assistar Complete if the orga					√, lıne	27.					
(a) Name of interested pers			b) Relationship b	etween interested pe e organization			nount of g	rant or ty	pe of assis	stance	
			dia cir	e organization							
				_							
							_				

Part IV	Business	Transactions	Involving	Interested	Persons
		I I a I I Sa Ca	±111 0 1 0 1 1 1 1 1 9	ziitoi obtoa	

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete if the organization answered tes on Form 990, Part IV, line 200, Or 200.						
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization' revenues?		
	organization			Yes	No	
(1) MR MELANI	BOARD MEMBER	, ,	SEE PART V MR MELANIE IS THE PRESIDENT AND CEO OF HIGHMARK, INC HIGHMARK, INC PROVIDES HEALTH INSURANCE PRODUCTS TO THE CONFERENCE FOR ITS EMPLOYEES AT FAIR MARKET VALUE		No	
					-	
					 	
					-	

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ) 2011

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As Filed Data -

DLN: 93493317013612

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2011

Open to Public Inspection

Name of the organization
ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT

Employer identification number

25-0965213

	Return ference	Explanation
PAR		THE CONFERENCE'S BOARD IS COMPOSED OF THE CHIEF EXECUTIVE OFFICERS OF THE REGION'S MOST SIGNIFICANT EMPLOYERS AND UNIVERSITIES DEDICATED TO IMPROVING THE ECONOMY AND QUALITY OF LIFE IN THE PITTSBURGH REGION GIVEN THE COMPOSITION OF THE BOARD AND ITS DESIRE TO CREATE A COMPETITIVE BUSINESS CLIMATE AND MARKET THE REGION FOR INVESTMENT AND JOB CREATION, IT IS NOT UNUSUAL THAT A SIGNIFICANT NUMBER OF INDIVIDUALS SERVING AS A BOARD MEMBER ON THE CONFERENCE MAY ALSO SERVE TOGETHER ON OTHER RELATED OR UNRELATED BOARDS THE CONFERENCE PLACES RELIANCE ON THE BOARD MEMBERS' RESPONSES TO THE ANNUAL QUESTIONNAIRE IN IDENTIFY ING SUCH BUSINESS RELATIONSHIP BUSINESS RELATIONSHIP MR HASSEY, MR HARSHMAN, MR HARVEY AND MR ROHR BUSINESS RELATIONSHIP MR GETTY AND MS BARRAZONE BUSINESS RELATIONSHIP MR SANDS, MR SURMA AND MR NORDENBERG BUSINESS RELATIONSHIP MR COHON, MR CANDRIS, MR ROHR, MR SHAPIRA AND MR WADHWANI BUSINESS RELATIONSHIP MR AGBEDE AND MR GUY BUSINESS RELATIONSHIP MR FITZPATRICK AND MR PAPA BUSINESS RELATIONSHIP MR HARVEY AND MR DEIULIIS BUSINESS RELATIONSHIP MR OELER AND MS FLEMING BUSINESS RELATIONSHIP MR DOUGHERTY AND MR IZZO BUSINESS RELATIONSHIP MR PORGES, MR ROHR AND MR SHAPIRA BUSINESS RELATIONSHIP MR JOHNSON AND MR BUNCH BUSINESS RELATIONSHIP MR NORDENBERG, MR BUNCH, MS HICKTON, MR O'BRIEN, MR STRICKLAND AND MR VANKIRK BUSINESS RELATIONSHIP MR NORDENBERG, MR BUNCH, MS HICKTON, MR O'BRIEN, MR STRICKLAND AND MR VANKIRK BUSINESS RELATIONSHIP MR NORDENBERG, MR BUNCH, MS HICKTON, MR O'BRIEN, MR STRICKLAND AND MR VANKIRK BUSINESS RELATIONSHIP MR NORDENBERG, MR SURMA, MS HANNA-CASEY, MR WADHWANI BUSINESS RELATIONSHIP MR ROMOFF AND MR NORDENBERG BUSINESS RELATIONSHIP MS HANNA CASEY, MR DEIULIIS, MR MALONE, MR YABLONSKY AND MS SKELLEY

