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DLN: 93493275001422

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

Open to Public

Forth	ne 2011 c	alendar vear	rtay year beginning 01-	01-2011 and ending 12-31-20	11		
	i e 2011 C if applicable	C Name of orga	anization	01 2011 - una chung 12-31-20.		D Employer	identification number
	s change	PIRATES CHA	RITIES			25-1840	370
Name o	-	Doing Busines	s As			E Telephone	
Initial r	-					(412)325	5-4708
_			street (or P O box if mail is no .5 FEDERAL ST	ot delivered to street address) Room/s	suite		ots \$ 1,075,451
Termina -							
Amend	ed return	City or town, PITTSBURGH,	state or country, and ZIP + 4 PA 15212				
- Applicat	tion pending		13212				
		F Name	and address of principal	officer	H(a) Is the	ı s a group reti	urn for
		FRANKCO			affilia		ΓYes Γ No
			K 115 FEDERAL ST RGH,PA 15212		11/15 6		
			,		1 ' '	l affiliates incl	uded? Yes No st (see instructions)
Tax-ex	empt status	▼ 501(c)(3)	「 501(c) () ◄ (insert n	o)		p exemption	
Waha	:ita: b \\/\/	MM DIDATESC	HARITIES ORG			p onomponen	
					<u> </u>		T
	_	Corporation	Trust Association Of	ther 🟲	L Year of fo	mation 1999	M State of legal domicile PA
Part	Sum	nmary					
1				nost significant activities			
,	STRENC	STHEN THE C	OMMUNITY BY SUPPO	RTING ORGANIZATIONS AIM	ED AT IMPRO	VING CHILD	/ADULT LIVES
2							
. 2	Check t	hıs box ► if t	the organization disconti	nued its operations or disposed	of more than 2	5% of its net	assets
		,		dy (Part VI, line 1a)		3	1
		_		governing body (Part VI, line 1h			
֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓			_	dar year 2011 (Part V, line 2a)	•	5	
						6	
3			teers (estimate if necess	• •			
- 1				II, column (C), line 12		7a	-
	b Net unre	erated busines	s taxable income from Fo	orm 990-T, line 34		7b	
					Prio	r Year	Current Year
ա 8		_	rants (Part VIII, line 1h)		•	932,604	
Ē 9	_		enue (Part VIII, line 2g	•	0	<u> </u>	
enuevenue 10				ines 3, 4, and 7d)		32,298	
111		-		5, 6d, 8c, 9c, 10c, and 11e)		193,386	243,961
12				t equal Part VIII, column (A), lii	ne	1,158,288	865,634
13				olumn (A), lines 1–3)		486,686	
14				umn (A), line 4)		0	· ·
				efits (Part IX, column (A), lines			0
g ¹⁵	5-10		rensacion, employee ben	ents (Fart 1x, Column (A), mes		0	0
Selse (16	a Profes	ssional fundrai:	sıng fees (Part IX, colum	nn (A), line 11e)		0	0
€	b Total fu	ındraising expens	es (Part IX, column (D), line 2	o5) ▶ 0			
1 17				.1a-11d, 11f-24e)		548,244	35,879
18				al Part IX, column (A), line 25)	·	1,034,930	
19		•		m line 12		123,358	
		coo expen			Beginning	of Current	
Fund Balances Fund Balances 20						ear	End of Year
20	Total	assets (Part X	., line 16)			1,980,293	1,949,563
夏 21	L Total	liabilities (Par	t X, line 26)			20,207	17,098
교 22				1 from line 20		1,960,086	1,932,465
Part I		nature Bloci			<u> </u>		
	nalties of p ge and belie	erjury, I declare	e that I have examined this	s return, including accompanying s ration of preparer (other than offic			
	****				20	12-10-01	
ign	Sign	ature of officer			Da	ite	
ere		NK COONELLY PR					
	Туре	e or print name ar	nd title				
	Prepare	rs k		Date	Check If		payer identification number
aid	signatui		KIRSCH		self- employed •	(see instruction P00341397	ons)
reparei	's -		CCUNETDED DOMING 2 02 7	NC.	ciripioyeu F	100341337	
se Onl		name (or yours h mployed),	SCHNEIDER DOWNS & CO II	VC		EIN 🕨 25-140	08703
JU UIII		, and ZIP + 4	1133 PENN AVENUE				
	1		PITTSRIPGH PA 15222			Phone no	(412) 261-3644

May the IRS discuss this return with the preparer shown above? (see instructions)

CHECKIIST OF REGULE CO SCHEDULE	art IV	Checklist o	f Required	Schedule
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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 "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
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	Yes	
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		No
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
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
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? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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		No
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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, 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? <i>If</i> "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? If "Yes," complete Schedule G, Part II	18	Yes	
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	Yes	
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 $\textcircled{\textbf{5}}$	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		No
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			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "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? <i>If</i> "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		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
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		No
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		No
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	

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			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
a	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			
h	return			
		2b		ı
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the			
a	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		
a	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			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	E-		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
b	organization solicit any contributions that were not tax deductible?			
	were not tax deductible?	6b		
а	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
L	services provided to the payor?	74	V	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	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 Form 1098-C?	7h		
1	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			1
	business holdings at any time during the year?	8		
1	Sponsoring organizations maintaining donor advised funds.			
	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 a	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			
	facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
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	u		
	year 12b			
	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		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
С	Enter the aggregate amount of reserves on hand			
	13c			1
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N o
n	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

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 any question in this Part VI

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
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		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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	
b	Each committee with authority to act on behalf of the governing body?	8b		No
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
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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		No
b	Other officers or key employees of the organization	15b		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
162	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		Νo
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			1
	organization's exempt status with respect to such arrangements?	16b		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed PA , FL , WV , OH			
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
- 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 LIBBY FELIX

