	00	n
Form	33	U

Department of the Treasury Internal Revenue Service

### \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax 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.

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



AF	A For the 2020 calendar year, or tax year beginning and ending					
B c a	heck if pplicab	e: C Name of organization		D Employer identific	cation number	
X	Addre	GRANTMAKERS OF WESTERN PENNSYLVANIA				
	Name Chang	Doing business as		25-149633	12	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number		
	Final return		2325	412-471-		
	termir ated			G Gross receipts \$	2,093,159.	
	Amen return	PIIISBORGH, PA ISZZZ		H(a) Is this a group re	turn	
	Applic tion pendi	F Name and address of principal officer: DARDARA SIECK IAIL	OR	for subordinates	? Yes X No	
		SAME AS C ABOVE		H(b) Are all subordinates in		
		empt status: $X = 501(c)(3)$ $501(c)()$ $4947(a)(1)$	or 527	If "No," attach a	list. See instructions	
		te: WWW.GWPA.ORG		H(c) Group exemption		
		f organization: X Corporation Trust Association Other	L Year	of formation: 1985  N	I State of legal domicile: PA	
Pa	rt I	Summary				
ø	1	Briefly describe the organization's mission or most significant activities: <u>TO P</u>	ROMOTE	EXCELLENCE		
anc		PHILANTHROPY.				
Activities & Governance	2	Check this box      if the organization discontinued its operations or disposed in the second			ets. 15	
Š	3				15	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4	Number of independent voting members of the governing body (Part VI, line 1b)			5	
ties		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			116	
tivit		Total number of volunteers (estimate if necessary)			6,005.	
Ac		Net unrelated business taxable income from Form 990-T, Part I, line 11	I unrelated business revenue from Part VIII, column (C), line 12			
				Prior Year	2,029. Current Year	
	8	Contributions and grants (Part VIII, line 1h)		4,354,015.	1,995,597.	
Revenue	9	Program service revenue (Part VIII, line 2g)		145,415.	75,269.	
evel	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		16,610.	16,288.	
ž	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,197.	6,005.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,528,237.	2,093,159.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	372,860.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		377,504.	404,296.	
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	41.			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,978,225.	1,738,532.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,355,729.	2,515,688.	
	19	Revenue less expenses. Subtract line 18 from line 12		2,172,508.	-422,529.	
s or			Be	ginning of Current Year	End of Year	
Assets ( Balanc	20	Total assets (Part X, line 16)		3,996,954.	3,601,911.	
at As	21	Total liabilities (Part X, line 26)		115,567.	143,053.	
Ξ <u>Ξ</u>		Net assets or fund balances. Subtract line 21 from line 20		3,881,387.	3,458,858.	
Pa	irt II	Signature Block				

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

	1		· · · · · ·	
Sign		Signature of officer		Date
Here		BARBARA SIECK TAYLOR, EXECUTIVE DIRECTOR		
		Type or print name and title		
	Prin	nt/Type preparer's name Preparer's signature	Date	Check PTIN
Paid		IZABETH E. KRISHER		if self-employed P01299295
Preparer	Firm	n's name 🕨 MAHER DUESSEL, CPA'S		Firm's EIN 🕨 25-1622758
Use Only	Firm	n's address 🔈 503 MARTINDALE STREET, SUITE 600		
		PITTSBURGH, PA 15212		Phone no. 412 - 471 - 5500
May the I	RS di	iscuss this return with the preparer shown above? See instructions		X Yes No
				- 000 (2020)

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

		25-1496312	Page <b>2</b>
Par	rt III Statement of Program Service Accomplishments		37
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: GRANTMAKERS OF WESTERN PENNSYLVANIA (GWP) IS A PROFESSIONA	L MEMBERSH	ΓP
	ASSOCIATION FORMED IN 1985 BY PHILANTHROPIC LEADERS WHO WA		
	CREATE AN ORGANIZED MECHANISM FOR GRANTMAKERS TO LEARN AND		
	TOGETHER. ITS MISSION IS TO PROMOTE EXCELLENCE IN PHILANT	HROPY.	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
•	If "Yes," describe these new services on Schedule O.		XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	asured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, i		d
	revenue, if any, for each program service reported.	· · ·	
4a	(Code:) (Expenses \$317,328. including grants of \$) (Revenue \$		5 <b>25.</b> )
	GWP PROVIDES PROGRAMMING, INFORMATION AND OTHER MEMBER SEF		
	PROMOTE THE EFFECTIVENESS OF ITS MEMBER GRANTMAKERS. IT F FACILITATES INTERNAL FUNDERS' NETWORKS; DESIGNS AND DELIVE	HOSTS AND	
	BRIEFINGS, SITE VISITS AND OTHER EDUCATIONAL PROGRAMS, BOJ		J
	AND VIRTUALLY; AND DEVELOPS AND DISTRIBUTES RESOURCE INFOR		
		CTING BEST	
	PRACTICES. ADDITIONALLY, GWP CONDUCTS CUSTOM BENCHMARKING	AND RESPON	NDS
	TO MEMBERS' INQUIRIES FOR DATA, RESEARCH OR OTHER RESOURCE		
	REQUEST. FINALLY, GWP MONITORS PUBLIC POLICY AND LEGISLAT		
	DEVELOPMENTS AFFECTING PHILANTHROPY AND NONPROFITS (E.G. 7		
	CHARITABLE CONTRIBUTIONS), AND COMMUNICATES BOARD-ADOPTED POLICYMAKERS.	POSITIONS 1	ĽÖ
4b	(Code:) (Expenses \$2,020,909. including grants of \$372,860. ) (Revenue \$	14 6	544.)
-10	GRANT-SUPPORTED SPECIAL PROJECTS IN 2020 INCLUDED THE CENS		<u>, , , , , , , , , , , , , , , , , , , </u>
	PHILANTHROPIC FUND, WHICH ENABLES MEMBER FUNDERS TO COLLAR	ORATE ON	
	DIRECTING RESOURCES TO SUPPORT OUTREACH AND OTHER ACTIVITI		ING
		1 2020	
	INCLUDED KIDSBURGH.ORG (AN ONLINE RESOURCE FOR PARENT AND THE REGION) AND REMAKE LEARNING (WHICH INCLUDES THE REMAKE		N
	THE REGION) AND REMAKE LEARNING (WHICH INCLUDES THE REMAKE NETWORK, A CROSS-SECTOR COUNCIL OF CIVIC LEADERS, REMAKE I		75
	DEVELOPMENT OF THE REGION'S STEM ECOSYSTEM, THE CSFORPGH I		
	A RESEARCH PROJECT ENTITLED "SHIFTING POWER" WITH THE UNIV		
	PITTSBURGH). TYPICAL SPECIAL PROJECTS FOR GWP MAY ALSO IN		
	EXPERT SPEAKERS FOR GWP MEMBER EDUCATION PROGRAMS, AND GRA		ED
	ACTIVITIES THAT STRENGTHEN GWP'S CAPACITY TO SERVE ITS MEN	•	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ►       2,338,237.		<b>90</b> (2020)
032002	SEE SCHEDULE O FOR CONTINUATION(S)	Form <b>9</b>	JU (2020)