Identifier	Return Reference	Explanation
	SECTION A, LINE 4	IN NOVEMBER, 2011, THE BOARD OF DIRECTORS APPROVED AN AMENDMENT TO SECTION 3 2 OF THE BY LAWS WHICH INCREASED THE MAXIMUM NUMBER OF AT-LARGE VOTING DIRECTORS FROM FIFTY-FIVE TO SIXTY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	APPROXIMATELY ONE WEEK PRIOR TO FILING, THE GOVERNING BODY AND THE ORGANIZATION'S MANAGEMENT TEAM IS GRANTED ACCESS TO A SECURE LINK TO THE ORGANIZATION'S FTP SITE TO VIEW THE FINAL FORM 990 DURING THIS TIME, THE ORGANIZATION'S BOARD MEMBERS CAN VOLUNTEER ANY OBSERVATIONS & COMMENTS ON THE RETURN BUT ARE NOT REQUIRED TO REVIEW OR FORMALLY APPROVE THE FORM 990 BEFORE OR AFTER IT IS FILED AS PART OF ITS BOARD ACTIVITIES THE ORGANIZATION'S FINANCE GROUP FUNCTIONS IN TANDEM WITH THE MANAGEMENT TEAM DURING THE PREPARATION OF THE RETURN THE AUDIT COMMITTEE CHAIR AS PART OF HIS/HER RESPONSIBILITIES WILL BE GIVEN COPIES OF THE DRAFT RETURNS FOR REVIEW THE CHIEF EXECUTIVE OFFICER WILL MEET WITH THE CFO PRIOR TO SIGNING THE FINAL RETURN AND WILL HAVE THE OPPORTUNITY TO REVIEW AND ASK QUESTIONS AS NECESSARY

ldentifier R	Return Reference	Explanation
PA SE	FORM 990, PART VI, SECTION B, INE 12C	ANNUALLY, EACH OFFICER, DIRECTOR AND KEY EMPLOYEE (O,D,KE) OF THE ORGANIZATION MUST COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AND AFFIRM THAT HE/SHE HAS READ, UNDERSTOOD AND HAS COMPLIED WITH THE POLICY ALL RESPONSES TO THE DISCLOSURE STATEMENT ARE SUMMARIZED BY THE ACCOUNTING DEPARTMENT THE CHIEF EXECUTIVE OFFICER OR HIS/HER DESIGNEE IS RESPONSIBLE FOR REVIEWING THE SUMMARY OF DISCLOSURE STATEMENTS SO THAT HE/SHE IS FAMILIAR WITH AND CAN REPORT POTENTIAL CONFLICTS TO THE BOARD IN ADDITION, EACH INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF ANY FINANCIAL INTEREST OR OTHER INTEREST (AND ALL MATERIAL FACTS REGARDING SUCH INTEREST) AT THE TIME THE BOARD IS CONSIDERING A TRANSACTION THAT MAY INVOLVE A CONFLICT OF INTEREST OR THE APPEARANCE OF A CONFLICT IF DETERMINED A CONFLICT OF INTEREST EXISTS, THE INTERESTED PERSON WILL RECUSE HIMSELF OR HERSELF FROM VOTING IF THE GOVERNING BOARD HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT WILL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF IF THE BOARD DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION THE MINUTES OF THE BOARD WILL DISCLOSE THE ACTIONS TAKEN

Identifier	Return Reference	Explanation
	1	AT THE DIRECTION OF THE BOARD'S PERSONNEL & COMPENSATION COMMITTEE, AN INDEPENDENT CONSULTANT IS ENGAGED ON A BHANNUAL BASIS TO CONDUCT AN ANALYSIS OF EXECUTIVE COMPENSATION TO ENSURE PAY PRACTICES ARE REASONABLE AND WITHIN THE RANGE OF TYPICAL MARKET PRACTICES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE NOT MADE READILY AVAILABLE TO THE PUBLIC VIA THE ORGANIZATION'S WEBSITE, AND REQUESTS FOR THIS INFORMATION ARE HANDLED ON A CASE BY CASE BASIS

Identifier	Return Reference	Explanation
COMMITTEE OVERSIGHT	FORM 990, PART XII, LINE 2C	THERE WERE NO CHANGES FROM THE PRIOR YEARS

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Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493317013612

Open to Public

Department of the Treasury

(Form 990)

Internal Revenue Service					Ir	nspectio	n
Name of the organization ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT				Employer id 25-096521	lentification number		
Part I Identification of Disregarded Entities (Compl	ete ıf the organızatı	on answered "Yes"	on Form 990, Pa	•	-		
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income E	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organi or more related tax-exempt organizations during t	zations (Complete he tax year.)	ıf the organization	answered "Yes"	on Form 990, Pa	art IV, line 34 becau	ise it had	l one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3)		Section 5 cont	(g) 512(b)(13] trolled nızatıon
See Additional Data Table						Yes	No
See Additional Data Table							
For Privacy Act and Paperwork Reduction Act Notice, see the Instruction	ons for Form 990.	Cat No 50	135Y		Schedule R	Form 990) 2011

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 34
	because it had one or more related organizations treated as a partnership during the tax year.)	