PNC PARK 115 FEDERAL ST PITTSBURGH,PA 15212

(412) 325-4708

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 organiza	•	ated or	ganız	atıor	ns c	ompen	sate	ed any current or fo	rmer officer, direct	or, or trustee
(A) Name and Title	(B) Average hours per week (describe	Positi more unles	(on (d e tha	C) o no n on son er a	ot ch e bo ıs b nd a	eck x, oth		(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 trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) ROBERT NUTTING CHAIRMAN	50	х		х				0	0	0
(2) FRANK COONELLY PRESIDENT	50	х		х				0	0	0
(3) DUANE WITTMAN SECRETARY/TREASURER	50	х		Х				0	0	0
(4) JAMES PLAKE ASSISTANT TREASURER/SECRETARY	1 00			Х				0	0	0
(5) PATRICIA PAYTAS EXECUTIVE DIRECTOR	20 00			х				0	0	0
	1		I	l	I		1	l		

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

	hours more than one box, compensation compensation per unless person is both week an officer and a director/trustee) 2/1099-MISC) (W- 2/1099-MISC)										Reportable compensation from related organizations (W- 2/1099-		ted fother sation the on and	
		Highest compensated employee or director or director Schedule O)											relato organiza	
1b	Sub-Total				•			•						
c d	Total from continuation sheets to Total (add lines 1b and 1c).			• •	•	•		>		0		0		0
2	Total number of individuals (inclusion) \$100,000 of reportable compens	udıng but not lın	nited to	thos	e lıs		<u>a</u> bove) who	receive	d more tha	in	<u> </u>		
													Yes	No No
3	Did the organization list any form on line 1a? <i>If</i> "Yes," complete Sch								r highes	t compens	ated employee	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual									4		No		
5	5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for									5		No		
Se	ection B. Independent Cont	tractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax years.	highest comper the organizatio												
	-	(A) ne and business add	dress							Desc	(B) ription of services		(C) Compen	
												\perp		
												+		
	Total number of independent conti \$100,000 of compensation from t			ot lır	nited	to t	those	liste	d above)	who recei	ved more than			

Part v		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
\$\$	1a	Federated campaigns 1a				
듄두	ь	Membership dues 1b				
ಕ್ಷ	l c	Fundraising events 1c 112,822				
± 2 जिल्ल	d	Related organizations 1d				
ਰੂ ਦ						
έĘ.	e	Government grants (contributions) 1e				
ੂੰ ਵੰ	f	All other contributions, gifts, grants, and 1f 475,388 similar amounts not included above				
<u>\$</u>	g	Noncash contributions included in				
걸		lines 1a-1f \$ 58,025				
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f	588,210			
		Business Code				
ē	2-	Busilless Code				
že,	2a					
22	b					
e C	С					
er M	d					
Q.	e					
Program Serwce Revenue	f	All other program service revenue				
် င	•	said, program service revenue				
<u>~</u>	g	Total. Add lines 2a−2f				
	3	Investment income (including dividends, interest				
		and other similar amounts)	33,463			33,463
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(ı) Real (ıı) Personal				
	6a	Gross rents				
	ь	Less rental				
		expenses				
	C	Rental income or (loss)				
	d	Net rental income or (loss)				
		(ı) Securities (ıı) Other				
	7a	Gross amount				
		from sales of assets other				
	١.	than inventory Less cost or				
	b	other basis and				
	_	sales expenses Gain or (loss)				
	C C	· ·				
	d	1 (1055) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Other Revenue	8a	Gross income from fundraising events (not including \$ 112,822 of contributions reported on line 1c) See Part IV, line 18				
<u>.</u>		a 400,517				
ŧ	b	Less direct expenses b 209,817				
Ò	c	Net income or (loss) from fundraising events 🕨	190,700			190,700
	9a	Gross income from gaming activities See Part IV, line 19				
		a 53,261				
	b	Less direct expenses b 0 Net income or (loss) from gaming activities	53,261			53,261
	C	` , , , , ,	55,201			33,201
	10a	Gross sales of inventory, less returns and allowances . a				
	Ь	Less cost of goods sold b				
	_ c	Net income or (loss) from sales of inventory				
	Ē	Miscellaneous Revenue Business Code				
	11a	3333 334				
	ь					
	C					
	d	All other revenue				
	e	Total. Add lines 11a−11d				
	12	Total revenue. See Instructions			_	
	1		865,634	0	0	277,424

3

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20 21

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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) 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 (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 762,302 762,302 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United 1,225 1,225 States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits Fees for services (non-employees) 11 Management Legal 16,899 16,899 Lobbying Professional fundraising See Part IV, line 17 . . Investment management fees g Advertising and promotion . . . Office expenses 7,628 7,628 13 Information technology Royalties . . 16 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Payments to affiliates 22 Depreciation, depletion, and amortization 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) MAZEROSKI STATUE PROJEC 9,148 9,148 DUES/PERMITS/LICENSES 1,260 1,260 OTHER EXPENSES 944 944 C

Part X **Balance Sheet** (A) (B) Beginning of year End of year 423,438 473,399 1 1 51,439 2 51,446 2 3 3 27.744 8.527 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 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 8 500 9 9 500 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b b Less accumulated depreciation 10c 1,477,172 11 1,415,691 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 1,980,293 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 1,949,563 18,957 17 15,940 17 Accounts payable and accrued expenses . 18 18 19 1,250 19 1,158 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 D 26 20,207 26 17,098 **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 1,960,086 27 1,922,465 Unrestricted net assets 28 10.000 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 1.960.086 33 1.932.465 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 1.980.293 34 1.949.563

	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			365,63
2	Total expenses (must equal Part IX, column (A), line 25)	2			799,40
3	Revenue less expenses Subtract line 2 from line 1	3			66,22
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,9	960,08
5	Other changes in net assets or fund balances (explain in Schedule O)	5			-93,84
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		1,9	932,46
Par	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				1
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			Yes	No
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 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 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 on a separate basis, consolidated basis, or both	issued			
_	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	the	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

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.