Form 990 (2			-	WESTERN	PENNSYLVANIA
Part IV	Checklist of R	equired 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		<u> </u>
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	X	
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		<u> </u>
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		<u> </u>
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
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		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			37
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
_	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
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	444		х
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u></u>
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		х
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12a		12a	х	
b	Schedule D, Parts XI and XII	12a		
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States?	<u></u>		
5	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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		X X
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		X X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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		X X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u>x</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
• •	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
05-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		
C	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.54		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		- 27
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	1 30	22	I
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 66		169	
b		1		
с С		1		
	(gambling) winnings to prize winners?	1c		

Form 990 (2020)			PENNSYLVANIA
Part V Statements F	Regarding Other IRS	Filings and Tax	Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	IS?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?				
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	•			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the payor?	7a		X
b			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	•	_		v
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	-10	7e		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
g b	If the organization received a contribution of qualified intellectual property, did the organization file For		7g 7h		
-	<ul> <li>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</li> <li>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the</li> </ul>				
0	encompanies in the second second second second second second second second second				
9					
a			9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
11	Section 501(c)(12) organizations. Enter:	•	1		
а	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			37
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				- v
	excess parachute payment(s) during the year?		15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.	incomo?	10		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.		16		17

Form **990** (2020)

#### GRANTMAKERS OF WESTERN PENNSYLVANIA

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 15			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright PA$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	BARBARA SIECK TAYLOR - 412-471-6489			
	401 LIBERTY AVENUE SUITE 2325, PITTSBURGH, PA 15222			

Form 990 (20	020) GRANTMAKERS OF WESTERN PENNSYLVANIA	25-1496312	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complet	e this table for all persons required to be listed. Report compensation for the calendar year ending wit	h or within the organization's	s tax year.
	of the organization's current officers, directors, trustees (whether individuals or organizations), regard	dless of amount of compens	ation.
Enter -0- in c	olumns (D), (E), and (F) if no compensation was paid.		

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do		Pos		) than d	ne	Reportable	Reportable	Estimated
	hours per	box	. unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week		cer an	id a di	recto	r/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		/ee	npen		(00-2/1099-00130)		and related
	below	dual t	Institutional trustee	_	Key employee	st col	2			organizations
	line)	Indivi	In stitu	Officer	Key ei	Highest compensated employee	Former			
(1) BARBARA SIECK TAYLOR	45.00		_				_			
EXECUTIVE DIRECTOR		ĺ		х				119,911.	0.	11,991.
(2) MIKE BATCHELOR	1.00									
DIRECTOR		Х						0.	Ο.	Ο.
(3) LUCI DABNEY	0.50									
DIRECTOR		Х						0.	0.	0.
(4) ANN DUGAN	0.50									
DIRECTOR		Х						0.	0.	0.
(5) JAKE GOODMAN	0.50									
DIRECTOR		Х						0.	0.	0.
(6) LISA JOHNS	1.00									
TREASURER		Х		Х				0.	0.	0.
(7) MICHELLE FIGLAR	1.00									
DIRECTOR		Х						0.	0.	0.
(8) JENNIFER KELLY	0.50									
PRESIDENT	0.50	Х		Х				0.	0.	0.
(9) RICHARD HUDIC	0.50								0	0
DIRECTOR	0.50	Х						0.	0.	0.
(10) KARRIS JACKSON	0.50								0	0
DIRECTOR	0.50	X						0.	0.	0.
(11) NEIL PARHAM	0.50							•	0	0
DIRECTOR		Х						0.	0.	0.
(12) LAUREL RANDI	0.50	37		37					0	0
VICE PRESIDENT	1 00	X		Х				0.	0.	0.
(13) ELLEN ROSSI SECRETARY	1.00	x		x				0.	0.	0
(14) KENNETH SPRUILL	0.50	Δ		~				0.	0.	0.
(14) KENNETH SPROILL DIRECTOR	0.50	x						0.	0.	0.
(15) TRINA DEMARCO	0.50	^				-		U •	0.	U•
DIRECTOR	0.30	х						0.	0.	0.
(16) PHIL KOCH	0.50				-	-		0.	0.	<u> </u>
DIRECTOR		x						0.	0.	0.
					-					<b>```</b>
		1								
										000

