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DLN: 93493316014716

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

Return of Organization Exempt From Income Tax

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

Open to Public Inspection

<u>Α</u> Ε	or the	2015 ca	lendar vear, or tax vear beginning	01-01-2015 , and ending 12-31-201!	5			
		applicable	C Name of organization			D Empl	oyer ide	ntification number
_		change	ALLEGHENY CONFERENCE ON COMMU DEVELOPMENT	INITY		25-0	96521	ર
Ŭ N	ame ch	nange	Doing business as			_	30321.	,
	iitial ret	turn	Domy Business as					
return	nal /termır	nated		Il is not delivered to street address) Room/suit	e	E Teleph	one num	ber
_		l return	11 STANWIX STREET 17TH FLOOR			(412) 281-4	783
Ap	plicatio	n pending	City or town, state or province, count PITTSBURGH, PA 15222	y, and ZIP or foreign postal code		G Gross	receipts :	\$ 11,166,900
			F Name and address of principa	Lofficer	H(a) Io	this a grou	•	
			DENNIS YABLONSKY			bordinates?		⊤ Yes 🗸
			11 STANWIX STREET 17TH FL PITTSBURGH,PA 15222	OOR		lo		
I Ta	x-exer	npt status	√ 501(c)(3)	sert no) 4947(a)(1) or 527		e all subord cluded?	inates	□Yes □ No
J W	ebsit	e:▶ WW	W ALLEGHENYCONFERENCE O	RG		•		(see instructions)
K For	m of or	ganization	✓ Corporation Trust Associati	on ☐ Other ▶		roup exemp f formation 1		mber ► State of legal domicile PA
		9	1					
Pa	rt I	Sum						
			scribe the organization's mission of ULATE ECONOMIC GROWTH AN	or most significant activities ID IMPROVE THE QUALITY OF LIFE	THROUG	ноит ѕои	THWES	STERN
a.		ENNSYL						
Governance	_							
Ē								
0 Ve	2 (Check th	nis box 🕨 🥅 if the organization dis	continued its operations or disposed o	f more tha	ın 25% of ıt	s net as	ssets
ত ≫া	l		6.1.				1 _ 1	
es 🤄			-	g body (Part VI, line 1a)			3	60
Activities &			· -	the governing body (Part VI, line 1b) lendar year 2015 (Part V, line 2a) .			5	59 64
Act				cessary)			6	300
			•	t VIII, column (C), line 12			7a	0
				n Form 990-T, line 34			7b	
					F	rior Year		Current Year
	8	Contri	ibutions and grants (Part VIII, line	e 1h)		9,248	,696	8,592,518
Ę	9	Progra	am service revenue (Part VIII, lin	e 2g)		2,449	,410	2,550,258
Ravenue	10	Inves	tment income (Part VIII, column		12	,759	24,109	
α.	11		revenue (Part VIII, column (A), I			12	,892	15
	12	Total 12)	revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		11,723	,757	11,166,900
	13	Grant	s and sımılar amounts paıd (Part I	X, column (A), lines 1-3)		5,474	,391	6,756,694
	14	Benef	its paid to or for members (Part IX	, column (A), line 4)			0	(
S	15			e benefits (Part IX, column (A), lines		5,519	,803	5,808,510
Expenses	16a	5-10) ssional fundraising fees (Part IX, o	column (A) line 11e)			0	
e di	ь		undraising expenses (Part IX, column (D),	, ,,				
Ð	17			nes 11a-11d, 11f-24e)		-919	.070	-1,685,488
	18		, , , , , , , , , , , , , , , , , , , ,	t equal Part IX, column (A), line 25)		10,075		10,879,716
	19		·	8 from line 12		1,648	,633	287,184
≥ 8 8 8					Beginnin	g of Current	Year	End of Year
Net Assets or Fund Balances		T-4-1	(D		<u> </u>			14 430 916
Ass	20 21		assets (Part X, line 16) liabilities (Part X, line 26)			18,939 6,389		14,429,810
Z E	22		ssets or fund balances Subtract li		·	12,549	-	12,836,388
	1111	_	nature Block			12/3/19	,201	12/030/300
				nined this return, including accompany				
			belief, it is true, correct, and comp nowledge	olete Declaration of preparer (other the	an officer)	ıs based or	n all info	rmation of which
		1.						
		****	ature of officer			2016-11-01 Date		
Sigr Her		1, -				Date		
пет	_		NIS YABLONSKY CHIEF EXECUTIVE OFFIC or print name and title	ER				
		F	Print/Type preparer's name		ite	Chade F	PTIN	
Paid	d	[5	SUSAN M KIRSCH	SUSAN M KIRSCH		Check ıf self-employed	P00341	L397
	pare	er ⊢	Firm's name SCHNEIDER DOWNS & C	Firm's EIN 🕨 :				
	On	1 1	Firm's address > ONE PPG PLACE SUITE 1			Phone no (41	2) 261-3	544
			PITTSBURGH, PA 15222					
May	the IR	RS discus	ss this return with the preparer sh	own above? (see instructions)				✓Yes No

Part III Statement of Program Service Accomplishments

		_												
														г
(nec	k if Schedule O	contains a resi	nonse or note :	to anv	line in this	Part III			_			_		- 14
01100	K II Delleadie O	Contains a res	DOTIDE OF HOLE	co any	mic in cins	. GICIII	•	•		•	 		•	

Briefly describe the organization's mission

THE ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT (ACCD) AND AFFILIATES - THE GREATER PITTSBURGH CHAMBER OF COMMERCE (CHAMBER), THE PENNSYLVANIA ECONOMY LEAGUE OF GREATER PITTSBURGH(PELGP) AND THE PITTSBURGH REGIONAL ALLIANCE (PRA) - WORK IN COLLABORATION WITH PUBLIC AND PRIVATE SECTOR PARTNERS TO STIMULATE ECONOMIC GROWTH AND IMPROVE THE QUALITY OF LIFE IN SOUTHWESTERN PENNSYLVANIA

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Tes √No If "Yes," describe these new services on Schedule O

 $\hbox{Did the organization cease conducting, or make significant changes in how it conducts, any program \\$

If "Yes," describe these changes on Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

) (Expenses \$ 3,986,238 including grants of \$ 3,561,658) (Revenue \$ 1,416,670)

OUR 2015-2017 AGENDA SEEKS TO CONNECT PEOPLE TO OPPORTUNITY BY ALIGNING THREE INTERRELATED STRATEGISE DESIGNED TO FOUS ECONOMIC AND COMMUNITY DEVELOPMENT INITIATIVES ON COMMON OPPORTUNITY BY ALIGNING THREE INTERRELATED STRATEGISE DESIGNED TO FOLSE ECONOMIC AND COMMUNITY DEVELOPMENT INITIATIVES ON COMMON OPPORTUNITY BY ALIGNING THREE INTERRELATED STRATEGISE DESIGNED TO FOLSE ECONOMIC AND OPPORTUNITY THROUGH WORLD-CLASS INFRASTRUCTURE, AND IMPROVEMENT, BUILD AND REINFORCE SYSTEMS THAT SUPPORT SUSTAINBULLTY AND OPPORTUNITY THROUGH WORLD-CLASS INFRASTRUCTURE, AND IMPROVEMENT, BUILD AND REINFORCE SYSTEMS THAT SUPPORT SUSTAINBULL OF THE CONTROL OF THE PROPERTY OF THE CONTROL OF THE PROPERTY OF THE P OUR 2015-2017 AGENDA SEEKS TO CONNECT PEOPLE TO OPPORTUNITY BY ALIGNING THREE INTERRELATED STRATEGIES DESIGNED TO FOCUS ECONOMIC AND COLLABORATE AND COOPERATE ON DOWNSTREAM MANUFACTURING OPPORTUNITIES THROUGH ENERGY-RELATED REGIONAL MARKETING, POLICIES AND WORKFORCE PROGRAMS

573,249 including grants of \$ 513,762) (Revenue \$ (Code) (Expenses \$ 186,987)

#22 INFRASTRUCTURE BUILDING AND REINFORCING TRANSPORTATION AND INFRASTRUCTURE SYSTEMS THAT SUPPORT SUSTAINABILITY AND OPPORTUNITY THE INFRASTRUCTURE STRATEGY FOCUSES ON IMPROVING SYSTEMS AND STRUCTURES THAT ENHANCE THE REGION'S ECONOMY AND SUSTAIN ITS POPULATION TO ATTRACT AND RETAIN TALENTED INDIVIDUALS AND EMPLOYERS TO O URR REGION, WE MUST PROVIDE A WORLD-CLASS TRANSPORTATION AND INFRASTRUCTURE AND RETAIN TALENTED INDIVIDUALS AND EMPLOYERS TO O URR REGION, WE MUST PROVIDE A WORLD-CLASS TRANSPORTATION AND INFRASTRUCTURE A REGION IN TRANSPORTATION VISION AND FRAMEWORK THAT WILL GUIDE FUTURE INVESTMENT IN INFRASTRUCTURE, ADVANCE ECONOMIC AND COMMUNITY WITALITY, AND SUPPORT TALENT ATTRACTION AND RETENTION THE REGION LOCALLY, NATIONALLY REGIONALE (RTA) WAS LAUNCHED, A PUBLIC-PRIVATE CIVIC INITIATIVE WITH THE MISSION OF FACILITATING A BROAD COMMUNITY DISCUSSION ABOUT WHAT THE TRANSPORTATION FOR THE REGION COULD BE LED BY A STEERING COMMITTEE COMPOSED OF PUBLIC AND PRIVATE SECTOR LEADERS FROM ALL 10 SOUTHWESTERN PENNSYLVANIA COUNTIES AND THE CITY OF PITTSBURGH, THE RTA IS PROVIDING OVERSIGHT OF THE INITIATIVE AS IT GATHERS BROAD INPUT TO DEVELOP A VISION FOR NEW INVESTMENTS AND IMPROVEMENTS THE RTA BEGAN THIS PROCESS IN OCTOBER BY "CROWDSOURCING" IDEAS AND PRIORITIES TO ADDRESS MOBILITY AND CONNECTIVITY ISSUES FROM OVER 340 ORGANIZATIONS THROUGHOUT THE REGION THAT REPRESENT ECONOMIC DEVELOPMENT, SOCIAL SERVICES, ARTS & CULTURE, BUSINESS AND EDUCATION IN 2016 THE RTA PLANS TO CONTINUE SOLICITING INPUT FROM ADDITIONAL STAKEHOLDERS AND INNOVATORS TO DEVELOP A DRAFT VISION FOR PUBLIC DISCUSSION ARE SERVICE COMPETITIVENESS FOR AND ADDRESS MOBILITY AND PORTER ARILINES - ADDED SERVICE TO 16 DESTINATIONS ASSISTED IN IMPROVING AIR SERVICE FOUR RIRLED AS A WEEK FOR SIX MONTHS. FROMTIER, ONE JET AND PORTER ARILINES - ADDED SERVICE TO 16 DESTINATIONS AT PITTSBURGH TOTER ADDED FLIGHTS PROVIDING MORE LINKS TO CHICAGO, TORONTO AND DENVER THE NON-STOP PITTSBURGH-TO-PARIS FLIGHT ON DELTA ARILINES ANDOUNCED EXPANSION TO SEVEN DAYS A #2 INFRASTRUCTURE BUILDING AND REINFORCING TRANSPORTATION AND INFRASTRUCTURE SYSTEMS THAT SUPPORT SUSTAINABILITY AND OPPORTUNITY THE