Inspection

RATES	CHAR				
Part	7	Reason for Public Charity Status (All organizations must complete this part.) See instruc	tions		
		ration is not a private foundation because it is (For lines 1 through 11, check only one box)	LIOTIS		
1 [A church, convention of churches, or association of churches section 170(b)(1)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)			
3	_	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).	···· - ·		
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A) hospital's name, city, and state	(III). Enter	tne	
5	_	An organization operated for the benefit of a college or university owned or operated by a governmental unit	t described	d ın	
		section 170(b)(1)(A)(iv). (Complete Part II)			
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).			
7		An organization that normally receives a substantial part of its support from a governmental unit or from the described in	e general p	oublic	
_ [section 170(b)(1)(A)(vi) (Complete Part II)			
8	_	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)			
9		An organization that normally receives (1) more than 331/3% of its support from contributions, membersh			SS
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more tha			
		its support from gross investment income and unrelated business taxable income (less section 511 tax) fr	om busine:	sses	
	_	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)			
0		An organization organized and operated exclusively to test for public safety See section 509(a)(4).			
.1 [An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carrone or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d T)(3).	Checl
e		By checking this box, I certify that the organization is not controlled directly or indirectly by one or more diother than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2)			
f		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supcheck this box	oporting or	ganız	ation,
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii)	Г	Yes	No
				res	No
		and (III) below, the governing body of the the supported organization?	11g(i)		
		(ii) a family member of a person described in (i) above?	11g(ii)		
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		
h		Provide the following information about the supported organization(s)			

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?
		ınstructions))	Yes	No	Yes	No	Yes	No	
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.)

	under Part III. II tile	e organization i	ans to quanty u	nder the tests i	isted below, pie	ase cor	ilpiete	Part III.)
	ection A. Public Support endaryear (or fiscal year beginning	T	T					
Care	in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	315,692	542,757	553,104	932,604		588,210	2,932,367
2	Tax revenues levied for the organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to							
	the organization without charge							
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a	315,692	2 542,757	553,104	932,604		588,210	2,932,367
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the	1						134,255
	amount shown on line 11, column (f)							
6	Public Support. Subtract line 5 from line 4							2,798,112
S	ection B. Total Support	ı	1					
	endar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
_	in)							
7	Amounts from line 4 Gross income from interest,	315,692	542,757	553,104	932,604		588,210	2,932,367
8	dividends, payments received on securities loans, rents, royalties and income from similar	92,178	42,231	26,394	32,298		33,463	226,564
9	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)							3,158,931
12	Gross receipts from related activiti		·			12		
13	First Five Years If the Form 990 is check this box and stop here	for the organization	on's first, second,	third, fourth, or fi	fth tax year as a !	501(c)(3) organiz	zation, ▶┌
	ection C. Computation of Pub							
14	Public Support Percentage for 201:	1 (line 6 column (f) divided by line :	11 column (f))		14		88 580 %
15	Public Support Percentage for 2010	Schedule A , Pai	t II, lıne 14			15		93 900 %
	33 1/3% support test—2011. If the and stop here. The organization qua	ilifies as a publicl	y supported orgai	nization				► ✓
	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 organization Part IV how the organization meeorganization	n qualifies as a pu — 2011. If the orga tion meets the "fa	iblicly supported o anization did not c acts and circumst	organization heck a box on lin ances" test, chec	e 13, 16a, or 16b ck this box and st	and line op here. I	14 Explain	▶ ┌
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization	tion meets the "fa	acts and circumst	ances" test The	organızatıon qual	ıfıes as a	publicly	′ ▶ □
18	Private Foundation If the organizat instructions	ion did not check	a box on line 13,	16a, 16b, 17a or	17b, check this l	box and s	ee	▶ ┌

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

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▶[

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

DLN: 93493275001422

OMB No 1545-0047

Open to Public 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.

	ne of the organization TES CHARITIES			Empl	oyer identification number
				25-1	840370
Pai	organizations Maintaining Donor A organization answered "Yes" to Form 9	90, Part IV, line 6.		_	·
		(a) Donor adv	rised funds	(1	b) Funds and other accounts
L	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
ŀ	Aggregate value at end of year				
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the			nor advis	red ⊤Yes ⊤No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the beiconferring impermissible private benefit				
Dar	t II Conservation Easements. Complete	of the organization	answered "Yes"	to Form	<u> </u>
<u> </u>	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreat Protection of natural habitat Preservation of open space	cion or pleasure)	Preservation of a Preservation of a	certified	historic structure
<u>!</u>	Complete lines 2a-2d if the organization held a qua easement on the last day of the tax year	lified conservation con	tribution in the forr	m of a co	nservation Held at the End of the Year
а	Total number of conservation easements			2a	Tied at the End of the Tear
- b	Total acreage restricted by conservation easements	s		2b	
c	Number of conservation easements on a certified his		ed in (a)	2c	
d	Number of conservation easements included in (c) a		,	2d	
}	Number of conservation easements modified, transf		ushed orterminat		e organization during
•	the taxable year ►	errea, rereasea, exting	arstreat, or certificate	ica by the	organization during
ŀ	Number of states where property subject to conserv	ation easement is loca	ted ►		
•	Does the organization have a written policy regarding enforcement of the conservation easements it holds $\frac{1}{2} \left(\frac{1}{2} \right) \left(\frac{1}{2} \right)$		ng, inspection, har	ndling of	violations, and Yes No
•	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing of	onservation easer	ments du	ring the year ►
,	A mount of expenses incurred in monitoring, inspect \$\blue{\sigma}\$\$	ing, and enforcing cons	ervation easemen	ts durıng	the year
3	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the	requirements of se	ction	┌ Yes
)	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the org			
art	Organizations Maintaining Collection Complete if the organization answered			or Oth	er Similar Assets.
.a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi	d for public exhibition, e	ducation or resea	rch ın fur	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, educ			
	(i) Revenues included in Form 990, Part VIII, line 1	1			► \$
	(ii) Assets included in Form 990, Part X				▶ \$
2	If the organization received or held works of art, his	torical treasures, or oth	ner sımılar assets 1	for financ	ial gain, provide the
•	following amounts required to be reported under SFA				9 ,,