Predominant income Share of total Share of end-of- allocations? amount Schare of end-of- Share o	t in box 20 of managing (k) pedule K-1 partner? Percentage	Yes No			
Predominant income (related, unrelated, excluded from tax under sections 512-514) (related, unrelated, excluded from tax under sections 512-514) (related, unrelated, income share of total income share of end-of-year assets allocations? Disproprtionate allocations?					
Predominant income (related, unrelated, excluded from tax under sections 512-514) (related, unrelated, excluded from tax under sections 512-514) (related, unrelated, income share of total income allocat sections 512-514) (g) Share of end-of-year assets	rtionate	No			
Predominant income (related, unrelated, excluded from tax under sections 512-	Dispropr	Yes			
Predominant income (related, unrelated, excluded from tax under sections 512-	Share of end-of- year				
Predominant income (related, unrelated, excluded from tax under sections 512-	Share of total				
	Predominant income (related, unrelated, excluded from tax under sections 512-				
	(c) Legal domicile (state or foreign country)				
Legal domicile (state or foreign	(b) Primary activity				
(b) Legal Primary activity domicile (state or foreign	(a) Name, address, and EIN of related organization				

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership
			•	•			

(6)

	iny entity is listed in Parts II, III or IV	es on roini 990, Pai	(1v, iiile 34, 35, 3	<u> </u>	Yes	No	
·	orgranization engage in any of the following transactions with one or more related org	anızatıons lısted ın Part	s II-IV?				
	annuities (iii) royalties (iv) rent from a controlled entity			1a		No	
	tribution to related organization(s)			1b	Yes		
c Gift, grant, or capital con	tribution from related organization(s)			1c		No	
	s to or for related organization(s)			1d		No	
e Loans or loan guarantees				1e		No	
						1	
f Sale of assets to related	organization(s)			1f		No	
g Purchase of assets from	related organization(s)			1 g		No	
h Exchange of assets with	related organization(s)			1h		No	
i Lease of facilities, equipment, or other assets to related organization(s)							
j Lease of facilities, equipr	nent, or other assets from related organization(s)			1j		No	
k Performance of services	or membership or fundraising solicitations for related organization(s)			1k	Yes		
I Performance of services	or membership or fundraising solicitations by related organization(s)			11	Yes	1	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
n Sharing of paid employees with related organization(s)							
• Reimbursement paid to r	elated organization(s) for expenses			10	Yes		
p Reimbursement paid by r	related organization(s) for expenses			1 p	Yes		
q O ther transfer of cash or	property to related organization(s)			1 q		No	
r O ther transfer of cash or	property from related organization(s)			1r		No	
2 If the answer to any of th	e above is "Yes," see the instructions for information on who must complete this line,	ıncludıng covered relatı	onships and transact	ion thresholds			
	(a)	(b) Transaction	(c)	(d) Method of determin	una ama	ount	
	Name of other organization	type(a-r)	Amount involved	involved		June	
1) See Additional Data Table							
2)							
3)							
•							
4)							
5)							

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate alloc		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Software ID: Software Version:

EIN: 25-0965213

Name: ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Form 990, Schedule R, Part II - 1	dentification of R	ciateu rax-i	exempt or g	ailizations			
(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	Sectio	13) olled
PENNSYLVANIA ECONOMY LEAGUE OF SOUTHWESTERN PA LLC 11 STANWIX STREET 17TH FLOOR PITTSBURGH, PA 15222 23-1352264	RESEARCH AND ANALYSIS	РА	501(C) (3)	170(B)(1) (A)(VI)	ACCD	Yes	
PITTSBURGH REGIONAL ALLIANCE 11 STANWIX STREET 17TH FLOOR PITTSBURGH, PA 15222 25-1780438	PROMOTION OF THE REGION	PA	501(C) (3)	509(A)(3) - TYPE I	ACCD	Yes	
GREATER PITTSBURGH CHAMBER OF COMMERCE 11 STANWIX STREET 17TH FLOOR PITTSBURGH, PA 15222 25-0399620	ADVOCACY	РА	501(C) (6)	N/A	ACCD	Yes	
GREATER PITTSBURGH CHARITABLE TRUST 11 STANWIX STREET 17TH FLOOR PITTSBURGH, PA 15222 25-1301294	SUPPORT THE GREATER PITTSBURGH CHAMBER OF COMMERCE	РА	501(C) (3)	509(A)(3)-	GREATER PGH CHAMBER OF COMMERCE	Yes	
EVENT COMMITTEE PITTSBURGH INC 11 STANWIX STREET 17TH FLOOR PITTSBURGH, PA 15222 13-4285733	REGIONAL EVENT PROMOTION	РА	501(C) (3)	509(A)(3)- TYPE I	ACCD	Yes	
STRATEGIC REGIONAL DEVELOPMENTS INC 11 STANWIX STREET 17TH FLOOR PITTSBURGH, PA 15222 31-1766460	ECONOMIC INVESTMENT	PA	501(C) (3)	509(A)(3)- TYPE I	ACCD	Yes	
STRATEGIC INVESTMENT FUND INC 425 SIXTH AVE SUITE 1100 PITTSBURGH, PA 15222 25-1774991	ECONOMIC INVESTMENT	PA	501(C) (4)	N/A			Νo
THE ROBOTICS FOUNDRY AND DIGITAL GREENHOUSE INC 425 SIXTH AVE SUITE 1850 PITTSBURGH, PA 15219 25-1884841	ECONOMIC DEVELOPMENT	PA	501(C) (3)	509(A)(3)- TYPE I			No