2,406,799 including grants of \$ 2,212,747) (Revenue \$ #3 WORKFORCE UNDERSTANDING FUTURE CAREER OPPORTUNITIES TO BETTER MATCH SUPPLY AND DEMANDTHE WORKFORCE STRATEGY FOCUSES ON CONNECTING PEOPLE TO SKILLS, CONNECTING JOB SEEKERS TO EMPLOYERS AND CONNECTING SKILLED WORKERS FROM INSIDE AND OUTSIDE OUR REGION TO OPPORTUNITY HERE THE CONFERENCE STRIVES TO MEET THE WORKFORCE NEEDS OF THE REGION WITH TWO INITIATIVES ONE TARGETING DEMAND AND THE OTHER TARGETING SUPPLY DEMAND - IDENTIFY CURRENT AND ANTICIPATED (2014-2025) DEMAND AND IDENTIFY GROWTH OCCUPATIONS AND SECTORS IN THE PITTSBURGH REGION LAUNCHED THE 2014-2025 SUPPLY & DEMAND STUDY BY SECURING FUNDING, CREATING A WORKING GROUP TO DEVELOP A RPP AND MAKE COMPETITIVE SELECTION OF A VENDOR AN OCCUPATIONAL ANALYSIS OF THE TECH SECTOR WAS ENFOLDED IN THE STUDY, WHICH WILL EXAMINE SUPPLY AND DEMAND ACROSS ALL INDUSTRY SECTORS, AND OFFER RECOMMENDATIONS TO EMPLOYERS, JOBSEEKERS, EDUCATORS, PARENTS AND STUDENTS TO IMPROVE THE DEVELOPMENT OF THE REGION'S WORKFORCE SUPPLY - ATTRACT AND RETAIN TALENT AND ALIGN REGIONAL EDUCATION AND TRAINING PROGRAMS TO MEET INDUSTRY NEEDS IMAGINEPITTSBURGH COM, THE REGIONAL JOB PORTAL, ROUTINELY LISTED MORE THAN 20,000 JOBS DAILY THE WEBSITE REACHED TWO MILLION VIEWS, OVER ONE MILLION JOBS SEARCHED, AND OVER 300,000 UNIQUE USERS FROM AROUND THE WORLD PUBLISHED THE "BRIDGING THE SOFT SKILLS" TRAINING IN THE WORKFORCE WORKED WITH THE U.S. CHAMBER OF COMMERCE FOUNDATION TO DEVELOP A BUSINESS PLAN FOR A POTENTIAL PILOT TRAINING IN THE WORKFORCE WORKED WITH THE U.S. CHAMBER OF COMMERCE FOUNDATION TO DEVELOP A BUSINESS PLAN FOR A POTENTIAL PILOT TRAINING IN THE WORKFORCE WORKED WITH THE U.S. CHAMBER OF COMMERCE FOUNDATION TO DEVELOP A BUSINESS PLAN FOR A POTENTIAL PILOT TRAINING IN THE WORKFORCE WORKED WITH THE U.S. CHAMBER OF COMMERCE FOUNDATION TO DEVELOP A BUSINESS PLAN FOR A POTENTIAL PILOT TRAINING SKILLS GAP" SURVEY AND REPORT WITH THE U.S. CHAMBER OF COMMERCE FOUNDATION THAT ILLUSTRATED THE NEED FOR CRITICAL "SOFT SKILLS" TRAINING IN THE WORKFORCE WORKED WITH THE U.S. CHAMBER OF COMMERCE FOUNDATION TO DEVELOP A BUSINESS PLAN FOR A POTENTIAL PILOT TRAINING PROGRAM IN SOFT SKILLS AT OUR COLLEGES. COMPLETED A COMPREHENSIVE CURRICULAR MAPPING OF SECONDARY AND POST-SECONDARY ENDERGY AND MANUFACTURING COURSE OFFERINGS IN THE TRI-STATE AREA WITH THE GOAL OF IDENTIFYING GAPS THAT CAN BE ADDRESSED THROUGH CHANGES IN PUBLIC POLICY. THE SHALENET PROGRAM HELPED TO EMPLOY 3,400 ENERGY-RELATED WORKERS THROUGH INITIAL NON-CREDIT TRAINING, 960 CREDENTIALED/IN TRAINING AND 185 EMPLOYED AFTER NEW FOR-CREDIT TRAINING FUNDING FOR SCHOLARSHIPS, CAREER COUNSELORS AND BUSINESS PLANNING WAS ALSO SECURED. SERVICE TO OPPORTUNITY CONTINUED TO MATCH READY-TO-WORK VETERANS AND MILITARY MEMBERS WITH READY-TO-HIRE EMPLOYERS IN ADVANCED MANUFACTURING AND ENERGY. THE PROGRAM REGISTERED 351 VETERANS AND 93 EMPLOYERS IN ENERGY AND MANUFACTURING THROUGH THE WEBSITE, SEEKING TO MATCH RETURNING MILITARY AND UNDEREMPLOYED VETERANS IN THE REGION WITH JOBS IN THE REGION.

See Additional Data

4d Other program services (Describe in Schedule O)

775,485 including grants of \$ 468,527) (Revenue \$ 336,626)

Total program service expenses ▶ 4e 7,741,771

Form **990** (2015)

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	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	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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		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, Pait 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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	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
	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	11 c	Yes	<u> </u>
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 2	11 d		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	11 f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12 a		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 and XII is optional	12 b	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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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 (see instructions)	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		No
202	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		No
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2015)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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 lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24 c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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, Pait I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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	28 a		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
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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28 c	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? 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? 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, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	

b If Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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

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

organization? If "Yes," complete Schedule R, Part V, line 2

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

37

35b

36

37

Yes

Yes

Yes

Form 990 (2015)

Νo

Part V	Statements	Regarding	Other	IRS Filin	as and	Tax	Complianc
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Par	t V	Statements Regarding Other IRS Filings and Tax Complianc Check if Schedule O contains a response or note to any line in this		M			_
		check if Schedule o contains a response of note to any line in this	rait	<u>v</u>		Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	18		103	110
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
		L ie organization comply with backup withholding rules for reportable payments to	o vend	fors and reportable			
·		ig (gambling) winnings to prize winners?		· · · · · ·	1c	Yes	
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	2a	64			
h	•	s return	-		2b	Yes	
U		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file					
3a	Did th	ie organization have unrelated business gross income of \$1,000 or more during	g the y	/ear?	3a		No
b	If "Yes	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanati</i> c	on in S	Schedule O	3b		
4a	Atany	y time during the calendar year, did the organization have an interest in, or a si	ıgnatuı	re or other authority			
		a financial account in a foreign country (such as a bank account, securities acc	count,	or other financial	4a		No
h		int)?					NO
b		s," enter the name of the foreign country ▶	k and i	Einancial Accounts			
	(FBAR		K allu i	maneral Accounts			
5a	Was tl	he organization a party to a prohibited tax shelter transaction at any time durir	ng the	tax year?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited t		ŀ	5b		No
С	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?					
		-, ···· · ·, · · · · · · ·			5c		
6a		the organization have annual gross receipts that are normally greater than \$10			6a		No
h	-	ization solicit any contributions that were not tax deductible as charitable cont s," did the organization include with every solicitation an express statement th		ŀ			
-		not tax deductible?		· · · ·	6b		
7	Organ	izations that may receive deductible contributions under section 170(c).					
а		e organization receive a payment in excess of \$75 made partly as a contributi		d partly for goods and	7a		Νo
b		s," did the organization notify the donor of the value of the goods or services p			7b		
		e organization sell, exchange, or otherwise dispose of tangible personal proper					
		rm 8282?	 		7 c		No
d	If "Ye	s," indicate the number of Forms 8282 filed during the year	7d				
е	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a p	oerson	al benefit contract?			N
f	Did th	ie organization, during the year, pay premiums, directly or indirectly, on a perso	onal be	enefit contract?	7e 7f		No No
		organization received a contribution of qualified intellectual property, did the o		ŀ			110
9	requir			action me romin doss us	7 g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	s, dıd t	the organization file a	76		
		1098-C?	•		7h		
8	-	donor advised fund maintaining donor advised runds.	ısıness	s holdings at any time			
	during	the year?			8		
9a	Did th	e sponsoring organization make any taxable distributions under section 4966	? .		9a		
b	Did th	e sponsoring organization make a distribution to a donor, donor advisor, or rela	ated p	erson [,]	9b		
10	Section	on 501(c)(7) organizations. Enter					
а	Initiat	tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
11		on 501(c)(12) organizations. Enter			ĺ		
а	Gross	income from members or shareholders	11a				
b		income from other sources (Do not net amounts due or paid to other sources					
	agains	st amounts due or received from them)	11b				
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990) in lie	u of Form 1041?	12 a		
b		s," enter the amount of tax-exempt interest received or accrued during the	12b		Ţ		
13	year Sectio	on 501(c)(29) qualified nonprofit health insurance issuers.					
а		organization licensed to issue qualified health plans in more than one state? N Onal information the organization must report on Schedule O	lote. S	ee the instructions for	13a		
b		the amount of reserves the organization is required to maintain by the states					
	ın whi	ch the organization is licensed to issue qualified health plans	13b				
		the amount of reserves on hand	13c		ļ		
		e organization receive any payments for indoor tanning services during the tax	•	•	14a		No
b	If "Ye	s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	ation in	Schedule O	14b		

orm	990 (2	2015)					Page (
Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No describe the circumstances, processes, or changes in Schedule O. S			or 10)b belo	w,
		Check if Schedule O contains a response or note to any line in this Part VI					🔽
Se	ction	A. Governing Body and Management					
		,		1		Yes	No
1a	Enter year	the number of voting members of the governing body at the end of the tax	1a	60			
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee illar committee, explain in Schedule O					
b		the number of voting members included in line 1a, above, who are endent	1 b	59			
2		ny officer, director, trustee, or key employee have a family relationship or a bus officer, director, trustee, or key employee?			2	Yes	
3		e organization delegate control over management duties customarily performe vision of officers, directors or trustees, or key employees to a management co			3		No
4	Did th filed?	e organization make any significant changes to its governing documents since		orior Form 990 was	4		No
5	Did th	e organization become aware during the year of a significant diversion of the o	rganız	ation's assets? .	5		No
6	Did th	e organization have members or stockholders?			6		No
7a		e organization have members, stockholders, or other persons who had the pow members of the governing body?			7a		No
b		ny governance decisions of the organization reserved to (or subject to approva sons other than the governing body?			7b		No
8		e organization contemporaneously document the meetings held or written acti by the following	ons u	ndertaken during the			
а	The go	overning body?			8a	Yes	
b	Each	committee with authority to act on behalf of the governing body? $\cdot\cdot\cdot$. \cdot			8 b	Yes	
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, ization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No
Se	ction	B. Policies (This Section B requests information about policies not	requ	red by the Internal R	even	ue Cod	e.)
						Yes	No
10a	Did th	e organization have local chapters, branches, or affiliates?			10 a		No
b		s," did the organization have written policies and procedures governing the act es, and branches to ensure their operations are consistent with the organizati			10b		
11a	Has th	ne organization provided a complete copy of this Form 990 to all members of it rm?	s gov	erning body before filing	11a	Yes	
b	Descr	ibe in Schedule O the process, if any, used by the organization to review this F	orm 9	990			
12a	Did th	e organization have a written conflict of interest policy? If "No," go to line 13 .			12 a	Yes	
b		officers, directors, or trustees, and key employees required to disclose annual		_	12b	Yes	
c		e organization regularly and consistently monitor and enforce compliance with edule O how this was done		•	12c	Yes	
13	Did th	e organization have a written whistleblower policy?			13	Yes	
14	Did th	e organization have a written document retention and destruction policy? .			14	Yes	
15		e process for determining compensation of the following persons include a revendent persons, comparability data, and contemporaneous substantiation of th					
а	The or	rganization's CEO, Executive Director, or top management official			15a	Yes	
ь	Other	officers or key employees of the organization			15b	Yes	
	If"Ye	s" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Dıd th	e organization invest in, contribute assets to, or participate in a joint venture of the entity during the year?		_	16 a		No
b	If"Ye	s," did the organization follow a written policy or procedure requiring the organ ipation in joint venture arrangements under applicable federal tax law, and take	ızatıoı	n to evaluate its			

Section C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶

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

organization's exempt status with respect to such arrangements?