Form 990 (2020) GRANTMAKE	ERS OF W	IES	TE	RN	ΓP	EN	NS	SYLVANIA	25-14	196	312	Paç	ge <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,			ghes	st C	compensated Employee	s (continued)				
(A)	(B)			(C Pos	C) itior			(D)	(E)			(F)	
Name and title	Average hours per		not c	heck	more	than d is both		Reportable compensation	Reportable compensatio	n		imatec ount o	
	week					or/trus		from	from related			other	1
	(list any	ector						the	organizations		•	oensati	on
	hours for related	or dir	ee			sated		organization	(W-2/1099-MIS	;C)		om the	
	organizations	trustee	al trust		/ee	mpens		(W-2/1099-MISC)			•	nizatio relate	
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ler					nizatio	
	line)	Indiv	Instit	Officer	Key e	High empl	Former						
										-+			
			-										
1b Subtotal								119,911.		0.	11	.,99	1.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								119,911.		0.	11	.,99	1.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	;			
compensation from the organization												V	1
										1		Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,	-			•		-	~	, ,			~		X
<ul><li>line 1a? If "Yes," complete Schedule J for s</li><li>For any individual listed on line 1a, is the su</li></ul>											3		<u></u>
and related organizations greater than \$150	-		-					-	-	ŀ	4		х
<ul><li>5 Did any person listed on line 1a receive or a</li></ul>													
rendered to the organization? If "Yes." com											5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated ind	lepe	nde	nt co	ontra	actor	rs tl	hat received more than \$	3100,000 of comp	ensat	ion fro	m	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	rith c	or wi	thir	, <u> </u>	ear.				
(A) Name and business	address							(B) Description of s	envices	C	(C) ompen		
YU-LING CHENG	4441000							CONSULTANT O				Julion	
207 LYNHURST DRIVE, PITTS	BURGH .	РА	1	52	37			MULTIPLE PRO			101	.,41	7.
			_		• •							.,	
2 Total number of independent contractors (ii		nt lir	niter	1 to 1	thor	e lie	ted	Above) who received m	ore than				
\$100,000 of compensation from the organiz	-	51 III			1		u						

Form	n 990 (			S O	F WESTERI	N PENNSYLVA	ANIA	25-1496	312 Page <b>9</b>
Pa	rt VII	Statement of Re	evenue						
		Check if Schedule O	contains a resp	onse	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							Infiction revenue	business revenue	sections 512 - 514
s S	1 a	Federated campaigns	1a						
ant	- 1 ŭ				347,947.				
UC.	U S				517,517.				
Ťs,	С.	Fundraising events							
i Gif	d	Related organizations							
ins,	е	Government grants (conti							
et ioi	f	All other contributions, gifts,							
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included			647,650.				
d C	g	Noncash contributions included in	lines 1a-1f	\$					
an C	h	Total. Add lines 1a-1f				1,995,597.			
					Business Code				
Ð	2 a	MEMBERSHIP DU	JES		900099	60,625.	60,625.		
vic	b	OTHER INCOME			900099	14,644.	14,644.		
Ser	c								
ver ver	d								
gra Re	u								
Program Service Revenue	e								
щ	•	All other program service				75 260			
		Total. Add lines 2a-2f				75,269.			
	3	Investment income (inclue	•			1 6 0 0 0			1 6 0 0 0
		other similar amounts) $\dots$				16,288.			16,288.
	4	Income from investment of	of tax-exempt b	ond p	oroceeds				
	5	Royalties							
			(i) Re	al	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	с	Rental income or (loss)	6c						
	d		 5)		<b>&gt;</b>				
	7 a	Gross amount from sales of			(ii) Other				
		assets other than inventory	7a						
	h	Less: cost or other basis	14						
Ø	5		7b						
venue	-	and sales expenses							
		Gain or (loss)			L				
Other Re		Net gain or (loss)		·····	····· 🕨				
the	8 a	Gross income from fundraisi	•						
Ò		including \$							
		contributions reported on	,						
		Part IV, line 18							
	b	Less: direct expenses		. 8b					
	С	Net income or (loss) from	fundraising ev	ent <u>s</u>	<u> </u>				
	9 a	Gross income from gamir	ng activities. Se	e					
		Part IV, line 19		. 9a					
	b	Less: direct expenses							
		Net income or (loss) from							
		Gross sales of inventory,							
		and allowances		10a	3				
	h	Less: cost of goods sold							
					·				
	C	Net income or (loss) from	Sales UI IIIVENI	UIY	Business Code				
sn	44.5	ONLINE ADVERI	TOTNO		900004	6,005.		6,005.	
Miscellaneous Revenue	11 a				500004	0,003.		0,003.	<u> </u>
llan Tenu	b								<u> </u>
Sev	С								
Mis	d	All other revenue							
	е	Total. Add lines 11a-11d				6,005.		C 0.0-5	16 000
	12	Total revenue. See instruction	ons		🕨	2,093,159.	75,269.	6,005.	16,288.