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	<u>llections of Art</u>	<u>:, His</u>	<u>tori</u>	<u>cal Treasu</u>	res, or Oth	<u>ner Sim</u>	<u>ilar Ass</u>	ets (c	ontınued)
	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing that ar	e a sıgnıfıcan	t use of it	s collection	on	
а	Public exhibition		d	Γ	Loan or exc	hange prograr	ms			
b	Scholarly research		e	Γ	Other					
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ıın hov	v the	further the o	organization's	exempt p	ourpose in		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t						sımılar	Г	Yes	√ No
Part	Part IV, line 9, or reported an an					n answered	"Yes" to	Form 99	90,	
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary	for c	ontributions (or other asset	s not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ıng ta	able			Amo	nt	
_	Designing helenes					<u> </u>	_	Alik	June	
c d	Additions during the year					10				
	Additions during the year					10				
e f	Distributions during the year					1	_			
	Ending balance	000 Bt-V	- 242			<u> </u>	·		- W	
	Did the organization include an amount on Fo		e 217					1	Yes	∏No
	If "Yes," explain the arrangement in Part XIV				d "Vaa" +-	Earn 000 5) n w+ T\/	lino 10		
Par	t V Endowment Funds. Complete	(a)Current Year		Were Prior			d) Three Ye		e) Four Y	ears Back
1a	Beginning of year balance	(a)carrent rear		,	(6)111	o rears back ((4)	sars Back (<u>,</u>	caro back
b	Contributions									
c	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	as							
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment 🕨									
С	Term endowment ▶									
	Are there endowment funds not in the posses organization by	ssion of the organiz	atıon t	that a	are held and a	ıdmınıstered f	or the		Yes	No
	(i) unrelated organizations							. 3a(i)		
	(ii) related organizations							3a(ii)	
	If "Yes" to 3a(II), are the related organizatio	•						. 3b		
	Describe in Part XIV the intended uses of th									
Part	VI Land, Buildings, and Equipme	int. See Form 99	, о, Ра			1,000			.	
	Description of property				a) Cost or other sis (investment)			Accumulated epreciation	(d) I	Book value
1a L	and		•	\vdash						
b E	Buildings		•							
				1		I	- 1		I	
c L	easehold improvements		•	_						
	easenoid improvements									
d E	·		· -					•		

Pari VIII Investments—Other Securities. See	Form 990, Part X, line 1.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(5)200. Talac	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
		12
Part VIII Investments—Program Related. See	Porm 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	-	Cost or end-or-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	25.)	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
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1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
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Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	865,634
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	799,406
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	66,228
4	Net unrealized gains (losses) on investments	4	-93,849
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	-93,849
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-27,621
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	748,749
2	Amounts 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		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	-93,849
3	Subtract line 2e from line 1	3	842,598
4	A mounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$		
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	23,036
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	865,634
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	
1	Total expenses and losses per audited financial statements	1	776,370
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	776,370
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		<u>, </u>
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	23,036
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	799,406
Da	Supplemental Information		<u> </u>

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

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 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
	PART III, LINE 1A	PIRATES CHARITIES COLLECTIONS INCLUDE THE BILL MAZEROSKI AND WILLIE STARGELL STATUES THE COLLECTIONS, WHICH WERE ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE THE PIRATES CHARITIES' INCEPTION, ARE NOT RECOGNIZED AS ASSETS IN THE STATEMENTS OF FINANCIAL POSITION PURCHASES OF COLLECTION ITEMS ARE RECORDED AS OPERATING EXPENDITURES IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED IN THE FINANCIAL STATEMENTS PROCEEDS FROM DEACCESSIONS ARE USED FOR THE ACQUISITION OF COLLECTIONS
	PART III, LINE 4	PIRATES CHARITIES MAINTAINS A COLLECTION OF STATUES OF PITTSBURGH SPORTS PLAYERS WHO MADE A SIGNIFICANT CONTRIBUTION TO PITTSBURGH SPORTS HISTORY THE STATUES RESIDE ON THE NORTH SHORE O PITTSBURGH WHERE THEY ARE ON PUBLIC EXHIBITION
ESCRIPTION OF UNCERTAIN AX POSITIONS UNDER FIN 48	PART X	EFFECTIVE JANUARY 1, 2009, THE ORGANIZATION IMPLEMENTED THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES TOPIC THE TOPIC CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBES RECOGNITION THRESHOLDS AND MEASUREMENT PRINCIPLES FOR FINANCIAL STATEMENT DISCLOSURE OF TAX POSITIONS TO BE TAKEN ON A TAX RETURN THE ORGANIZATION HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS REQUIRING AN ACCRUAL OR DISCLOSURE IN THE FINANCIAL STATEMENTS
ART XII, LINE 4B - OTHER DJUSTMENTS		RECLASS OF GRANTS PAID 23,036
ART XIII, LINE 4B - OTHER DJUSTMENTS		RECLASS OF GRANTS PAID 23,036