Own website Another's website Vpon request Other (explain in Schedule O)

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

▶JANEL SKELLEY 11 STANWIX STREET 17TH FLOOR PITTSBURGH, PA 15222 (412) 281-4783

16b

Part VII

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. 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 organization nor any related organization compensated any current officer, director, or trustee (B) (C) (D) (F) (A) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations from the (W-2/1099for related 2/1099-MISC) organization and Former Highest compensat employee Individual trustee É organizations MISC) related ũ stitutional below organizations employee 更合 dotted line) Trustee See Additional Data Table

art VII	Section A. Officers,	Directors, Trustees	, Key Employees,	, and Highest Comp	ensated Employees (contir	nued)
---------	----------------------	---------------------	------------------	--------------------	---------------------------	-------

(A) Name and Title	(B) Average hours per week (list any hours	(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-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	prganizations or disconsisted by the below the		Key employee	Former Highest compensated employee		2/1099-MISC)	2/1099-MISC)	organization and related organizations	
See Additional Data Table										
1b Sub-Total						•				
c Total from continuation sheets d Total (add lines 1b and 1c) .	•			<u>.</u>	<u> </u>	•		1,848,361	0	252,126

- Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 14
- - Did the organization list any former officer, director or trustee, key employee, or highest compensated employee
 - on line 1a? If "Yes," complete Schedule J for such individual
 - 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 ındıvıdual 4
 - Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for
- services rendered to the organization? If "Yes," complete Schedule I for such person . . .

(A)

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

Name and business address	Description of services	Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Yes

Yes

3

(B)

No

Νo

Form 99								Page 9
Part V	* * * *	Statement o	f Revenue					
		Check If Schedu	ule O contains a respon	se or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
(0	1a	Federated camp	paigns 1a					012 011
ints ints	ь	Membership du	es 1b					
Gra no	c	•	ents 1c					
ts.		_						
e E Ba	d	_	rations 1d					
ns,	e	Government grants	s (contributions) 1e	38,850				
er S	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	8,553,668				
Contributions, Gifts, Grants and Other Similar Amounts	g		ons included in lines					
nd (1a-1f \$. 1 . 16		8,592,518			
<u>ة ت</u>	n	Total. Add lines	sia-ii		0,392,310			
i	_			Business Code				
Program Service Revenue		SHARED SERVICES		900099	2,369,413	2,369,413		
a <u>k</u>	b	SPECIAL FUNCTION		900099	94,555	94,555		
Š	C C	OTHER PROGRAM		900099	82,210	82,210		
3	d	ANCILLARY REVENU	UE	900099	4,080	4,080		
ran	e f	All other progra	am service revenue					
T ogi	'	All other progra	ini service revenue					
<u>a</u>	g		s 2a-2f		2,550,258			
	3		ome (including dividend ar amounts)		24,109			24,109
	4	Income from inves	tment of tax-exempt bond p	proceeds ►				
	5	Royalties		•	15			15
		6	(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental expenses						
	с	Rental income or (loss)						
	d	Net rental incor	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory						
	ь	Less cost or other basis and						
		sales expenses						
	c d	Gain or (loss)	s)					
		Gross income fi		· · · · >				
Other Revenue		events (not inc	luding reported on line 1c)					
her			a					
ŏ	l		penses b [(loss) from fundraising e	events				
			rom gaming activities	vicino i i p				
	ь	Less directex	penses b					
	с	Net income or (ا loss) from gaming activ(rities				
	10a	Gross sales of	inventory less	<u> </u>				
		returns and allo						
			a					
	b	_	oods sold b					
	С	Miscellaneous	(loss) from sales of inve	Business Code				
	11a	riscendicous	2 Neveride	Basiness code				
	ь							
	c							
	d	All other revenu	ue					
	e	Total. Add lines	s 11a-11d	🕨				
	12	Total revenue.	See Instructions					
					11,166,900	2,550,258	0	24,124

Part IX Statement of Functional Expenses

Section	501(c)(3)) and $501(c)(4)$ o	rganizations must coi	mnlete all columns	All other organizations	must complete column (A)

Check	ıf Schedule O	contains	a response or n	ote to any	line in this f	Part IX							

	ot include amounts reported on lines 6b, o, 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 domestic organizations and domestic governments See Part IV, line 21	6,756,694	6,756,694		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,335,470	281,515	587,926	466,029
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	3,588,046	2,364,221	964,392	259,433
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	182,325	123,206	46,642	12,477
9	Other employee benefits	360,734	232,382	100,244	28,108
10	Payroll taxes				
		341,935	201,334	102,311	38,290
11	Fees for services (non-employees)				
а	Management				
b	Legal	6,623	4,106	2,517	
С	Accounting	57,516	43,453	14,063	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	168,525	127,171	34,086	7,268
12	Advertising and promotion	90,428	45,022	32,168	13,238
13	Office expenses	71,129	34,755	36,374	
14	Information technology	131,981	73,506	58,475	
15	Royalties				
16	Occupancy	418,128	259,239	158,889	
17	Travel	61,301	38,007	18,832	4,462
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	290,127	230,982	18,041	41,104
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	134,160	94,849	39,311	
23	Insurance	40,103	24,864	15,239	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	DUES AND MEMBERSHIPS	22,036		22,036	0
b	PROFESSIONAL DEVELOPMEN	18,848	5,173	13,675	
c	MISCELLANEOUS	6,265	3,950	2,315	
d	SHARED EXPENSES	-3,202,658	-3,202,658		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	10,879,716	7,741,771	2,267,536	870,409
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)		-		· ·

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note to any lin	e in th	ıs Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			562,112	1	247,951
	2	Savings and temporary cash investments			4,568,117	2	4,942,674
	3	Pledges and grants receivable, net			3,813,635	3	3,549,533
	4	Accounts receivable, net			337,765	4	285,556
	5	Loans and other receivables from current and former office key employees, and highest compensated employees. Schedule L	ers, di omplete	e Part II of		5	
ste	6	Loans and other receivables from other disqualified person section 4958 (f)(1)), persons described in section 4958 (contributing employers and sponsoring organizations of soluntary employees' beneficiary organizations (see install of Schedule L	c)(3)(E section	3), and 501(c)(9)			
Assets						6	
Ÿ	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			109,064	9	91,101
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10 a	1,100,695	<u>i</u>		
	b	Less accumulated depreciation	10 b	629,030	478,393	10 c	471,665
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11 $$.			3,003	12	3,003
	13	Investments—program-related See Part IV, line 11 .			9,067,059	13	4,838,327
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets.Add lines 1 through 15 (must equal line 34)			18,939,148	16	14,429,810
	17	Accounts payable and accrued expenses			1,673,807	17	1,593,422
	18	Grants payable				18	
	19	Deferred revenue			24,001	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of				21	
abilities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and di	dırecto	rs, trustees,			
Ē		persons Complete Part II of Schedule L				22	
<u>.e.</u>	23	Secured mortgages and notes payable to unrelated third	parties			23	
_	24	Unsecured notes and loans payable to unrelated third pa	•			24	
	25	Other liabilities (including federal income tax, payables t and other liabilities not included on lines 17-24) Complete Part X of Schedule D		ed third parties,			
		· · · · · · · · · · · · · · · · · · · ·			4,692,136	25	0
	26	Total liabilities.Add lines 17 through 25			6,389,944	26	1,593,422
ses		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re ▶	✓ and complete			
an	27	Unrestricted net assets			2,883,376	27	2,796,891
Bal	28	Temporarily restricted net assets	•		9,665,828	28	10,039,497
<u> </u>	29	Permanently restricted net assets			5,000,020	29	10,000,107
Ē	-	•		 			
s or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), checomplete lines 30 through 34.	еск пе	re ▶			
et	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building or equipment				31	
Net Assets	32	Retained earnings, endowment, accumulated income, or o	other fu	ınds		32	
Ž	33	Total net assets or fund balances			12,549,204	33	12,836,388
	34	Total liabilities and net assets/fund balances			18,939,148	34	14,429,810

c If "Yes," to line 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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

✓ Consolidated basis

Separate basis

Single Audit Act and OMB Circular A-133?

Schedule O

2c

3a

3b

Yes

Νo

Form 990 (2015)

8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		12,8	336,388
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗸
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ved on			
	Conservation Conse				

Separate basis Consolidated basis Both consolidated and separate basis 2b Yes **b** Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both

Both consolidated and separate basis

Additional Data

Software ID:

Software Version:

EIN: 25-0965213

Name: ALLEGHENY CONFERENCE ON COMMUNITY

DEVELOPMENT

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

(Code) (Expenses \$	775,485	ıncludıng grants of \$	468,527) (Revenue \$	336,626)
#4 STRATEGIC	COMMUNICATIONS - GENERAT	EAWAREN	IESS OF ISSUES AND OF	PPORTUNITIES FACING THE PITT	SBURGH
REGION THROU	JGH TARGETED PUBLIC AFFAIRS	AND MAR	KETING COMMUNICATI	ONS ACTIVITIES TO ADVANCE T	HE AGENDA
WITH THE SUPP	PORT OF A NEWLY CONVENED ST	RATEGIC	COMMUNICATIONS CO	MMITTEE, DEVELOPED A SHARED)
PITTSBURGH RE	EGION MESSAGE, WITH SUPPOR	TING MAR	KET RESEARCH, DESIGN	IED TO RAISE POSITIVE AWAREN	ESS OF
THOUGHT LEAD	DERSHIP AND INNOVATION IN T	HE PITTSI	BURGH REGION IN SUPF	PORT OF THE WORKFORCE STRAT	EGY,
				NCOURAGED EMPLOYERS TO ADO	PT NEW
WAYSOFTHINE	KING ABOUT THE WORKFORCE A	ND DEMO	GRAPHIC CHALLENGES I	FACING THE REGION	