Form 990				WESTERN	PENNSYLVANIA
Part IX	Sta	tement of Functional Expens	es		

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

Dr. ord include amounts reported on lines (b), 26, 89, 84, 470 bor Hart View         Total adjustments         Progenitation and inclusion and		Check if Schedule O contains a respon	se or note to any line in	this Part IX	· · ·	X
1         Outra and Units and Units is departed to the assistance to domestic angle and Units Units 21         372,860.         372,860.           2         Grants and Other assistance to domestic individuals. See Part IV. Ines 15 and 16         Image: Compensation of Common Charge, Greater, Frequencies, Frequencis, Frequencis, Frequencies, Frequencies, Frequencies, Frequencie		not include amounts reported on lines 6b,	(A)	<b>(B)</b> Program service	<b>(C)</b> Management and general expenses	
2         Grants and other assistance to domestic individuals. So Part V, Inte 22         Image: Comparison of Comp	1	Grants and other assistance to domestic organizations				
individuals. See Part IV, line 22         individuals. See Part IV, line 32           3 Grants and other assidance to foreign organizations, forsign governments, and foreign individuals. See Part IV, line 35 and 16         individuals. See Part IV, line 35 and 16           4 Benefits part of the services of the services (compensation of current officers, directors, trustesce, and key employees)         individuals. See Part IV, line 35 and 18           7 Other salaries and wages         212, 984.         128, 791.           8 The salaries and wages         212, 984.         128, 791.           9 Provid taxes         30, 360.         18, 762.         11, 118.           9 Parson (ascin 40%C)(316)         30, 360.         18, 762.         11, 118.           9 Parson (ascin 40%C)(316)         individuals.         30, 360.         18, 762.         11, 118.           9 Parson (ascin 40%C)(316)         30, 360.         18, 7762.         16, 281.         9, 619.           9 Parson (ascin 40%C)(316)         individuals.         30, 360.         18, 7762.         11, 118.           9 Parson (ascin 40%C)         10, 77.         9, 056.         5, 410.         288.           9 Parson (ascin 40%C)         11, 771.         1, 771.3.         1, 771.3.         1, 771.3.           10 Parson (ascin 40%C)         11, 771.3.         1, 771.3.         1, 771.3.         1, 771.		and domestic governments. See Part IV, line 21	372,860.	372,860.		
3         Grants and other assistance to foreign individuals. See Part IV, lines 15 and 16 Comparation of current officies, directors, trustees, and key employees         119,911.         77,407.         37,708.         4,796.           4         Benefits paid to or for members Comparation of current officies, directors, trustees, and key employees         119,911.         77,407.         37,708.         4,796.           6         Comparation of current officies, directors of the director display of directors of the directo	2	Grants and other assistance to domestic				
organizations, foreign governments, and foreign individuals. See Part V, lines 15 and 16         4           Benefits paid to or for members         5           Scompensation of current officers, directors, trustess, and key employees         119,911.         77,407.         37,708.         4,796.           Compensation of included above to disgualitied persons (ascilned index scills)         119,911.         77,407.         37,708.         4,796.           Other satisfies and wages         119,911.         77,407.         37,708.         4,796.           Persons (ascilled index scills)         30,360.         18,762.         11,118.         480.           9 Other employee benefits         26,267.         16,281.         9,619.         367.           11 Fees for services (nonemployees):         30,360.         14,774.         9,066.         5,410.         298.           a Management         5         14,773.         16,281.         9,619.         367.           11 Fees for services (nonemployees):         30,360.         1,713.         1,713.         1,713.           a Management         5         128,94.         128,94.         128,94.         128,94.           9 Other. (Ith 119 anount lexcels 10% of ine 26, onlime (A) anount, list line 119 apoint lexcels 10% of ine 26, onlime (A) anount, list line 119 apoint lexcels 10% of ine 26, onlime (A) an		individuals. See Part IV, line 22				
individuals. See Part IV, lines 15 and 16         intervention           4         Benefits paid to or for members         intervention           5         Compensation of current officers, directors, trustees, and key employees         intervention           6         Compensation of current officers, directors, trustees, and key employees         intervention           7         Other satures and contributions (include section 4556(1)(1)) and persons discribed in socion 4568(1)(1) and persons discribed in the 440(1) and 420(1) employee contributions           9         Other employee contributions         intervention 426, 267, 166, 2811, 28, 266, 267, 166, 2811, 28, 266, 267, 166, 2811, 28, 266, 267, 166, 2811, 28, 266, 267, 166, 2811, 28, 266, 267, 166, 2811, 28, 266, 267, 166, 2811, 28, 266, 28, 27, 2553, 12, 24, 011, 28, 266, 267, 166, 28, 27, 266, 28, 266, 28, 27, 2553, 12, 24, 011, 28, 26, 267, 153, 12, 401, 166, 28, 28, 28, 28, 28, 28, 28, 28, 28, 28	3	Grants and other assistance to foreign				
4         Benefits paid to of or members         119,911.         77,407.         37,708.         4,796.           5         Compensation not included above to disquillified persons (asched inder section 4650(f)) and persons described in section 4650(f) and e650(f) and persons described in section 4650(f) and e650(f) and persons described in section 4650(f) and e650(f) and e774.         128,791.         84,193.           6         Persion plan accruals and contributions (include section 4016) employee benefits         30,360.         18,762.         11,118.         480.           7         Other semptices benefits         14,774.         9,066.         5,410.         298.           10         Parson face vices (nonemployees):         30,360.         18,762.         11,118.         480.           8         Person plan accruals and contributions (include section 4016) employees benefits         14,774.         9,066.         5,410.         298.           9         Other employee benefits         14,774.         9,061.         2,608.            4         Lobbying         7,009.         4,401.         2,608.             9         Other employees.         11,713.         1,713.              9         Other employees.         6,949.         5,700.         1,249.		organizations, foreign governments, and foreign				
5         Compensation of current officers, directors, trustese, and key employees         119,911.         77,407.         37,708.         4,796.           6         Companisation not included above to disgualled persons (as defined under section 4666(1/1)) and persons discribed in section 4968(2)(3)(8)         212,984.         128,791.         84,193.           7         Other earlies and wages         212,984.         128,791.         84,193.           9         Other earlies and wages         26,267.         16,281.         9,619.         267.           9         Other employee benefits         26,267.         16,281.         9,619.         367.           10         Payoti taxes         7,009.         4,401.         2,608.         2,608.           4         Caboying         7,009.         4,401.         2,608.         2,608.           9         Other (I'line tig amount coses t0% 0!line 25, columin (A) amount, list line tig express on ston.0.0.         1,713.         1,713.         1,713.           10         Other expresses         5,700.         1,249.         14         160.           10         Other expresses ston.0.0.0.         1,871.         1,865.         12,401.         160.           11         Information technology         29,164.         22,645.         6,519.						
tustees, and key employees       119,911.       77,407.       37,708.       4,796.         6       Compensation not included above to disqualified persons described in section 4980((3)(8)       7       37,708.       4,796.         7       Other sales and wage       212,984.       128,791.       84,193.       9         9       Other employee benefits       30,360.       18,762.       11,118.       480.         9       Other employee benefits       26,267.       16,281.       9,619.       367.         11       Fees for services (nonemployees):       34,401.       2,608.       367.         11       Fees for services (nonemployees):       36,954.       27,009.       4,401.       2,608.         1       Forestional functianis services. See Part IV, line 17       1,713.       1,713.       1,713.       1,713.         1       Information technology       39,954.       27,553.       12,401.       10         10       Royanits of tarvel or entertainment expenses for any tederal, state, or local public officias       24,192.       10       1,871.       1,186.       685.         11       Royanits of tarvel or entertainment expenses for any tederal, state, or local public officias       24,192.       10       16       204,862.       24,192.       16	4	Benefits paid to or for members				
6         Compensation not included above to disquilited persons (as defined under section 4958(f)(1) and persons dascribed in seconseribed in section 4958(f)(1) and	5					
persons (as defined under section 4988(c)(3)(8)         212,984.         128,791.         84,193.           7         Other satisfies and wages         30,360.         18,762.         11,118.         480.           8         Pension plan accruats and contributions (include section 40% (i)(and 40%) employee contributions)         30,360.         18,762.         11,118.         480.           9         Other employee benefits         26,267.         16,281.         9,619.         367.           11         Fees for services (nonemployees):         30         26,267.         16,281.         9,619.         367.           11         Fees for services (nonemployees):         30         26,267.         16,281.         9,619.         367.           12         Legal         7,009.         4,401.         2,608.         367.           14         Information technology         7,009.         4,401.         2,608.         36.           12         Advertising and promotion         6,949.         5,700.         1,249.         39.954.         27,553.         12,401.           16         Occupancy         29,164.         22,645.         6,519.         36.         39.954.         27,553.         12,401.         10.         10.         10.         10.			119,911.	77,407.	37,708.	4,796.