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DLN: 93493275001422

OMB No 1545-0047

Open to Public Inspection

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

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

Name of the organization **Employer identification number** PIRATES CHARITIES 25-1840370 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply e ☐ Solicitation of non-government grants Mail solicitations f ☐ Solicitation of government grants Internet and e-mail solicitations Phone solicitations g | Special fundraising events ☐ In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pai	Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.						
			(a) Event #1 SUMMER GOLF CLASSIC (event type)	(b) Event #2 FSN AUCTION (event type)	(c) O ther Events 11 (total number)	(d) Total Events (Add col (a) through col (c))	
RUE	1	Gross receipts	159,394	115,745	238,200	513,339	
Revenue	2	Less Charitable contributions	53,560	10,074	49,188	112,822	
	3	Gross income (line 1 minus line 2)	105,834	105,671	189,012	400,517	
	4	Cash prizes					
မွာ	5	Non-cash prizes	16,325	27,050	14,650	58,025	
Expenses	6	Rent/facility costs	19,150)	34,928	54,078	
Ēά	7	Food and beverages	9,562	2	13,365	22,927	
Direct	8	Entertainment					
莅	9	Other direct expenses .	9,155	17,037	48,595	74,787	
	10	Direct expense summary Add line	es 4 through 9 ın column	(d)		(209,817)	
	11	Net income summary Combine lin	nes 3 and 10 ın column (d)		190,700	
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))	
ш	1 (Gross revenue			53,261	53,261	
	2 (Cash prizes			0		
Direct Expenses	3 1	Non-cash prizes			0		
ញ ក្	4 F	Rent/facility costs			0		
 	5 (Other direct expenses			0		
	6 \	√olunteer labor	┌ Yes	┌ Yes ┌ No	Yes 100 000 % No		
	7	Direct expense summary Add lines	2 through 5 in column (d)		()	
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)		53,261	
9	Ente	r the state(s) in which the organiza	tion operates gaming ac	tivities <u>PA</u>			
а		ne organization licensed to operate	gaming activities in eac	h of these states?		. ┌ _{Yes} ┌ No	
b	THE	o," Explain ORGANIZATION UNDERSTAND: ELOW \$500		NOT REQUIRED WHEN T		JE OF THE PRIZES	
10a b	Were	e any of the organization's gaming l es," Explain	icenses revoked, susper	nded or terminated during	the tax year?	┌ _{Yes} ┌ _{No}	
U	T1 I						

Sche	dule G (Form 9	990 or 990-EZ) 20:	1					Page 3
11	Does the orga	anızatıon operate ga	ımıng actıvıtıes with nonmembers?			[₹ Yes	ΓNο
12	Is the organiz	zatıon a grantor, ber	neficiary or trustee of a trust or a mem	ber of a partnership or other entity				
	formed to adn	nınıster charıtable ç	laming?			[– Yes	▽ No
13	Indicate the r	nercentage of gamur	ig activity operated in		ĺ	I		
a					13a		1 (00000%
b								0 %
14		•	the person who prepares the organiza					
	records							
	Name 🟲	JACKIE HUNTER						
	Address ►	PNC PARK 115 FE PITTSBURGH,PA	EDERAL STREET 15212					
15a	Does the orga	anızatıon have a cor	ntract with a third party from whom the	organization receives gaming				
	revenue? .					[- Yes	▼ No
ь			ning revenue received by the organization			•		, 110
			ed by the third party 🟲 \$					
c	If "Yes," ente	er name and address	5					
	Name 🟲							
	Address 🟲							
16	- Gaming mana	ger information						
	Name ►							
	Gaming mana	ger compensation	\$					
	Description o	fservices provided	>					
	Director/o	officer	F Employee	Independent contractor				
17	Mandatory dis	stributions						
а	Is the organiz	zatıon required unde	r state law to make charitable distribu	itions from the gaming proceeds to				
	retain the sta	te gamıng lıcense?				Ţ	– Yes	▽ No
b	Enter the amo	ount of distributions	required under state law distributed t	o other exempt organizations or sp	ent			
			activities during the tax year 🕨 💲					
Par		lete this part to p ctions.)	provide additional information for	responses to quuestion on Sc	hedul	e G (se	e	
	Iden	ntıfıer	ReturnReference	Explana	tıon			
				•				

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

PIRATES CHARITIES

DLN: 93493275001422 OMB No 1545-0047

Employer identification number

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

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

Inspection

						25-18403/0	
Part I General Informatio	n on Grants and	d Assistance					
 Does the organization maintain the selection criteria used to aw Describe in Part IV the organization 	ard the grants or as	sıstance?			the grants or assist	ance, and	F Yes Γ ۱
Part II Grants and Other A Form 990, Part IV, line Part IV and Schedule	ssistance to Go e 21 for any recip	vernments and O	rganizations in the nore than \$5,000. Ch	United States. Con eck this box if no one	recipient receive	ed more than \$5,000	. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount 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 grader or assistance
See Addıtıonal Data Table							
2 Enter total number of section 50	1)1(c)(3) and govern	ment organizations list	ed in the line 1 table -				44
3 Enter total number of other orga						- -	10