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

compensated Employees, and inde	pendent co	illiac	LOIS	•				1	I.	1
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore tl ss pe	than ersor icer a	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations to below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
REVATHI ADVAITHI	0 50	×		['	['			0	0	
EXIT 9/15			L_'	ot'	L'	<u> </u>	ot'			
ROBERT O AGBEDE AT-LARGE MEMBER	0 50	x						0	0	0
LEROY M BALL JR ENTER 115 AT-LARGE MEMBER	0 50	x						0	0	С
ESTHER L BARAZZONE AT-LARGE MEMBER	0 50	x						0	0	C
JOHN A BARBOUR AT-LARGE MEMBER	0 50	x						0	0	С
FLEMMING B BJOERNSLEV EXIT 6/15	0 50	х						0	0	C
JEFF BROADHURST	0 50	×		\vdash	\Box		\vdash	0	0	
AT-LARGE MEMBER	!		1 '	'	1 '	'	1 '	1	1	1

0 50

0 50

0 50

Х

Χ

JULIE CAPONI

AT-LARGE MEMBER

HELEN HANNA CASEY

AT-LARGE MEMBER

NICHOLAS DEIULIIS AT-LARGE MEMBER

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	unles	ore tl	than erso icer	not one on is and trust	tee)	an Forme	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations			
RANDALL S DEARTH AT-LARGE MEMBER	0 50	×						0	0	0			
WILLIAM S DEMCHAK AT-LARGE MEMBER	0 50	x						0	0	0			
J CHRISTOPHER DONAHUE AT-LARGE MEMBER	0 50	x						0	0	0			
CHARLES J DOUGHERTY AT-LARGE MEMBER	0 50	x						0	0	C			
LAURA E ELLSWORTH EX-OFFICO DIRECTOR	0 50	x						0	0	C			
JOHN J ENGEL AT-LARGE MEMBER	0 50	х						0	0	C			

0 50

0 50

0 50

0 50

Х

Χ

MICHELE FABRIZI AT-LARGE MEMBER

KAREN WOLK FEINSTEIN

DANIEL K FITZPATRICK

AT-LARGE MEMBER

AT-LARGE MEMBER

MICHAEL D FLOWERS AT-LARGE MEMBER

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) Average hours per week (list any hours for related organizations	m unle:	ore t ss pe offi direct	han erso cer tor/t	not one n is and trus	tee)	an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization			
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			and related organizations			
DAWN FUCHS AT-LARGE MEMBER	0 50	×						0	0	0			
PATRICK GALLAGHER AT-LARGE MEMBER	0 50	x						0	0	0			
WILLIAM GETTY AT-LARGE MEMBER	0 50	×						0	0	0			
STEVEN J GUY AT-LARGE MEMBER	0 50	×						0	0	0			
CHARLES L HAMMEL III AT-LARGE MEMBER	0 50	×						0	0	0			
NIGEL HEARNE AT-LARGE MEMBER	0 50	x						0	0	0			
DAWNE S HICKTON	0 50												

0 50

0 50

0 50

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AT-LARGE MEMBER

DAVID HOLMBERG

AT-LARGE MEMBER

AT-LARGE MEMBER

SCOTT D IZZO

PETER J KALIS AT-LARGE MEMBER

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
LAURA KARET	0 50	х						0	0	0
AT-LARGE MEMBER										
MARK R KEMPIC	0 50	х						0	0	0
AT-LARGE MEMBER	0.50									
WILLIAM LAMBERT ENTER 515 AT-LARGE MEMBER	0 50	х						0	О	o
JAMES H LASH AT-LARGE MEMBER	0 50	×						0	0	0
MARIO LONGHI AT-LARGE MEMBER	0 50	×						0	0	0
EDUARDO LUZ ENTER 915 AT-LARGE MEMBER	0 50	×						0	0	0
GERALD F MACCLEARY	0 50									

0 50

0 50

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AT-LARGE MEMBER

AT-LARGE MEMBER

EX-OFFICO DIRECTOR

AT-LARGE MEMBER

JAMES W MCGILL ENTER 915

DAVID J MALONE

HENRY J MAIER

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		,	organization and related organizations
TODD C MOULES AT-LARGE MEMBER	0 50	×						0	0	0
ALBERT NEUPAVER AT-LARGE MEMBER	0 50	×						0	0	0
ROBERT P OELER AT-LARGE MEMBER	0 50	×						0	0	0
GRANT OLIPHANT AT-LARGE MEMBER	0 50	×						0	0	0
ANTONIS PAPADOURAKIS AT-LARGE MEMBER	0 50	×						0	0	0
DAVID L PORGES AT-LARGE MEMBER	0 50	×						0	0	0
RICHARD RIAZZI	0 50	×						0	0	0

0 50

0 50

0 50

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AT-LARGE MEMBER

DANIEL L RODERICK

AT-LARGE MEMBER

JEFFREY A ROMOFF

AT-LARGE MEMBER

JOHN T RYAN III EXIT 5/15

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

compensated Employees, and Inde	pendent co.	Huac	LUIS	•				1	Î.	i
(A) Name and Title	(B) Average hours per week (list any hours for related	unles	ore tl ss pe	than ersoi icer i	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations i below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
VINCENT V SANDS EXIT 3/15	0 50	x						0	0	0
SUSAN BAKER SHIPLEY AT-LARGE MEMBER	0 50	x						0	0	0
GEORGE STEWART II AT-LARGE MEMBER	0 50	х						0	0	C
IAN K STEWART ENTER 515 AT-LARGE MEMBER	0 50	x						0	0	(
WILLIAM E STRICKLAND JR EX-OFFICO DIRECTOR	0 50	×						0	0	C
SUBRA SURESH AT-LARGE MEMBER	0 50	x						0	0	(
SUNIL WADHWANI	0 50	х						0	0	C

0 50

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AT-LARGE MEMBER

LARA WASHINGTON

AT-LARGE MEMBER

MORGAN K O'BRIEN

RICHARD J HARSHMAN

CHAIR

VICE CHAIR

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

(A) (B) (C) (D) (E)

(F)

36,677

Name and Title	A verage hours per week (list any hours for related	Average hours per week (list any hours for related Average hours and a director/trustee) Position (do not chec more than one box, unless person is both officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the	
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
KIMBERLY TILLOTSON FLEMING TREASURER	1 00	×		×				0	0	0	
VENKEE SHARMA SECRETARY	1 00	x		×				0	0	0	
CHARLES E BUNCH EX-OFFICO DIRECTOR	1 00	×		×				0	0	0	
DENNIS YABLONSKY CEO	31 00 20 00	×		×				556,986	0	52,419	
JANEL SKELLEY CFO	38 00 8 00			×				183,585	0	28,698	
WILLIAM FLANAGAN EVP CORP RELATIONS	42 00 7 00				×			213,144	0	37,922	
DAVID RUPPERSBERGERENTER4115 PRESIDENT, PRA	6 00 39 00				х			163,643	0	24,377	
KEN ZAPINSKI SENIOR VICE PRESIDENT	7 00 34 00					х		157,838	0	14,242	
BRIAN JENSEN	8 00					х		149,265	0	27,422	

178,293

36 00 9 00

34 00

SENIOR VICE PRESIDENT

SENIOR VICE PRESIDENT

LAURA FISHER

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (D) (E) Name and Title Position (do not check Reportable Reportable Estimated

	hours per week (list any hours for related organizations below	unle	ss pe offi direc	ersoi icer tor/t	n is and trust	tee)	an F	compensation from the organization (W- 2/1099- MISC)	compensation from related organizations (W- 2/1099- MISC)	amount of other compensation from the organization and related
	dotted line)	Individual trustee or director	Institutional Trustee	୦ ୭ ୮	employee	nest compensated dovee	mër			organizations
CATHERINE DELOUGHRY SENIOR VICE PRESIDENT	37 00					х		122,065	0	11,994
CECELIA CAGNI	12 00 20 00									
SENIOR VICE PRESIDENT	34 00					х		123,542	0	18,375

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

DLN: 93493316014716

Employer identification number

Schedule A (Form 990 or 990-EZ) 2015

25-0965213

SCHEDULE A **Public Charity Status and Public Support** (Form 990 or

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.

Open to Public Inspection

OMB No 1545-004

Department of the Treasury Internal Revenue Service

DEVELOPMENT

Part I

1

2

3

Name of the organization

ALLEGHENY CONFERENCE ON COMMUNITY

hospital's name, city, and state

990EZ)

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section **170(b)(1)(A)(iv).** (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total Cat No 11285F For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

carried on

VI)

Other income Do not include gain or loss from the sale of capital assets (Explain in Part

11 Total support. Add lines 7

Schedule A (Form 990 or 990-EZ) 2015 Page 2 Support Schedule for Organizations Described in Sections 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.) Section A. Public Support Calendar vear (a)2011 (b)2012 (c)2013 (d)2014(e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and 6,788,993 9,399,764 8,592,518 7,956,695 8,271,269 41,009,239 membership fees received (Do not include any unusual grants) Tay revenues levied for the

2	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	6,788,993	7,956,695	8,271,269	9,399,764	8,592,518	41,009,239
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						7,666,000
6	Public support. Subtract line 5 from line 4						33,343,239
S	ection B. Total Support						
(or	Calendar year fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	6,788,993	7,956,695	8,271,269	9,399,764	8,592,518	41,009,239
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	74,461	52,379	28,376	23,960	24,124	203,300
9	Net income from unrelated business activities, whether or not the business is regularly						

41,212,539 through 10 12 Gross receipts from related activities, etc. (see instructions) 10.989.769 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

Section C. Computation of Public Support Percentage

Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 80 910 % Public support percentage for 2014 Schedule A, Part II, line 14 15 80 210 %

16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶┌

organization b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

▶□

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I 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.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
•	iscal year beginning in) ▶	(-)	(-)	(0)_00	(-)	(-)	(1)
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	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						
3	Gross receipts from activities that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without charge Total. Add lines 1 through 5						
6	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of						
_	the amount on line 13 for the year Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
٥	from line 6)						
Se	ction B. Total Support		•	•	•		•
	Calendar year						7.5.
(or f	iscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
b	and income from similar sources Unrelated business taxable						
U	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b						
L1	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
L3	Total support. (Add lines 9, 10c, 11, and 12)						
L4	First five years.If the Form 990 is	cor the organizati	n's first, second	, third, fourth, or	I fifth tax vear as a	section 501(c)(3) organization
	check this box and stop here		,	,,,	,		▶ □
Se	ction C. Computation of Pub	lic Support P	ercentage				-
15	Public support percentage for 2015			13 column (f))		45	
		•		15, column (1))		15	
L6	Public support percentage from 20		<u> </u>			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
L7	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	17		18	
L9a	33 1/3% support tests—2015.If the				l line 15 is more t		nd line 17 is not
-	more than 33 1/3%, check this box	=					▶ □
b	33 1/3% support tests—2014.If the	•				-	•
_	18 is not more than 33 1/3%, check	-					
20	Private foundation If the organizat						

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
	Averally of the community of community of community of community of the community of community o		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section	2		
	509(a)(1) or (2)			<u> </u>
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
4a	If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")?			l
	If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes			l
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in	5b		
c	the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	J.		
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a		
	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--------------------------------------------	---------	----	------	----	------------	--------------	---

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
	trustees of each of the organization's supported organization(s)?			
	If "No," describe in Part VI how contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes." describe in Part VI the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities				
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
3	Parent of Supported Organizations Answer (a) and (b) below.			