persons described in section 4958(c)(3)(B)         212,984.         128,791.         84,193.           7         Other salaries and wages         30,360.         18,762.         11,118.         480.           9         Other adaptive banefits         30,360.         18,762.         11,118.         480.           9         Payrolitaxes         26,267.         16,281.         9,619.         367.           10         Fees for services (nonemployees):         44,401.         2,608.         26,267.         16,281.         9,619.         367.           11         Fees for services (nonemployees):         44,401.         2,608.         26,267.         16,281.         9,619.         367.           12         Adventising and promotion         7,009.         4,401.         2,608.         26,267.         16,081.         2,608.         26,267.         16,081.         2,608.         26,267.         16,081.         2,608.         26,267.         16,081.         2,608.         26,267.         16,081.         2,608.         26,267.         16,011.         2,608.         26,267.         16,011.         2,608.         26,267.         16,011.         2,608.         21,713.         1,713.         1,713.         1,713.         1,713.         1,713.         1,713. </th <th>6</th> <td></td> <td></td> <td></td> <td></td> <td></td>	6					
7       Other sataries and wages       212,984.       128,791.       84,193.         8       Persoin plan accruals and contributions (include section 40(k) and 40(k) employer contributions)       30,360.       18,762.       11,118.       480.         9       Other employee benefits       14,774.       9,066.       5,410.       298.         10       Payrolitaxes       26,267.       16,281.       9,619.       367.         14       Array       9,066.       5,410.       298.         20       Anagement       26,267.       16,281.       9,619.       367.         14       Array       9,066.       5,410.       298.         20       Accounting       7,009.       4,401.       2,608.       0         4       Legal       7,009.       4,401.       2,608.       0         9       Other, (films 11) amount cacesch 10% of line 25, column (A) amount, list line 119 expenses on 80.       1,713.       1,713.       1,713.         12       Adventising and promotion       6,949.       5,700.       1,249.       0         14       Information technology       39,954.       27,553.       12,401.       0       0         16       Royatites       29,164.       22,645.						
8       Pension plan accruals and contributions (include section 40 (K) and 43(b) employer contributions)       30, 360.       18, 762.       11, 118.       480.         9       Other employee benefits       14, 774.       9, 066.       5, 410.       298.         10       Payroll taxes       26, 267.       16, 281.       9, 619.       367.         11       Fees for services (nonemployees):       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a			212 004	100 701	04 102	
section 401(k) and 403(b) employer contributions)         30,360.         18,762.         11,118.         480.           9         Other employee benefits         14,774.         9,066.         5,410.         298.           11         Fees for services (nonemployees):         a         26,267.         16,281.         9,619.         367.           a Management         Legal         26,267.         16,281.         9,619.         367.           b Legal         7,009.         4,401.         2,608.         26,267.         16,281.         9,619.         367.           e Accounting         7,009.         4,401.         2,608.         26,267.         16,281.         9,619.         367.           e Adventising services. See Part IV, line 17         Trivestment management fees         7,009.         4,401.         2,608.         2,608.           12         Adventising and promotion         17,713.         1,713.         1,713.         1,713.         1,249.           14         Information technology         39,954.         27,553.         12,401.         39,954.         27,553.         12,401.         39,954.         24,192.         30.         30.         30.         30.         30.         30.         30.         30.         30.			212,984.	120,/91.	84,193.	
9       Other employee benefits       14,774.       9,066.       5,410.       298.         10       Payrolitaxes       26,267.       16,281.       9,619.       367.         11       Fees for services (nonemployees):       26,267.       16,281.       9,619.       367.         12       Adventing       7,009.       4,401.       2,608.       2,608.       2,608.         12       Adventising services. See Part IV, line 17       1       1       1       1       1,713.       1,713.       1,713.       1,713.       1,713.       1,713.       1,713.       1,713.       1,713.       1,249.       1       1       1       1,713.       1,713.       1,713.       1,713.       1,713.       1,713.       1,713.       1,713.       1,713.       1,713.       1,713.       1,713.       1,713.       1,713.       1,713.       1,713.       1,713.       1,713.       1,713.       1,713.       1,713.       1,713.       1,713.       1,713.       1,713.       1,713.       1,713.       1,713.       1,713.       1,713.       1,713.       1,713.       1,713.       1,713.       1,713.       1,713.       1,713.       1,713.       1,713.       1,713.       1,714.       1,714.       1,714.	8		30 360	10 767	11 110	100
10       Payrolitaxes       26,267.       16,281.       9,619.       367.         11       Fees for services (nonemployees):       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a       a	~	· · · · · · · · · · · · ·				<u>400.</u> 200
11       Fees for services (nonemployees):         a Management						367
a Maragement			20,207.	10,201.	9,019.	507.
b Legal						
c Accounting       7,009. 4,401. 2,608.         d Lobbying       7         e Professional fundraising services. See Part IV, line 17       1         f Investment management fees       9         g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list ine 11g expenses on Sch O.)       1,713. 1,713.         12       Advertising and promotion       6,949. 5,700. 1,249.         13       Office expenses       6,949. 5,700. 1,249.         14       Information technology       39,954. 27,553. 12,401.         16       Occupancy       29,164. 22,645. 6,519.         17       Travel       4,245. 4,245.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       9         19       Conferences, conventions, and meetings       24,192. 24,192.         20       Interest       9         21       Payments to affiliates       9         22       Depreciation, depletion, and amortization       1,871. 1,186. 685.         23       Interest       1         10       Distrance       204,862. 204,862.         40 ther expenses on Scheduel 0.)       563,107. 563,107.         33,107. 563,107. 563,107. 563,107.       563,107. 563,107.         34, lother expenses SEE SCH O <th></th> <td></td> <td></td> <td></td> <td></td> <td></td>						
d Lobbying       Professional functiasing services. See Part IV, line 17         e Professional functiasing services. See Part IV, line 17       Image: Constraint of the second se			7 009.	4 401.	2 608.	
e       Protessional fundraising services. See Part IV, line 17         f       Investment management fees         g       Other. (If line 11g anount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)         12       Advertising and promotion         13       Office expenses         14       Information technology         15       Royalties         16       Occupancy         17       Travel         4.245.       4.245.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials for any federal, state, or local public offic			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1/1010	2,0001	
f Investment management fees         g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)           1, 713.         1, 713.             12 Advertising and promotion           1, 713.           1, 713.             13 Office expenses           6, 949.           5, 700.           1, 249.             14 Information technology           39, 954.           27, 553.           12, 401.             16 Occupancy           29, 164.           22, 645.           6, 519.             17 Travel           29, 164.           22, 645.           6, 519.             17 Paylents of travel or entertainment expenses         for any federal, state, or local public officials           1, 871.           1, 871.             19 Conferences, conventions, and meetings           24, 192.           24, 192.             21 Payments to affiliates                   21 Payments confliates                   21 Payments confliates           1, 871.           1, 872.						
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)       1,713.       1,713.         12 Advertising and promotion						
column (A) amount, list line 11g expenses on Sch 0.)       1,713.       1,713.         12       Advertising and promotion       6,949.       5,700.       1,249.         13       Office expenses       6,949.       5,700.       1,249.         14       Information technology       39,954.       27,553.       12,401.         15       Royatties       29,164.       22,645.       6,519.         16       Occupancy       29,164.       22,645.       6,519.         17       Travel       4,245.       4,245.       1         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       24,192.       24,192.       1         19       Conferences, conventions, and meetings       24,192.       24,192.       1       1,871.       1,186.       685.         21       Payments to affiliates       1,871.       1,186.       685.       1       1       1,871.       1,871.       1,875.       27,8,605.       2       1       1       1       1       1       1       1       1       5,941.       1       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.						
12       Advertising and promotion       6,949.       5,700.       1,249.         13       Office expenses       6,949.       5,700.       1,249.         14       Information technology       39,954.       27,553.       12,401.         15       Royatties	5		1,713.	1,713.		
14       Information technology       39,954.       27,553.       12,401.         15       Royatties       29,164.       22,645.       6,519.         16       Occupancy       4,245.       4,245.       4.245.         17       Travel       4,245.       4,245.       4.245.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       24,192.       24,192.         20       Interest       24,192.       24,192.         20       Interest       1,871.       1,186.         21       Payments to affiliates       24,192.       24,192.         20       Interest       1,871.       1,186.       685.         21       Payments to affiliates       24,192.       24,192.       24,192.         23       Insurance       1,871.       1,186.       685.         24       Other expenses on Schedule 0.)       39,954.       278,605.       278,605.       278,605.         2       NETWORK SERVICES       204,862.       204,862.       204,862.       204,862.       204,862.       2,515,688.       2,338,237.       171,510.       5,941.         25       Total functional expenses. Add lines 1 through 24e       2,515,688.	12					