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
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 FOLLOW UP PHONE CALLS AND ON-SITE VISITS ARE MADE TO ENSURE FUNDS ARE BEING USED PROPERLY ALL GRANTS MADE IN SUPPORT OF THE FIELDS FOR KIDS PROGRAM REQUIRE THE GRANTEES TO COMPLETE AND PROVIDE A PROGRAM REPORT FORM, A FINANCIAL REPORT, BEFORE AND AFTER
		PHOTOGRAPHS, PHOTOS OF THE FIELDS FOR KIDS SIGN AT THE RENOVATED FIELD, A DETAILED EXPENSE REPORT AND COPIES OF ALL RECEIPTS AND INVOICES RELATED TO THE PROJECT'S EXPENDITURES

Software ID: Software Version:

> **EIN:** 25-1840370 Name: PIRATES CHARITIES

orm 990,Schedule :	(b) EIN	(c) IRC Code	(d) A mount	(e) A mount of	(f) Method of	(g) Description	(h) Purpose of
of organization or government	(-)	section if applicable	of cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	of non-cash assistance	grant or assistance
BENEDICTINE SISTERS OF GREENE COUNTY MISSION 274 WHITES ROAD WAYNESBURG,PA 15370	23- 7025216	501(C)(3)	5,000	0	N/A	N/A	GENERAL SUPPORT
BOROUGH OF ASPINWALL217 COMMERCIAL AVENUE ASPINWALL, PA 15215	25- 6000269	GOVERNMENT	5,000	0	N/A	N/A	GENERAL SUPPORT
BOROUGH OF PLEASANT HILLS410 EAST BRUCETON ROAD PLEASANT HILLS, PA 15236	25- 6000438	GOVERNMENT	5,000	0	N/A	N/A	GENERAL SUPPORT
BOY'S & GIRL'S CLUB OF WESTERN PA 5432 BULTER STREET PITTSBURGH, PA 15201	25- 1206970	501(C)(3)	81,000	0	N/A	N/A	GENERAL SUPPORT
BOY'S & GIRL'S CLUB OF WESTERN PA 5432 BULTER STREET PITTSBURGH, PA 15201	25- 1206970	501(C)(3)	0	11,551	FMV	SUPPLIES	CITIPARKS PITTSBURGH BIG LEAGUE SPORTS JUNIOR PIRATES
BRADEN RIVER LITTLE LEAGUEPO BOX 20845 BRADENTON, FL 34203	23- 1688231	501(C)(3)	5,000	0	N/A	N/A	GENERAL SUPPORT
BRENTWOOD ATHLETIC ASSOCIATIONPO BOX 98162 PITTSBURGH,PA 15227	23- 1383514	501(C)(3)	5,000	0	N/A	N/A	GENERAL SUPPORT
BRIGHTON HEIGHTS ATHLETIC ASSOCIATION1821 WITTMER ST PITTSBURGH, PA 15212	25- 1788932	501(C)(4)	0	162,732	FMV	EQUIPMENT	SANGUINGI FIELD RENOVATIONS
BUTLER TOWNSHIP BASEBALL299 OLD PLANK ROAD BUTLER,PA 16001		501(C)(4)	5,000	0	N/A	N/A	GENERAL SUPPORT
CARRICK ATHLETIC ASSOCIATIONPO BOX 5902 PITTSBURGH, PA 15210	01- 0931650	501(C)(4)	5,000	0	N/A	N/A	GENERAL SUPPORT
CENTER TOWNSHIP ATHLETIC ASSOCIATIONPO BOX 2114 BUTLER,PA 16003	75- 3221454	501(C)(4)	1,846	0	N/A	N/A	GENERAL SUPPORT
CENTER YOUTH BASEBALL ASSOCIATIONPO BOX 2114 BUTLER,PA 16003		501(C)(4)	5,000	0	N/A	N/A	GENERAL SUPPORT
CRANBERRY AREA LITTLE LEAGUEPO BOX 487 SENECA,PA 16346	25- 1455184	501(C)(3)	5,000	0	N/A	N/A	GENERAL SUPPORT
CYSTIC FIBROSIS FOUNDATION - WESTERN PA CHAPTER810 RIVER AVENUE SUITE 100 PITTSBURGH, PA	13- 1930701	501(C)(3)	10,456	0	N/A	N/A	GENERAL SUPPORT
DEER LAKES YOUTH BASEBALL ASSOCIATIONPO BOX 15 CURTISVILLE, PA .5032	20- 5620026	501(C)(4)	5,000	0	N/A	N/A	GENERAL SUPPORT
DOWN SYDROME CENTER OF VESTERN PA CO CHILDREN'S HOSPITAL OF PITTSBURGH600 GRANT ST FL 56 PITTSBURGH, PA 15219	25- 0402510	501(C)(3)	7,500	0	N/A	N/A	GENERAL SUPPORT
EASTER SEAL REHABILITATION CENTER1305 NATIONAL RD WHEELING, WV	62- 1266942	501(C)(3)	75,000	0	N/A	N/A	GENERAL SUPPORT
ELIZABETH FOWNSHIP522 ROCK RUN ROAD ELIZABETH,PA L5037	25- 6001232	GOVERNMENT	5,000	0	N/A	N/A	GENERAL SUPPORT
EXTRA MILE EDUCATION FOUNDATION111 BOULEVARD OF THE ALLIES PITTSBURGH, PA	25- 1621067	501(C)(3)	5,000	0	N/A	N/A	GENERAL SUPPORT
FLIGHT 93 MEMORIAL CAMPAIGN CO NATIONAL PARK FOUNDATION1201 EYE ST NW STE 550B WASHINGTON, DC 20005	52- 1086761	501(C)(3)	10,000	0	N/A	N/A	9/11 MEMORIAL