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
;	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	—		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	10		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomp	olish exempt purposes		
2 Amounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	uured)		
6 Other distributions (describe in Part VI) See instru			
·	ic tions		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a .			
b c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			-
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
		Schodulo A	/Form 990 or 990-F7) /2015

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Service

Political Campaign and Lobbying Activities

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.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

2015
Open to Public Inspection

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

- 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization Employer identification number ALLEGHENY CONFÉRENCE ON COMMUNITY DEVELOPMENT 25-0965213 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Complete if the organization is exempt under section 501(c)(3). Part I-B Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 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 2 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? Yes 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 (e) A mount of political filing organization's contributions received funds If none, enter -0and promptly and directly delivered to a separate political organization If none, enter -0-3

3,561

134,697

138,258

15,406,194

15,544,452

927.223

231,806

(e) Total

3,373,776

5.060,664

557,635

843,445

1,265,168

4,081

0

3,561

72,007

75,568

10,804,147

10,879,715

693,986

173,497

(d)2015

927.223

138,258

231,806

3,561

Schedule C (Form 990 or 990-EZ) 2015

Yes

(c)2014

837,980

106,875

209,495

☐ No

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). Check Fig. 1 f the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN.

	•		re of excess lobbyin		% }	· .	
В	Check ► [if the filing organiz	ation checked box A	A and "limited contr	ol" provisions apply		

_	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
ь	expenses, and share of excess lobbying expenditures) Check		

В	Check ▶	if the filing organization checked box A and "limited control" provisions apply		
		Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's	(b) Affiliated group totals

The lobbying nontaxable amount is:

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 separate instructions for lines 2a through 2f.) **Lobbying Expenditures During 4-Year Averaging Period**

836.014

246,663

209,004

(b)2013

772.559

65.839

193,140

256

(a)2012

\$100,000 plus 15% of the excess over \$500,000

\$175,000 plus 10% of the excess over \$1,000,000

\$225,000 plus 5% of the excess over \$1,500,000

20% of the amount on line 1e

\$1,000,000

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

Lobbying nontaxable amount Enter the amount from the following table in both columns

Total lobbying expenditures to influence public opinion (grass roots

Total lobbying expenditures (add lines 1a and 1b)

Total exempt purpose expenditures (add lines 1c and 1d)

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-

Subtract line 1f from line 1c If zero or less, enter -0-

Calendar year (or fiscal year

beainning in)

reporting section 4911 tax for this year?

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

Other exempt purpose expenditures

Over \$500,000 but not over \$1,000,000

Over \$1,000,000 but not over \$1,500,000

Over \$1,500,000 but not over \$17,000,000

Not over \$500,000

Over \$17,000,000

g

2a

If the amount on line 1e, column (a) or (b) is:

Total lobbying expenditures to influence a legislative body (direct lobbying)

Return Reference

filed Form 5768 (election under section 501(h)).	(a)	(b)
each "Yes" response on lines 1a through 11 below, provide in Part IV a detailed description of the lobbying rivity	Yes	No _	A mount
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			
Volunteers?			
Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
Media advertisements?			
d Mailings to members, legislators, or the public?			
Publications, or published or broadcast statements?			
Grants to other organizations for lobbying purposes?			
Direct contact with legislators, their staffs, government officials, or a legislative body?			
n Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
Other activities?			
Total Add lines 1c through 1i			
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
If "Yes," enter the amount of any tax incurred under section 4912			
If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
		I –	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501 (c)(5), o	r section
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501 (c		Yes
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?	on 501 (c		Yes I
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?	on 501 (c	<u> </u>	Yes 1 2
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?			Yes 1 2 3
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?	on 501(c)(5), 01	Yes 1 2 3 r section
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere	on 501(c)(5), 01	Yes 1 2 3 r section
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes." Dues, assessments and similar amounts from members	on 501(c d "No" C)(5), 01	Yes 1 2 3 r section
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	on 501(c d "No" C)(5), 01	Yes 1 2 3 r section
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	on 501(c d "No" C l l 2a 2b)(5), 01	Yes 1 2 3 r section
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	2a 2b 2c)(5), 01	Yes 1 2 3 r section
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	2a 2b 2c 3)(5), 01	Yes 1 2 3 r section
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	2a 2b 2c 3)(5), 01	Yes 1 2 3 r section
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	2a 2b 2c 3)(5), 01	Yes 1 2 3 r section

Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493316014716
TY 2015 Affiliated Group Sche	dule	
Name:	ALLEGHENY CONFERENCE ON COMMUNIDEVELOPMENT	ΙΤΥ
EIN:	25-0965213	
Affiliated Group Business Name:	PITTSBURGH REGIONAL ALLIANCE	
Address. Either US or Foreign Type:	11 STANWIX STREET 17TH FLOOR PITTSBURGH, PA 15222	
EIN:	25-1780438	
Electing Organization Checkbox:	✓	
Total Grassroots Lobbying:	0	
Total Direct Lobbying:	62,690	
Total Lobbying Expenditures:	62,690	
Other Exempt Purpose Expenditures:	4,602,047	
Total Exempt Purpose Expenditures:	4,664,737	
Lobbying Nontaxable Amount:	383,237	
Grassroots Nontaxable Amount:	95,809	
Tot Lobbying Grassroot Minus Non Tx:	0	
Tot Lobby Expend Mns Lobbying Non Tx:	0	
Share Of Excess Lobbying:	383,237	
Affiliated Group Business Name:	STRATEGIC REGIONAL DEVELOPMENTS	SINC
Address. Either US or Foreign Type:	11 STANWIX STREET 17TH FLOOR PITTSBURGH, PA 15222	
EIN:	31-1766460	
Electing Organization Checkbox:		
Total Grassroots Lobbying:	0	
Total Direct Lobbying:	0	
Total Lobbying Expenditures:	0	
Other Exempt Purpose Expenditures:	0	
Total Exempt Purpose Expenditures:	0	

0

0

0

0

0

Lobbying Nontaxable Amount:

Share Of Excess Lobbying:

Tx:

Tx:

Grassroots Nontaxable Amount:

Tot Lobbying Grassroot Minus Non

Tot Lobby Expend Mns Lobbying Non

Affiliated Group Business Name:	PITTSBURGH REGIONAL ALLIANCE
Address. Either US or Foreign Type:	11 STANWIX STREET 17TH FLOOR PITTSBURGH, PA 15222
EIN:	25-1780438
Electing Organization Checkbox:	\checkmark
Total Grassroots Lobbying:	0
Total Direct Lobbying:	62,690
Total Lobbying Expenditures:	62,690
Other Exempt Purpose Expenditures:	4,602,047
Total Exempt Purpose Expenditures:	4,664,737
Lobbying Nontaxable Amount:	383,237
Grassroots Nontaxable Amount:	95,809
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	383,237
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:	
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	0
Total Exempt Purpose Expenditures:	0
Lobbying Nontaxable Amount:	0
Grassroots Nontaxable Amount:	0
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

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SCHEDULE D

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493316014716

Name of the organia	zation
Internal Revenue Service	
Treasury	Info
Department of the	

(Form 990)

► Attach to Form 990.

Open to Public Inspection

	Name of the organization ALLEGHENY CONFERENCE ON COMMUNITY			Employer identification number			
	ELOPMENT		25-0	965213			
Pa	rt I Organizations Maintaining Donor	Advised Funds or Other Similar F	unds o	r Accounts.			
	Complete if the organization answere	·					
	Tabal acceptance and afficient	(a) Donor advised funds	(b)	Funds and other	accounts		
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t	2	nor advıs	sed	☐ Yes	□No	
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the			· purpose		_	
Dai	conferring impermissible private benefit? t II Conservation Easements. Comple	te if the organization answered "Ves"	on Forn	n 990 Dart IV	Yes	No	
1	Purpose(s) of conservation easements held by th		011 1 0111	1 330, Fait 1V,	iiie 7.		
-	Preservation of land for public use (e.g., recru	= ' ' ' ' '					
	education)	Preservation of a	an histor	ically important	land area		
	Protection of natural habitat	Preservation of a	a certifie	d historic struct	ure		
	Preservation of open space						
2	Complete lines 2a through 2d if the organization leasement on the last day of the tax year	neld a qualified conservation contribution in	the form	of a conservation	on		
	and the same that the same tank you.			Held at the E	nd of the	Year	
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easeme	nts	2b				
c	Number of conservation easements on a certified	historic structure included in (a)	2c				
d	Number of conservation easements included in (c historic structure listed in the National Register) acquired after 8/17/06, and not on a	2d				
3	Number of conservation easements modified, trai	nsferred, released, extinguished, or terminat	ed by the	e organization di	uring the		
	tax year ►						
4	Number of states where property subject to cons	ervation easement is located >					
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		ndling of	┌ Yes	s □ No)	
6	Staff and volunteer hours devoted to monitoring, year	nspecting, handling of violations, and enforc	ing cons	ervation easem	ents durin	g the	
7	A mount of expenses incurred in monitoring, inspe	ecting, handling of violations, and enforcing o	conserva	tion easements	during the	year	
8	Does each conservation easement reported on lin (B)(i) and section $170(h)(4)(B)(ii)$?	ne 2(d) above satisfy the requirements of se	ction 17	0 (h)(4)	s □ No		
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text	of the footnote to the organization's financia		se statement, ar	nd .		
Par		tions of Art, Historical Treasures,	or Oth	er Similar A	ssets.		
	Complete if the organization answere	· · · · · · · · · · · · · · · · · · ·					
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	assets held for public exhibition, education,	, or resea	arch in furtheran		С	
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, education,				С	
(i) Revenue included on Form 990, Part VIII, line 1		> \$				
(i	i) Assets included in Form 990, Part X						
2	If the organization received or held works of art, he following amounts required to be reported under S		for financ				
а	Revenue included on Form 990, Part VIII, line 1	, , , , , , , , , , , , , , , , , , , ,		▶ \$			
b	Assets included in Form 990, Part X			> \$			