14       Information technology       39,954.       27,553.       12,401.         15       Royatties       29,164.       22,645.       6,519.         16       Occupancy       4,245.       4,245.       4.245.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       4,245.       4,245.       4.245.         19       Conferences, conventions, and meetings       24,192.       24,192.       24,192.         20       Interest       1       1,871.       1,186.       685.         21       Payments to affiliates       1       1       1,871.       1,186.       685.         21       Payments to affiliates       1       1       1,871.       1,186.       685.         22       Depreciation, depletion, and amortization above (List miscellanceus expenses on Schedule 0.)       1,871.       1,186.       685.         23       Insurance       1,871.       1,186.       685.       685.         24       approximate expenses on Schedule 0.)       563,107.       563,107.       563,107.         a       PROJECT MANAGEMENT       563,107.       563,107.       563,107.       563,107.         b       SPECIAL PROJECTS       CoMMUNICATIONS/MARKET	13	Office expenses				
16       Occupancy       29,164.       22,645.       6,519.         17       Travel       4,245.       4,245.       4.245.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       24,192.       24,192.         19       Conferences, conventions, and meetings       24,192.       24,192.       24,192.         20       Interest       24,192.       24,192.       24,192.         20       Interest       1,871.       1,186.       685.         21       Payments to affiliates       1,871.       1,186.       685.         24       Other expenses. Itemize expenses on tine 24e. If line 24 e amount exceeds 10% of line 25, column (A) amount, list line 24 expenses on Schedule 0.)       3       778,605.       278,605.       278,605.       204,862.       411,113.       411,113.       411,113.       411,113.       411,113.       411,113.       411,113.       411,113.       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.	14		39,954.	27,553.	12,401.	
16       Occupancy       29,164.       22,645.       6,519.         17       Travel       4,245.       4,245.       4.245.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       24,192.       24,192.         19       Conferences, conventions, and meetings       24,192.       24,192.       24,192.         20       Interest       24,192.       24,192.       24,192.         20       Interest       1,871.       1,186.       685.         21       Payments to affiliates       1,871.       1,186.       685.         24       Other expenses. Itemize expenses on tine 24e. If line 24 e amount exceeds 10% of line 25, column (A) amount, list line 24 expenses on Schedule 0.)       3       778,605.       278,605.       278,605.       204,862.       411,113.       411,113.       411,113.       411,113.       411,113.       411,113.       411,113.       411,113.       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.       5,941.	15	Royalties				
18       Payments of travel or entertainment expenses for any federal, state, or local public officials 9       24,192.         19       Conferences, conventions, and meetings 10       24,192.         20       Interest 11       Payments to affiliates 12       24,192.         20       Interest 11       Payments to affiliates 11       24,192.         21       Payments to affiliates 11       1,871.       1,186.         22       Depreciation, depletion, and amortization above (List miscellaneous expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.       563,107.       563,107.         a       PROJECT MANAGEMENT b       563,107.       563,107.       563,107.         b       SPECIAL PROJECTS c       204,862.       204,862.       204,862.         d       COMMUNICATIONS/MARKETIN e       165,748.       165,748.       655,748.         e       All other expenses       SEE SCH O       411,113.       411,113.         25       Total functional expenses. Add lines 1 through 24e educational campaign and fundraising solicitation. reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here b       If following SOP 98-2 (ASC 958-720)       If solowing SOP 98-2 (ASC 958-720)	16				6,519.	
for any federal, state, or local public officials   19 Conferences, conventions, and meetings   20 Interest   21 Payments to affiliates   22 Depreciation, depletion, and amortization   23 Insurance   24,192. 24,192.   24,192. 24,192.   24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. 24,192. <p< th=""><th>17</th><td>Travel</td><td>4,245.</td><td>4,245.</td><td></td><td></td></p<>	17	Travel	4,245.	4,245.		
19       Conferences, conventions, and meetings       24,192.       24,192.         20       Interest       24,192.       24,192.         21       Payments to affiliates       2       2         22       Depreciation, depletion, and amortization       1,871.       1,186.       685.         24       Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)       1,871.       563,107.       563,107.         a       PROJECT MANAGEMENT       563,107.       563,107.       563,107.         b       SPECIAL PROJECTS       278,605.       278,605.       2         c       NETWORK SERVICES       204,862.       204,862.       2         d       COMMUNICATIONS/MARKETIN       165,748.       165,748.       2         e       All other expenses. Add lines 1 through 24e       2,515,688.       2,338,237.       171,510.       5,941.         25       Total functional expenses. Add lines 1 through 24e       2,515,688.       2,338,237.       171,510.       5,941.         26       Joint costs. from a combined educational campaign and fundraising solicitation.       Interval campaign and fundraising solicitation.       Check here       ir following SOP 98-2 (ASC 958-720)	18	Payments of travel or entertainment expenses				
20       Interest		· · · · · · ·	04.100	04.100		
21       Payments to affiliates	19	F	24,192.	24,192.		
22       Depreciation, depletion, and amortization       1,871.       1,186.       685.         23       Insurance       1,871.       1,186.       685.         24       Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)       563,107.       563,107.         a       PROJECT MANAGEMENT       563,107.       563,107.         b       SPECIAL PROJECTS       278,605.       278,605.         c       NETWORK SERVICES       204,862.       204,862.         d       COMMUNICATIONS/MARKETIN       165,748.       165,748.         e       All other expenses       SEE SCH O       411,113.       411,113.         25       Total functional expenses. Add lines 1 through 24e       2,515,688.       2,338,237.       171,510.       5,941.         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 tollowing SOP 98-2 (ASC 958-720)       if tollowing SOP 98-2 (ASC 958-720)       if tollowing SOP 98-2 (ASC 958-720)						
23       Insurance       1,871.       1,186.       685.         24       Other expenses. Itemize expenses on to covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)       a       PROJECT MANAGEMENT       563,107.       563,107.         b       SPECIAL PROJECTS       278,605.       278,605.       278,605.         c       NETWORK SERVICES       204,862.       204,862.         d       COMMUNICATIONS/MARKETIN       165,748.       165,748.         e       All other expenses. SEE SCH O       411,113.       411,113.         25       Total functional expenses. Add lines 1 through 24e       2,515,688.       2,338,237.       171,510.       5,941.         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)       if following SOP 98-2 (ASC 958-720)						
24       Other expenses. Itemize expenses on to covered above (List miscellaneous expenses on line 24e. If line 24e expenses on Schedule 0.)       a         a       PROJECT MANAGEMENT       563,107.         b       SPECIAL PROJECTS       278,605.         c       NETWORK SERVICES       204,862.         d       COMMUNICATIONS/MARKETIN       165,748.         e       All other expenses. Add lines 1 through 24e       2,515,688.         25       Total functional expenses. Add lines 1 through 24e       2,515,688.         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)			1 971	1 1 9 6	685	
above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)         a PROJECT MANAGEMENT       563,107. 563,107.         b SPECIAL PROJECTS       278,605. 278,605.         c NETWORK SERVICES       204,862. 204,862.         d COMMUNICATIONS/MARKETIN       165,748. 165,748.         e All other expenses       SEE SCH O         25 Total functional expenses. Add lines 1 through 24e       2,515,688. 2,338,237. 171,510. 5,941.         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 I if following SOP 98-2 (ASC 958-720)			1,0/1.	1,100.	005.	
a       PROJECT MANAGEMENT       563,107.       563,107.         b       SPECIAL PROJECTS       278,605.       278,605.         c       NETWORK SERVICES       204,862.       204,862.         d       COMMUNICATIONS/MARKETIN       165,748.       165,748.         e       All other expenses       SEE SCH O       411,113.       411,113.         25       Total functional expenses. Add lines 1 through 24e       2,515,688.       2,338,237.       171,510.       5,941.         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)       if following SOP 98-2 (ASC 958-720)	24	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
b       SPECIAL PROJECTS       278,605.       278,605.         c       NETWORK SERVICES       204,862.       204,862.         d       COMMUNICATIONS/MARKETIN       165,748.       165,748.         e       All other expenses       SEE SCH O       411,113.       411,113.         25       Total functional expenses. Add lines 1 through 24e       2,515,688.       2,338,237.       171,510.       5,941.         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)       if following SOP 98-2 (ASC 958-720)	-		563 107	563 107		
c       NETWORK SERVICES       204,862.       204,862.         d       COMMUNICATIONS/MARKETIN       165,748.       165,748.         e       All other expenses       SEE SCH O       411,113.       411,113.         25       Total functional expenses. Add lines 1 through 24e       2,515,688.       2,338,237.       171,510.       5,941.         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)       if following SOP 98-2 (ASC 958-720)       if following SOP 98-2 (ASC 958-720)						
d       COMMUNICATIONS/MARKETIN       165,748.       165,748.         e       All other expenses       SEE SCH O       411,113.       411,113.         25       Total functional expenses. Add lines 1 through 24e       2,515,688.       2,338,237.       171,510.       5,941.         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)       Image: Common section of the se						
e       All other expenses       SEE       SCH       0       411,113.       411,113.         25       Total functional expenses. Add lines 1 through 24e       2,515,688.       2,338,237.       171,510.       5,941.         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)       if following SOP 98-2 (ASC 958-720)       if following SOP 98-2 (ASC 958-720)						
25       Total functional expenses. Add lines 1 through 24e       2,515,688.       2,338,237.       171,510.       5,941.         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)						
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)		·			171,510.	5,941.
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶if following SOP 98-2 (ASC 958-720)						
Check here Figure 16 following SOP 98-2 (ASC 958-720)		reported in column (B) joint costs from a combined				
		educational campaign and fundraising solicitation.				
		Check here if following SOP 98-2 (ASC 958-720)				