Form 990,Schedule	I, Part II,	Grants and Ot	her Assis	tance to Go	vernments	and Organizations i	n the United S
(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
FORT CHERRY YOUTH BASEBALL 29 ELM ROAD HICKORY, PA 15340		501(C)(4)	3,353	0	N/A	N/A	GENERAL SUPPORT
GILDA'S CLUB OF SOUTHWESTERN PA2816 SMALL STREET PITTSBURGH, PA 15222	25- 1845284	501(C)(3)	25,000	0	N/A	N/A	GENERAL SUPPORT
GLIMMER OF HOPE PO BOX 908 WEXFORD, PA 15090	25- 1627978	501(C)(3)	10,000	0	N/A	N/A	GENERAL SUPPORT
GREATER PITTSBURGH COMMUNITY FOOD BANK1 N LINDEN STREET DUQUESNE,PA 15110	25- 1420599	501(C)(3)	16	0	N/A	N/A	GENERAL SUPPORT
GRINDSTONE VOLUNTEER FIRE DEPARTMENTPO BOX 364 GRINDSTONE, PA 15442	16- 1685974	501(C)(3)	1,500	0	N/A	N/A	GENERAL SUPPORT
JOSH GIBSON FIELD2217 BEDFORD AVE PITTSBURGH,PA 15219	25- 1753018	501(C)(3)	0	2,494	FM∨	EQUIPMENT	GENERAL SUPPORT
KEISTERVILLE COMMUNITY & YOUTH CENTER803 BALL FIELD RD KEISTERVILLE, PA 15449	20- 0778542	501(C)(3)	5,000	0	N/A	N/A	GENERAL SUPPORT
LAKEWOOD RANCH LITTLE LEAGUE 5500 LAKEWOOD RANCH BLVD BRADENTON, FL 34211	85- 8012708	501(C)(4)	5,000	0	N/A	N/A	GENERAL SUPPORT
MAKE-A-WISH707 GRANT ST 37 FL PITTSBURGH,PA 15219	25- 1464177	501(C)(3)	5,000	1,815	FMV	CEREMONY/RECEPTION	GENERAL SUPPORT
MANATEE WEST LITTLE LEAGUE 5502 33RD AVENUE DRIVE WEST BRADENTON, FL 34209		501(C)(4)	5,000	0	N/A	N/A	GENERAL SUPPORT
MARS BASEBALL ASSOCIATIONPO BOX 630 MARS,PA 16046	25- 1478586	501(C)(3)	5,000	0	N/A	N/A	GENERAL SUPPORT
MARSHALL TOWNSHIPPO BOX 103 WEXFORD, PA 15090	25- 6002061	GOVERNMENT	3,220	0	N/A	N/A	GENERAL SUPPORT
OHIO LIONS FOUNDATION MARTINS FERRY LIONS CLUBPO BOX 71 MARTINS FERRY, OH 43935	31- 1162338	501(C)(3)	5,000	0	N/A	N/A	GENERAL SUPPORT
MAXWELL ACTIVITIES ASSOCIATION525 STIRRUP DR GREENSBURG, PA 15601	25- 1789279	501(C)(3)	5,000	0	N/A	N/A	GENERAL SUPPORT
MERCYHURST PREPATORY SCHOOL538 E GRANDVIEW BLVD ERIE,PA 16504	25- 1143199	501(C)(3)	3,000	0	N/A	N/A	GENERAL SUPPORT
MIRACLE LEAGUE FANTASY CAMPC/O 115 FEDERAL STREET PITTSBURGH,PA 15212		501(C)(3)	0	3,643	FMV	SUPPLIES/RECEPTION	GENERAL SUPPORT
MIRACLE LEAGUE OF THE SOUTH HILLSPO BOX 12614 PITTSBURGH, PA 15241	27- 1981498	501(C)(3)	50,000	0	N/A	N/A	GENERAL SUPPORT
MIRACLE LEAGUE OF WESTERN PA 1142 OLD WILLIAM PENN HWY GREENSBURG,PA 15601	27- 4686907	501(C)(3)	75,000	0	N/A	N/A	GENERAL SUPPORT
MISS MANATEE SOFTBALL LEAGUE PO BOX 110437 LAKEWOOD RANCH,FL 34211	59- 3535270	501(C)(3)	5,000	0	N/A	N/A	GENERAL SUPPORT
OPERATION TROOP APPRECIATION 1219 SCHWEITZER RD MCKEESPORT, PA 15135	81- 0651982	501(C)(3)	3,037	0	N/A	N/A	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Form 990,Schedule	I, Part II, G	rants and Ot	her Assista	nce to Gover	nments and	Organization	s in the United S
(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 FASION PRE K-5 SCHOOL7430 TIOGA STREET PITTSBURGH,PA 15208		501(C)(3)	0	23,036	FMV	SCHOOL SUPPLIES	CLEMENTE DAY SCHOOL INITIATIVE
QUIGLEY CATHOLIC HIGH SCHOOL200 QUIGLEY DR BADEN,PA 15005	20- 1547114	501(C)(3)	5,000	0	N/A	N/A	GENERAL SUPPORT
RIVERSIDE BASEBALL FEDERATION241 BOLOGNE VALLEY RD BEAVER FALLS, PA 15010	27- 1710467	501(C)(3)	5,000	0	N/A	N/A	GENERAL SUPPORT
SALVATION ARMY W PA DIVISION700 NORTH BELL AVE PO BOX 742 CARNEGIE,PA 15106	13- 5562351	501(C)(3)	4,402	0	N/A	N/A	GENERAL SUPPORT
SOUTH PARK GIRLS SOFTBALL ASSN 1297 ROYAL PARK BLVD SOUTH PARK, PA 15129	20- 2293355	501(C)(3)	5,000	0	N/A	N/A	GENERAL SUPPORT
STEEL VALLEY YOUTH BASEBALL ASSOCIATION4724 WOODHILL DR MUNHALL, PA 15120	25- 1737031	501(C)(3)	2,102	0	N/A	N/A	GENERAL SUPPORT
THE CHILDREN'S INSTITUTE1405 SHADY AVENUE PITTSBURGH, PA 15217	23- 2935278	501(C)(3)	28,254	0	N/A	N/A	PRADER WILLI SYNDROME PROGRAM
THE WESTERN PA PROSTATE CANCER FOUNDATION FEDERAL NORTH BUILDING 1307 FEDERAL ST SUITE 300 PITTSBURGH, PA 15212	25- 1853688	501(C)(3)	10,456	0	N/A	N/A	GENERAL SUPPORT
TICKETS FOR KIDS 139 FEEPORT ROAD SUITE 100 PITTSBURGH, PA 15215	02- 0559825	501(C)(3)	2,500	0	N/A	N/A	GENERAL SUPPORT
US FUND FOR UNICEF125 MAIDEN LANE NEW YORK, NY 10038	13- 1760110	501(C)(3)	5,955	0	N/A	N/A	JAPAN TSUNAMI RELIEF
WASHINGTON HEIGHTS ATHLETIC ASSOCIATIONPO BOX 60125 PITTSBURGH, PA 15211	25- 6063373	501(C)(3)	5,000	0	N/A	N/A	GENERAL SUPPORT
WEST HEMPFIELD ATHLETIC ASSOCIATIONPO BOX 11 ARONA,PA 15617		501(C)(4)	5,000	0	N/A	N/A	GENERAL SUPPORT
WESTERN PA HOSPITAL FOUNDATION4818 LIBERTY AVE PITTSBURGH, PA 15224	25- 1470766	501(C)(3)	10,000	0	N/A	N/A	GENERAL SUPPORT
WOMEN'S CENTER AND SHELTER OF GREATER PITTSBURGHPO BOX 9024 PITTSBURGH, PA 15224	25- 1264376	501(C)(3)	5,000	0	N/A	N/A	GENERAL SUPPORT