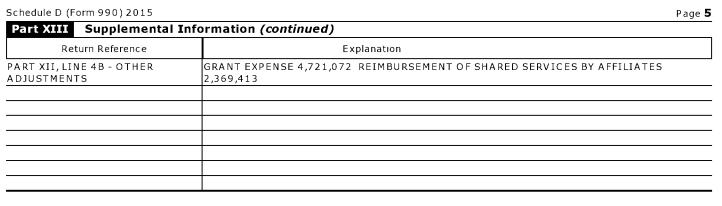
Par	t III	Organizations Maintaining (continued)	Collections of A	rt, His	storical	Trea	sures, or (Other Similar	Ass	ets	
3		the organization's acquisition, accition items (check all that apply)	ession, and other rec	ords, cl	heck any	of the	following that	are a significant	use o	fits	
а		Public exhibition		d	┌ Lo	an or	exchange pro	grams			
b	Γ:	Scholarly research		e	L 0	ther					
c		Preservation for future generations									
4	Provide Part >	de a description of the organization'	s collections and exp	olaın ho	w they fur	ther th	ne organizatioi	n's exempt purpo	se in		
5		g the year, did the organization soli s to be sold to raise funds rather th						_	r es	□No	
Pa	rt IV				000 D-	- T\ /	l 0				- 000
		Complete if the organization a Part X, line 21.	answered "Yes" on	Form	990, Pai	τιν,	line 9, or re	ported an amo	unt d	n Form	1 990,
1a		organization an agent, trustee, cus led on Form 990, Part X?	todian or other inter	mediary	for contr	butior	ns or other as:	sets not	/es	∏ No	
ь	If"	Yes," explain the arrangement in Pa	art XIII and complet	e the fo	llowing ta	ble		A	mour	nt	
c		inning balance	-				10	:			
d		ditions during the year					10	ı			
e		tributions during the year					1e				
f		ling balance					1f				
2 a		ie organization include an amount o	n Form 990, Part X, I	ine 21,	for escro	worcı	ــــــا ustodial accou	ınt lıabılıty?		□ No	
b								•			П
	rt V	s," explain the arrangement in Part Endowment Funds. Comple								• • •	
		Endownient Funds: Comple	(a)Current year		nor year	_	Two years back			e)Four yea	ars back
1 a	Begir	nning of year balance	, ,			 ``	,		Ť	· ·	
b		ributions									
c	Net II losse	nvestment earnings, gains, and s									
d	Grant	s or scholarships									
e		r expenditures for facilities rograms									
f	• A dmi	nistrative expenses							+		
g	End o	f year balance									
2		· · · · · · · de the estimated percentage of the	current year end hala	ance (lu	ne 1 a col	umn (a	a)) held as				
a		designated or quasi-endowment	current year end bare	ance (m	10 19,001	anni (c	i)) licia as				
_											
b		anent endowment ►									
С		orarily restricted endowment ► ercentages on lines 2a, 2b, and 2c	should equal 100%								
3a		nere endowment funds not in the pos ization by	ssession of the orgar	nization	that are h	neld an	id administere	d for the		Yes	No
	-	related organizations						Γ	3a(i)		140
		lated organizations							3a(ii)		
b	If"Ye	s" on 3a(II), are the related organiz	ations listed as requ	red on	Schedule	R? .			3b		
4	Desci	ribe in Part XIII the intended uses o		endowm	ent funds						
Pa	rt VI	Land, Buildings, and Equip		Form 0	100 Dart	T\/ -	no 112 Coo	Form 000 Dari	. V 1	ına 10	
		Complete if the organization a Description of property	answered tes to		(a) Cost or othe	r basıs	(b) Cost or other ba	Accumulat	ed	(d) Boo	k value
					(investme	ent)	(other)		\dashv		
				· -					\dashv		
		gs		· ·			552	176	2 007		220 200
		rold improvements		: H			553,4 455,0		3,087 5,609		320,389 138,479
							92,:		9,334		12,797

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

(a) Description of security or category	(b)Book value	(c)Method of valuation
(including name of security) (1)Financial derivatives		Cost or end-of-year market valu
(2)Closely-held equity interests		
(3) 0 ther		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Fo	orm 990 Part IV line 11c co.	- Farma 000 Bank V Ivaa 13
(a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
(1)INVESTMENT IN SIF, LP (2)INVESTMENT IN SIF, INC	429,412 3,853,651	C
(3)INVESTMENT IN P32	519,582	С
(4)INVESTMENT IN P32, LLC	35,682	С
Total (Column (b) must equal Form 990, Part X, col (B) line 13.)	4 838 327	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered	► 4,838,327 Yes' on Form 990, Part IV, line 1	1d See Form 990, Part X, line 15
		1d See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organization answered		
Part IX Other Assets. Complete if the organization answered		
Part IX Other Assets. Complete if the organization answered		
Part IX Other Assets. Complete if the organization answered		
Part IX Other Assets. Complete if the organization answered		
Part IX Other Assets. Complete if the organization answered		
Part IX Other Assets. Complete if the organization answered		
Part IX Other Assets. Complete if the organization answered		
Part IX Other Assets. Complete if the organization answered		
Part IX Other Assets. Complete if the organization answered		
Part IX Other Assets. Complete if the organization answered		
Part IX Other Assets. Complete if the organization answered (a) Description Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	Yes' on Form 990, Part IV, line 1	(b) Book value
Other Assets. Complete if the organization answered (a) Description Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization a	Yes' on Form 990, Part IV, line 1	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, (b) line 25.	Yes' on Form 990, Part IV, line 1	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, (b) line 25.	Yes' on Form 990, Part IV, line 1	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. 1. (a) Description of liability (b) Both	Yes' on Form 990, Part IV, line 1	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. 1. (a) Description of liability (b) Both	Yes' on Form 990, Part IV, line 1	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. 1. (a) Description of liability (b) Both	Yes' on Form 990, Part IV, line 1	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. 1. (a) Description of liability (b) Both	Yes' on Form 990, Part IV, line 1	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. 1. (a) Description of liability (b) Both	Yes' on Form 990, Part IV, line 1	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. 1. (a) Description of liability (b) Both	Yes' on Form 990, Part IV, line 1	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. 1. (a) Description of liability (b) Both	Yes' on Form 990, Part IV, line 1	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. 1. (a) Description of liability (b) Both	Yes' on Form 990, Part IV, line 1	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. 1. (a) Description of liability (b) Both	Yes' on Form 990, Part IV, line 1	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. 1. (a) Description of liability (b) Both	Yes' on Form 990, Part IV, line 1	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.	Yes' on Form 990, Part IV, line 1	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. 1. (a) Description of liability (b) Both	Yes' on Form 990, Part IV, line 1	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. 1. (a) Description of liability (b) Both	Yes' on Form 990, Part IV, line 1	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. 1. (a) Description of liability (b) Both	Yes' on Form 990, Part IV, line 1 nswered 'Yes' on Form 990, P ok value	(b) Book value

Par		evenue per Audited Financial Stanication answered 'Yes' on Form 990,			per Re	turn
1		er support per audited financial statements		,	1	4,261,551
2	Amounts included on line 1 bi	ut not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses)	on investments	2a			
b	Donated services and use of f	acılıtıes	2b	185,136		
c	Recoveries of prior year grant	s	2c			
d	Other (Describe in Part XIII)					
			2d			
е	,				2e	185,136
3			•		3	4,076,415
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1				
а	·	uded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)		4b	7,090,485		
c				ŀ	4c	7,090,485
5		d 4c. (This must equal Form 990, Part I, line			5	11,166,900
Part		xpenses per Audited Financial St nization answered 'Yes' on Form 990,			s per F	Return.
1		r audited financial statements			1	3,974,367
2	Amounts included on line 1 bi	ut not on Form 990, Part IX, line 25				
а	Donated services and use of f	acılıtıes	2a	185,136		
b	Prior year adjustments		2b			
c	Other losses		2 c			
d	Other (Describe in Part XIII)		2d			
e	Add lines 2a through 2d				2e	185,136
3	Subtract line 2e from line 1 .				3	3,789,231
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:				
а	Investment expenses not inc	uded on Form 990, Part VIII, line 7b .	. 4a			
b	Other (Describe in Part XIII)		4b	7,090,485		
c	Add lines 4a and 4b		-		4c	7,090,485
5	Total expenses Add lines 3 a	nd 4c. (This must equal Form 990, Part I, li	ne 18)	5	10,879,716
Prov Part		Formation Part II, lines 3, 5, and 9, Part III, lines 1a, lines 2d and 4b, and Part XII, lines 2d and				any additional
	Return Reference	Explanation				
PART	X, LINE 2	THE FINANCIAL ACCOUNTING STAND INCOME TAXES TOPIC OF THE ACCOUNTING WHICH CLARIFIES THE ACCOUNTING IN AN ENTITY'S FINANCIAL STATEME THRESHOLD AND MEASUREMENT PRINTAX POSITIONS TAKEN OR EXPECTED AND AFFILIATES'S COMBINED STATE 2015 AND 2014 DO NOT INCLUDE ANT FURTHER, THE CONFERENCE HAS NOT	JNTIN FOR U NTS T NCIPL O TO B MENT: Y LIAE	G STANDARDS CODIFI UNCERTAINTY IN INCO THIS TOPIC PRESCRIBI ES FOR FINANCIAL ST E TAKEN ON A TAX RE S OF FINANCIAL POSIT BILITIES WITH UNCERT	CATION ME TAX ES A REG ATEMEN TURN T TION AT	N (CODIFICATION), EES RECOGNIZED COGNITION IT DISCLOSURE OF HE CONFERENCE DECEMBER 31, X POSITIONS,

NO LONGER SUBJECT TO EXAMINATION OF ITS TAX RETURNS FOR YEARS BEFORE 2012



Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS DLN: 93493316014716 As Filed Data -OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number ALLEGHENY CONFERENCE ON COMMUNITY 25-0965213 DEVELOPMENT **General Information on Grants and Assistance** Part I 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (d) A mount of cash (a) Name and address of **(b)** EIN (c) IRC section (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table

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

(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 assistanc

		•
1		

THE USE OF THESE FUNDS TO ENSURE THEY ARE USED FOR THEIR INTENDED PURPOSE

		1							
		!							
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.									
Return Reference	Explanation								
FORM 990, SCHEDULE I, PART IV	THE ALLEGHENY CONFERENCE	ON COMMUNITY DEVE	ELOPMENT (ACCD), ALC	ONG WITH ITS AFFILIATED C	RGANIZATIONS PITTSBURGH				

Additional Data

Software ID: Software Version:

EIN: 25-0965213

EIN: 25-096521

Name: ALLEGHENY CONFERENCE ON COMMUNITY

DEVELOPMENT

Form 990,Schedule I, Par	t II, Grants and	l Other Assistance	e to Domestic Orga	anizations and D	omestic Governme	nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
PA ECONOMY LEAGUE OF SOUTHWESTERN PA 11 STANWIX STREET 17TH FLOOR PITTSBURGH,PA 15222	23-1352264	501(C)(3)	240,000				PROJECT SUPPORT
PITTSBURGH REGIONAL ALLIANCE 11 STANWIX STREET 17TH FLOOR PITTSBURGH,PA 15222	25-1780438	501(C)(3)	1,028,250				PROJECT SUPPORT
PA ECONOMY LEAGUE OF SOUTHWESTERN PA 11 STANWIX STREET 17TH FLOOR PITTSBURGH,PA 15222	23-1352264	501(C)(3)	1,318,857				OPERATING SUPPORT

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) PITTSBURGH REGIONAL 25-1780438 501(C)(3) 3,402,215 OPERATING SUPPORT ALLIANCE 11 STANWIX STREET 17TH FLOOR

SUPPORT

PITTSBURGH,PA 15222					
AMERICAN ASSOCIATION OF PEOPLE WITH DISABILITIES 2013 H STREET NW	52-1930174	501(C)(3)	41,955		DISABILITY EMPLOYMENT SUPPORT

WASHINGTON, DC 20006

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PITTSBURGH, PA 15219

YMENT RT COUNTY OF ALLEGHENY GOVERNMENT 10,000

DISABILITY 439 GRANT STREET AGENCY EMPLOYMENT

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) DETROIT REGIONAL 501(C)(6) 15,000 GREAT LAKES METRO 38-0477570 CHAMBERS SUPPORT CHAMBER DO DOV 773E0