GRANTMAKERS OF WESTERN PENNSYLVANI	ΙA
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		Check if Schedule O contains a response or not	e to any	line in this Part X			
		·			<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			938,722.	1	392,710.
	2	Savings and temporary cash investments			2,041,435.	2	2,805,618.
	3				981,338.	3	382,588.
	4	Pledges and grants receivable, net			31,739.	4	20,000.
	5	Accounts receivable, netLoans and other receivables from any current or			51,755.		20,000.
	5	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disqualit				5	
	0	under section 4958(f)(1)), and persons described		· · –		6	
	7					7	
Assets	8	Notes and loans receivable, net				8	
Ass	9	Inventories for sale or use Prepaid expenses and deferred charges				9	
		Land, buildings, and equipment: cost or other	I			9	
	104	basis. Complete Part VI of Schedule D	102	30 196			
	h	Less: accumulated depreciation	10a	<u>30,196.</u> 30,196.	0.	10c	0.
	11	Investments - publicly traded securities			••	11	<b>.</b>
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14					14	
	15	Intangible assets Other assets. See Part IV, line 11			3,720.	15	995.
	16	Total assets. Add lines 1 through 15 (must equ			3,996,954.	16	3,601,911.
	17	Accounts payable and accrued expenses			98,963.	17	119,261.
	18	Grants payable			20,2001	18	
	19	Deferred revenue			16,604.	19	23,792.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
ilida		controlled entity or family member of any of the				22	
Li	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			115,567.	26	143,053.
		Organizations that follow FASB ASC 958, che	ck here				
sec		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			632,315.	27	654,440.
Bal	28	Net assets with donor restrictions			3,249,072.	28	2,804,418.
pu		Organizations that do not follow FASB ASC 9					
Ъ		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ec				30	
As	31	Retained earnings, endowment, accumulated in	come, c	r other funds		31	
Net	32	Total net assets or fund balances			3,881,387.	32	3,458,858.
-	33	Total liabilities and net assets/fund balances		3,996,954.	33	3,601,911.	