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) A mount I nvolved (\$)	(d) Method of determining amount involved
(1)	GREATER PITTSBURGH CHAMBER OF COMMERCE	В	149,993	CASH
(2)	PITTSBURGH REGIONAL ALLIANCE	В	3,927,546	CASH
(3) LLC	PENNSYLVANA ECONOMY LEAGUE OF SOUTHWESTERN PA	В	1,856,432	CASH
(4)	GREATER PITTSBURGH CHAMBER OF COMMERCE	К	281,398	CASH
(5)	GREATER PITTSBURGH CHAMBER OF COMMERCE	L	50,000	CASH
(6)	GREATER PITTSBURGH CHAMBER OF COMMERCE	М	195,900	CASH
(7)	GREATER PITTSBURGH CHAMBER OF COMMERCE	N	310,071	CASH
(8)	PITTSBURGH REGIONAL ALLIANCE	М	970,171	CASH
(9)	PITTSBURGH REGIONAL ALLIANCE	N	1,557,402	CASH
(10) LLC	PENNSYLVANA ECONOMY LEAGUE OF SOUTHWESTERN PA	М	646,781	CASH
(11) LLC	PENNSYLVANA ECONOMY LEAGUE OF SOUTHWESTERN PA	N	905,983	CASH

TY 2011 Affiliated Group Schedule

Share Of Excess Lobbying:

0

Name: ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT

	ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT 25-0965213
Affiliated Group Business Name:	PITTSBURGH REGIONAL ALLIANCE
Amiliated Group business maine.	PITTSDUKUN KEGIUNAL ALLIANCE
Address. Either US or Foreign	11 STANWIX STREET 17TH FLOOR
Type:	PITTSBURGH, PA 15222
EIN: Electing Organization Checkbox:	25-1780438 ▽
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	3,659,004
Total Exempt Purpose	3,659,004
Expenditures:	
Lobbying Nontaxable Amount: Grassroots Nontaxable Amount:	332,950 83,238
Tot Lobbying Grassroot Minus Non	·
Tx:	
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	EVENT COMMITTEE PITTSBURGH
Address. Either US or Foreign Type:	11 STANWIX STREET 17TH FLOOR PITTSBURGH, PA 15222
EIN:	13-4285733
Electing Organization Checkbox:	_
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures: Other Exempt Purpose	0 8,033
Expenditures:	8,033
Total Exempt Purpose Expenditures:	8,033
Lobbying Nontaxable Amount:	1,607
Grassroots Nontaxable Amount:	402
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying	0
Non Tx:	
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	GREATER PITTSBURGH CHARITABLE TRUST
Address. Either US or Foreign	11 STANWIX STREET 17TH FLOOR
Туре:	PITTSBURGH, PA 15222
EIN: Electing Organization Checkbox:	25-1301294 —
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	5,303
Total Exempt Purpose	5,303
Expenditures:	
Lobbying Nontaxable Amount: Grassroots Nontaxable Amount:	1,061 265
Tot Lobbying Grassroot Minus Non	
Tx:	
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	STRATEGIC REGIONAL DEVELOPMENTS INC
Address. Either US or Foreign Type:	11 STANWIX STREET 17TH FLOOR PITTSBURGH, PA 15222
EIN:	31-1766460
Electing Organization Checkbox:	Г
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures: Other Exempt Purpose	0 7,097
Expenditures:	7,037
Total Exempt Purpose Expenditures:	7,097
Lobbying Nontaxable Amount:	1,419
Grassroots Nontaxable Amount:	355
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying	0
Non Tx:	
Share Of Excess Lobbying	\cap