DLN: 93493275001422

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Inspection

Name of the organization **Employer identification number** PIRATES CHARITIES 25-1840370 Part I Types of Property (a) (b) (c) (d) Method of determining Check Number of Contributions Contribution amounts or items contributed reported on contribution amounts ıf Form 990, Part VIII, line applicable 1g 1 Art—Works of art . . . 2 Art—Historical treasures . 3 Art—Fractional interests 4 Books and publications Clothing and household Cars and other vehicles . . Boats and planes 8 Intellectual property . . . 9 Securities—Publicly traded . 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Oualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other . . . 15 Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts . . . Scientific specimens . . Archeological artifacts . . AUCTION Other►(<u>ITEMS</u> Χ 58,025 FMV O ther **►**(____ 26 27 Other ►(___ **28** Other ▶ (Number of Forms 8283 received by the organization during the tax year for contributions 29 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? No 30a **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash 32a Νo **b** If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2011

SCHEDULE O

Department of the Treasury
Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization PIRATES CHARITIES

Employer identification number

25-1840370

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	ALL BOARD MEMBERS OF PIRATES CHARITIES ARE EITHER EMPLOYED OR HAVE AN AFFILIATION WITH THE PITTSBURGH ASSOCIATES, LP
	FORM 990, PART VI, SECTION A, LINE 8B	PIRATES CHARITIES DOES NOT HAVE ANY COMMITTEES WITH BOARD DESIGNATED AUTHORITY
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND THEN REVIEWED BY THE EXECUTIVE DIRECTOR AND BOARD BEFORE FILING A COMPLETE COPY OF THE RETURN IS DISTRIBUTED TO THE BOARD PRIOR TO FILING
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, EACH INTERESTED PERSON IS REQUIRED TO SIGN A CONFLICT OF INTEREST DISCLOSURE FORM. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE AND NATURE OF HIS/HER FINANCIAL INTEREST TO THE DIRECTORS AND ANY RELEVANT COMMITTEE MEMBERS. AFTER DISCLOSURE OF THE FINANCIAL INTEREST, THE INTERESTED PERSON SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE FINANCIAL INTEREST IS DISCUSSED AND VOTED UPON THE REMAINING DIRECTORS OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
	FORM 990, PART VI, SECTION B, QUESTIONS 15A AND 15B, POLICIES	QUESTIONS 15A AND 15B ARE NOT APPLICABLE DUE TO THE FACT THAT PIRATES CHARITIES HAS NO PAID EMPLOYEES ALL SERVICES ARE DONATED
OVERSIGHT OF FINANCIAL STATEMENT AUDIT	FORM 990, PART XII, QUESTION 2C	THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT ACCOUNTING FIRM IN ADDITION, THE ORGANIZATION'S BOARD ASSUMES THE RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND ITS SELECTION OF THE INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR
STATEMENT OF FUNCTIONAL EXPENSES, COLUMN D, FUNDRAISING	FORM 990, PART IX	NO FUNDRAISING EXPENSES WERE INCURRED IN CONNECTION WITH THE MONIES RECEIVED BY PIRATES CHARITIES ALL FUNDRAISING ACTIVITIES ARE CONDUCTED BY VOLUNTEERS PIRATES CHARITIES' EFFORTS ARE FOCUSED SOLELY ON SUPPORTING YOUTH PROGRAMS FOCUSED ON HEALTH, FITNESS AND EDUCATION BY DEVELOPING PARTNERSHIPS WITH THOSE WHO SHARE ITS MISSION

Additional Data

Software ID: Software Version:

EIN: 25-1840370

Name: PIRATES CHARITIES

Form 990, Special Condition Description:

Special Condition Description Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) 4d. Other program services (Code) (Expenses \$ 483,915 including grants of \$ 474,767) (Revenue \$)