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

PENNSYLVANIA COLLEGE

OF TECHNOLOGY
ONE COLLEGE AVENUE
WILLIAMSPORT, PA 17701

23-2564508

DETROIT,MI 48277					
MCCUNE FOUNDATION THREE PPG PLACE SUITE 400 PITTSBURGH,PA 15222	25-6210269	501(C)(3)	20,000		UNSPENT GRANT FUNDS - POWERUP CONNECT

STUDENT SUPPORT

264,775

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) PIERPONT COMMUNITY & 32-0260490 501(C)(3) 111,083 STUDENT SUPPORT TECHNICAL COLLEGE 1201 LOCUST AVENUE EATOMONE WALL DEED AM SUPPORT

FAIRMONI, WV 26554					
PITTSBURGH DATAWORKS 3710 FORBES AVENUE22ND FLOOR PITTSBURGH,PA 15213	46-2212103	501(C)(3)	15,000		PROGRAM SUPPORT
STARK STATE COLLEGE	34-1577595	501(C)(3)	189,158		STUDENT SUUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FOUNDATION

44720

6200 FRANK AVENUE NW NORTH CANTON, OH

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) US BUSINESS LEADERSHIP 26-0482057 501(C)(3) 10.000 DISABILITY NETWORK EMPLOYMENT 1310 BRADDOCK PLACE SUPPORT **SUITE 101** ORT

ALEXANDRIA,VA 22314					
UNITED WAY OF ALLEGHENY COUNTY 1250 PENN AVENUE PITTSBURGH,PA 15230	25-1043578	501(C)(3)	60,000		PROGRAM SUPPO

10,400

STUDENT SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

WESTMORELAND COUNTY

COMMUNITY COLLEGE 145 PAVILION LANE YOUNGWOOD, PA 15697 25-1511934

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (e) A mount of non- (f) Method of valuation (h) Purpose of grant **(b)** EIN (c) IRC section (d) A mount of cash (a) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) 25-1767779 501(C)(3) 20,000 PROGRAM SUPPORT

LEADERSHIP PITTSBURGH 535 SMITHFIFLD STREET **SUITE 1125**

PITTSBURGH.PA 15222

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Schedule J (Form 990)

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

DLN: 93493316014716 OMB No 1545-0047

2015

Open to Public

Department of the Treasury		► Information about Schedule J (Fo	orm 990)	and its instructions is at <u>www.irs.c</u>	<u>10v/form990</u> .	Open t		
	al Revenue Service			1.				
ALLE	me of the organiz EGHENY CONFERENC ELOPMENT				Employer identific 25-0965213	ation nur	nber	
Pa	rt I Questi	ons Regarding Compensation	1	<u>.</u>				
							Yes	No
1 a		opiate box(es) if the organization prov Section A , line 1a Complete Part III						
	First-class	s or charter travel		Housing allowance or residence for	personal use	ļ	ļ	
	Travel for	companions		Payments for business use of perso	nal residence	ļ	ļ	
	☐ Tax idemr	ification and gross-up payments	✓	Health or social club dues or initiat	ion fees	ļ	ļ	ļ
	Discretion	ary spending account	Γ	Personal services (e g , maid, chau	ffeur, chef)			
b		xes in line 1a are checked, did the org or provision of all of the expenses de				1b	Yes	
2		ation require substantiation prior to re						
	directors, trust	ees, officers, including the CEO/Exec	utive Di	rector, regarding the items checked	ın lıne 1a?	2	Yes	
3	organization's (If any, of the following the filing organ CEO/Executive Director Check all the ed organization to establish compens	at apply	Do not check any boxes for method	ls			
		ation committee	✓	Written employment contract				
	·	ent compensation consultant	✓	Compensation survey or study				
	Form 990	of other organizations	✓	Approval by the board or compensa	tion committee			
4	During the year or a related org	, did any person listed on Form 990, l anization	Part VII	, Section A , line 1a with respect to t	he filing organizati	on		
а	Receive a seve	rance payment or change-of-control p	payment	7		4a		Νo
b	Participate in, o	or receive payment from, a supplemen	ntal nonc	qualified retirement plan?		4b		Νo
c	Participate in, c	or receive payment from, an equity-ba	sed con	npensation arrangement?		4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and pro	ovide the	e applicable amounts for each item ir	ı Part III			
	Only 501(c)(3)	, 501(c)(4), and 501(c)(29) organizat	ions mu	st complete lines 5-9.				
5	For persons list	ted on Form 990, Part VII, Section A contingent on the revenues of		-	ıny			
а	The organizatio	n?				5a		No
b	Any related org					5b		Νo
	If "Yes," on line	e 5a or 5b, describe in Part III						
6	•	ted on Form 990, Part VII, Section A contingent on the net earnings of	, line 1a	, did the organization pay or accrue a	iny			
а	The organizatio	n?				6a		Νo
b	Any related org	anization?				6b		Νo
	·	e 6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section A, escribed in lines 5 and 6? If "Yes," d			n-fixed	7	Yes	
8		nts reported on Form 990, Part VII, p nitial contract exception described in				8		No
9	If "Yes" on line section 53 495	8, did the organization also follow the $8-6(c)$?	e rebutta	ible presumption procedure describe	d in Regulations	9		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

Instructions, on row (II) Do not list any individuals that are not listed on Form 990, Part VII

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) ⊤otal of	(F) Compensation in
		Base (1) compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 DENNIS YABLONSKYCEO	(i)	424,575	128,127	4,284	15,900	36,519	609,405	0
	(ii)	0	0	0	0	0	0	0
2 JANEL SKELLEYCFO	(i)	151,455	30,899	1,231	11,107	17,591	212,283	0
	(ii)	0	0	0	0	0	0	0
3 WILLIAM FLANAGAN EVP CORP RELATIONS	(i)	178,199	30,661	4,284	12,927	24,995	251,066	0
	(ii)	0	0	0	0	0	0	0
4 DAVID	(i)	160,430	0	3,213	6,600	17,777	188,020	0
RUPPERSBERGERENTER4115 PRESIDENT, PRA	(ii)	0	0	0	0	0	0	0
5 KEN ZAPINSKI SENIOR VICE PRESIDENT	(i)	130,949	25,224	1,665	9,375	4,867	172,080	0
	(ii)	0	0	0	0	0	0	0
6 BRIAN JENSEN SENIOR VICE PRESIDENT	(i)	124,105	22,702	2,458	9,109	18,313	176,687	0
	(ii)	0	0	0	0	0	0	0
7 LAURA FISHER SENIOR VICE PRESIDENT	(i)	147,358	26,942	3,993	10,944	25,733	214,970	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2015

CLUB HAS BEEN IDENTIFIED BY THE BOARD AS HAVING MEMBERS YIELDING TREMENDOUS IMPACT ON THE CITY, REGION, COUNTRY, AND FOR THE WORLD, A VAST MAJORITY OF THE BOARD MEMBERS ARE MEMBERS OF THIS BUSINESS CLUB AND ARE CONSIDERED LEADERS OF ITHE BUSINESS COMMUNITY. THE PRIMARY PURPOSE OF HAVING THIS MEMBERSHIP IS TO CONDUCT BOARD MEETINGS AND OTHER. IBUSINESS MEETINGS, SPECIFICALLY TO ADVANCE THE AGENDA OF ACCD. THE INITIATION 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 ICHECK TO ACCD. ALL EXPENSES ARE REVIEWED BY THE ACCOUNTING GROUP PRIOR TO PAYMENT, ONLY THE CEO AND EXECUTIVE VICE IPRESIDENTS ARE FLIGIBLE FOR BUSINESS MEMBERSHIPS. INCLUDED IN THE CEO'S EMPLOYMENT AGREEMENT IS THE REIMBURSEMENT OF

IANNUAL DUES AT A COUNTRY CLUB FOR WHICH THE MEMBERSHIP HAS BEEN DEEMED NECESSARY FOR BUSINESS PURPOSES. PART I, LINE 7 THE INCENTIVE PROGRAM IS A COMPLEMENTARY COMPONENT OF THE ORGANIZATION'S ANNUAL PERFORMANCE MANAGEMENT PROGRAM

ELEMENTS (10% - ORGANIZATIONAL BEHAVIORS , 20% - EMPLOYEE COMPETENCIES, AND 70% GOALS) THE NUMBERS ARE MAPPED

Page 3

Schedule J (Form 990) 2015

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DLN: 93493316014716

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, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public

Department of the

Schedule L

(Form 990 or 990-EZ)

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at

Treasury					www.irs.go	<u>v / 1 orini 990</u> .					In	specti	ion
Internal Revenue S Name of the o								En	nplove	r identi	fication	numbe	r
ALLEGHENY CONF		MMUNI	TY										
	acc Banafi	t Tes	ancaction	S (costion	E01/c\/2\ c	oction E01/c)	(4), and 501(c		-096		onlu)		
							25a or 25b, or					10b	
	ne of disquali						fied person an			cription			rected?
					or	ganızatıon			trans	action		Yes	No
2 Enterthe	amount of tax	, incli	rred by oras	nization ma	nagers or dis	gualified ners	ons during the	Vear	under	section			
		•	· · · ·		_	•				▶ \$			
3 Enter the	amount of tax	κ, ıf ar	ny, on line 2	, above, reir			n			> \$			
						<u>-</u>				•			
	oans to an					N_EZ_Dart V	line 38a, or Fo	orm 00	0 Dar	+ IV Jun	0.26 0	rıftho	
	ganization rep						illie 30a, or r	31111 33	0, 1 41	C I V , IIII	e 20, 0	i ii tiic	
(a) Name of	(b) Relation with	ns hip	(c) Purpose of	(d) Loan t or from th		(e)Original	(f) Balance due	(g) defa		(h) Appro		(i)Wr agreer	
ınterested person	organizati	ıon	loan	organizatio		principal amount	aue	ueia	uitr	by boa		agreer	пенс
·						_				commi			
				То	From			Yes	No	Yes	No	Yes	No
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Total			▶ \$										
	ants or As												
			ganization Relationshi			of assistance	rt IV, line 27		a+ana.		Durnaa	f	ıatanaa
(a) Name of pers			rested pers		(c) A mount	OI assistance	e (d) Type	orassi	Stance	e (e)	Purpos	e or ass	ıstance
			organıza										
										-			
		1											
		1			-		+			_			

Complete if the organization			e 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reveni	ation's
(1) HIGHMARK HEALTH	HIGHMARK HEALTH IS A SUBSTANTIAL CONTRIBUTOR	,	HIGHMARK HEALTH PROVIDES HEALTH INSURANCE PRODUCTS TO THE CONFERENCE FOR ITS EMPLOYEES AT FAIR MARKET VALUE	Yes	No No
					·
_					

Supplemental Information Part V

Provide additional information for responses to questions on Schedule L (see instructions)

Explanation Return Reference

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE O (Form 990 or

990-EZ)

Treasury

Service

Department of the

Internal Revenue

Name of the organization

ALLEGHENY CONFERENCE ON COMMUNITY

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015 **Open to Public**

Inspection

DLN: 93493316014716

Employer identification number

DEVELOPMENT 25-0965213 Return Explanation Reference FORM 990. THE CONFERENCE'S BOARD IS COMPOSED OF THE CHIEF EXECUTIVE OFFICERS OF THE REGION'S MOST SIGNIFICANT PART VI. EMPLOYERS AND UNIVERSITIES DEDICATED TO IMPROVING THE ECONOMY AND QUALITY OF LIFE IN THE PITTSBURGH SECTION A. REGION GIVEN THE COMPOSITION OF THE BOARD AND ITS DESIRE TO CREATE A COMPETITIVE BUSINESS CLIMATE AND LINE 2 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 IDENTIFYING SUCH BUSINESS RELATIONSHIPS BUSINESS RELATIONSHIP MR. YABLONSKY, MS. SKELLEY AND MR FLANAGAN BUSINESS RELATIONSHIP MR PORGES, MR SURESH AND MR WADHWANI BUSINESS RELATIONSHIP MS BARAZZONE, MS FLEMING AND MR OELER BUSINESS RELATIONSHIP MR MCGILL AND MR ADVAITHI BUSINESS RELATIONSHIP MR MALONE, MS ELLSWORTH AND MR DELIE BUSINESS RELATIONSHIP MR MALONE AND MR HOLMBERG BUSINESS RELATIONSHIP MR MALONE AND MS FEINSTEIN BUSINESS RELATIONSHIP MR NEUPAVER AND MR BALL BUSINESS RELATIONSHIP MR PAPADOURAKIS AND MR BJOERNSLEV BUSINESS RELATIONSHIP MR STRICKLAND AND MS SHIPLEY BUSINESS RELATIONSHIP MR RYAN AND MR. LAMBERT BUSINESS RELATIONSHIP MR YABLONSKY, MS SKELLEY, MS SHIPLEY AND MR. GETTY BUSINESS RELATIONSHIP MR MALONE, MR. YABLONSKY, MS SKELLEY AND MR. BARBOUR BUSINESS RELATIONSHIP MR. ENGEL AND MR. LONGHI BUSINESS RELATIONSHIP MR. ROMOFF, MR. GALLAGHER. AND MS SHIPLEY BUSINESS RELATIONSHIP MR BARBOUR AND MR GALLAGHER BUSINESS RELATIONSHIP MR BUNCH AND MR MCGARRY

Return Reference	Explanation
FORM 990,	APPROXIMATELY ONE WEEK PRIOR TO FILING, THE GOVERNING BODY AND THE ORGANIZATION'S MANAGEMENT TEAM IS
PART VI,	GRANTED ACCESS TO A SECURE LINK TO THE ORGANIZATION'S FTP SITE TO VIEW THE FINAL FORM 990 DURING THIS
SECTION B,	TIME, THE ORGANIZATION'S BOARD MEMBERS CAN VOLUNTEER ANY OBSERVATIONS & COMMENTS ON THE RETURN BUT
LINE 11	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

Return Reference	Explanation
FORM 990,	ANNUALLY, EACH OFFICER, DIRECTOR AND KEY EMPLOYEE (O,D,KE) OF THE ORGANIZATION MUST COMPLETE A CONFLICT
PART VI,	OF INTEREST DISCLOSURE STATEMENT AND AFFIRM THAT HE/SHE HAS READ, UNDERSTOOD AND HAS COMPLIED WITH THE
SECTION B,	POLICY ALL RESPONSES TO THE DISCLOSURE STATEMENT ARE SUMMARIZED BY THE ACCOUNTING DEPARTMENT THE
LINE 12C	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

Return Reference	Explanation
FORM 990, PART VI,	AT THE DIRECTION OF THE BOARD'S PERSONNEL & COMPENSATION COMMITTEE, AN INDEPENDENT CONSULTANT IS
SECTION B, LINE 15	ENGAGED ON A BI-ANNUAL BASIS TO CONDUCT AN ANALYSIS OF EXECUTIVE COMPENSATION TO ENSURE PAY
	PRACTICES ARE REASONABLE AND WITHIN THE RANGE OF TYPICAL MARKET PRACTICES

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

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	EXPLANATION COMMITTEE OVERSIGHT THERE WERE NO CHANGES FROM THE PRIOR YEARS

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

ALLEGHENY CONFERENCE ON COMMUNITY

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

<u>v</u>	Inspection
Employer identification	number

DEVELOPMENT				25-09652	13		
Part I Identification of Disregarded Entities Comp	lete if the organization	answered "Yes" o	n Form 990, Par	t IV, line 33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during		he organization an	swered "Yes" o	n Form 990, Pa	rt IV, line 34 because	it had on	ie
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Public charity st (if section 501(c		Sectio (13) c er	(g) on 512(b controlle ntity?
(1)PENNSYLVANIA ECONOMY LEAGUE OF GREATER PITTSBURGH 11 STANWIX STREET 17TH FLOOR	RESEARCH AND ANALYSIS	PA	501(C)(3)	170(B)(1) (A)(VI	C) ACCD	Yes Yes	
PITTSBURGH, PA 15222 23-1352264							
(2)PITTSBURGH REGIONAL ALLIANCE 11 STANWIX STREET 17TH FLOOR	PROMOTION OF THE REGION	PA	501(C)(3)	509(A)(3) - TYPE	E I ACCD	Yes	
PITTSBURGH, PA 15222 25-1780438							
(3)GREATER PITTSBURGH CHAMBER OF COMMERCE 11 STANWIX STREET 17TH FLOOR PITTSBURGH, PA 15222	ADVOCACY	PA	501(C)(6)	N/A	ACCD	Yes	
25-0399620 (4)STRATEGIC REGIONAL DEVELOPMENTS INC	ECONOMIC INVESTMENT	PA	501(C)(3)	509(A)(3) - TYPE	E I ACCD	Yes	_
11 STANWIX STREET 17TH FLOOR PITTSBURGH, PA 15222 31-1766460							
(5)STRATEGIC INVESTMENT FUND INC 425 SIXTH AVENUE SUITE 580	ECONOMIC INVESTMENT	PA	501(C)(4)	N/A			No
PITTSBURGH, PA 15219 25-1774991							
(6)GREATER PITTSBURGH CHAMBER OF COMMERCE POLITICAL ACTION COMM 11 STANWIX STREET 17TH FLOOR	POLITICAL ACTION COMMITTEE	PA	527	N/A	GREATER PITTSBURG OF C	H C	No
PITTSBURGH, PA 15222 25-0399620						\perp	\perp

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h	١	(1)	Ú	· 1	(k)
Name, address, and EIN of	Primary activity		Direct	Predominant	Share of			rtionate		Gene		Percentage
related organization	Timidi, decivic,	domicile	controlling	income(related,				ations?	amount in	mana		ownership
related organization		(state or	entity	unrelated,	legen meenine	assets	"""	10115	box 20 of	parti	ner?	OWNERSHIP
		foreign	0,	excluded from		""			Schedule K-1			
		country)		tax under					(Form 1065)			
		, ,		sections 512-					(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
				514)								
				,			Yes	No		Yes	No	
STRATEGIC INVESTMENT FUND	PRIVATE SECTOR	PA						No			No	
(1) PARTNERS	FINANCING											
535 SMITHFIELD STREET												
PITTSBURGH, PA 15222												
25-1777423												
(2)	PRIVATE SECTOR	PA						No			No	
POWER OF 32 SITE DEVELOPMENT FUND	FINANCING											
LLC												
11 STANWIX STREET 17TH FLOOR												
PITTSBURGH, PA 15222												
46-5227064												
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										L		
Dart IV Identification of Bolated Organizations Taxable			a	Complete of th				d IIVoc	l on Form	000	Dowt	. T\ /

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.

(i) tion 512 D)(13) ntrolled entity?	es No			
(h) Percentage ownership				
(g) Share of end- of-year assets				
(f) Share of total income				
(e) Type of entity (C corp, S corp, or trust)				
(d) Direct controlling entity				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of related organization				

chedule k (101111 990) 2013					Ра	ge 3		
Part V Transactions With Related Organizations Complete if the organization a	answered "Yes" on Form	ı 990, Part IV, lıne	e 34, 35b, or 36.					
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No		
f 1 During the tax year, did the orgranization engage in any of the following transactions with one or m	nore related organizations l	isted in Parts II-IV 7						
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No		
b Gift, grant, or capital contribution to related organization(s)								
c Gift, grant, or capital contribution from related organization(s)								
f d Loans or loan guarantees to or for related organization(s)								
e Loans or loan guarantees by related organization(s)								
f Dividends from related organization(s)				1f		No		
g Sale of assets to related organization(s)				1 g		No		
h Purchase of assets from related organization(s)								
i Exchange of assets with related organization(s)								
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1 j		No		
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No		
I Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes			
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	Yes			
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	<u></u>		
o Sharing of paid employees with related organization(s)				10	Yes			
p Reimbursement paid to related organization(s) for expenses				1 p	Yes			
q Reimbursement paid by related organization(s) for expenses								
r Other transfer of cash or property to related organization(s)				1r		No		
s Other transfer of cash or property from related organization(s)				1 s		No		
2 If the answer to any of the above is "Yes," see the instructions for information on who must con	• • •	· · · · · · · · · · · · · · · · · · ·	1	ds				
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining	amount II	nvolved	I		
ee Additional Data Table								

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

revenue) that was not a related organization See instructions														
(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)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	total end-of-year	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			314)	Yes	No			Yes	No		Yes	No		
												1 I		
													<u> </u>	



Software ID: Software Version:

EIN: 25-0965213

Name: ALLEGHENY CONFERENCE ON COMMUNITY

	Name: ALLEGHENY CO		OMMUNITY									
Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations												
(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))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?						
						Yes	No					
PENNSYLVANIA ECONOMY LEAGUE OF GREATER PITTSBURGH 11 STANWIX STREET 17TH FLOOR PITTSBURGH, PA 15222 23-1352264	RESEARCH AND ANALYSIS	PA	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	PA	501(C)(6)	N/A	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 AVENUE SUITE 580 PITTSBURGH, PA 15219 25-1774991	ECONOMIC INVESTMENT	PA	501(C)(4)	N/A			No					
GREATER PITTSBURGH CHAMBER OF COMMERCE POLITICAL ACTION COMM 11 STANWIX STREET 17TH FLOOR PITTSBURGH, PA 15222 25-0399620	POLITICAL ACTION COMMITTEE	PA	527	N/A	GREATER PITTSBURGH C OF C		No					

Form 990, Schedule R, Part V - Transactions With Related Organizations (a) (b) (c) (d) Name of related organization Transaction Amount Involved Method of determining amount type(a-s) involved (1) PITTSBURGH REGIONAL ALLIANCE В 4,430,465 CASH (1) PENNSIVANIA ECONOMY LEAGUE OF SOUTHWESTERN PA В 1,558,857 CASH CASH (2) GREATER PITTSBURGH CHAMBER OF COMMERCE 613,147 CASH (3) GREATER PITTSBURGH CHAMBER OF COMMERCE М 50,000 (4) GREATER PITTSBURGH CHAMBER OF COMMERCE Ν 343,947 CASH (5) PITTSBURGH REGIONAL ALLIANCE Ν 1,528,654 CASH (6) CASH PENNSLVANIA ECONOMY LEAGUE OF SOUTHWESTERN PA Ν 496,812 CASH (7) GREATER PITTSBURGH CHAMBER OF COMMERCE Ω 398,317 (8) PITTSBURGH REGIONAL ALLIANCE Ο 2,038,178 CASH CASH (9) PENNSLVANIA ECONOMY LEAGUE OF SOUTHWESTERN PA 0 796,556