Form **990** (2020)

## Part X | Balance Sheet

<b>Form</b>	000	0000
Form	990	(2020

Form	990 (2020) GRANTMAKERS OF WESTERN PENNSYLVANIA	25-1	496312	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,093		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,51	5,6	88.
3	Revenue less expenses. Subtract line 2 from line 1	3	-422		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,883	1,3	87.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,458	3,8	<u>58.</u>
Pa	rt 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: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			1
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				000	

Form **990** (2020)

SCH	EDU	LE A
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(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

OMB No. 1545-0047
2020
Open to Public Inspection

Department of the Treasury Internal Revenue Service			•		Attach to Form 990 or Form 990-EZ. o to www.irs.gov/Form990 for instructions and the latest information.					Open to Public Inspection
Nan	ne of	the organizati	on						Employer	r identification number
					WESTERN PEN					5-1496312
Pa	rt I	Reason	for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	See instruction	IS.	
The	orgar	nization is not a	ı private found	lation because it is: (I	For lines 1 through 12, cl	heck only	one box.)			
1		A church, co	nvention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)( <sup>.</sup>	1)(A)(i).		
2		A school des	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	)(b)(1)(A)(i	ii).		
4		A medical res	earch organiz	ation operated in co	njunction with a hospital	described	l in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and stat	e:							
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X		-	-	ntial part of its support fr				ne general i	public described in
		-		omplete Part II.)		Ū			•	
8		-			(1)(A)(vi). (Complete Par	t II.)				
9		-			in section 170(b)(1)(A)(		ed in conju	unction with a	land-grant	college
		or university	or a non-land-c	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	eor
		university:			, , , , , , , , , , , , , , , , , , ,			,	0	
10			on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersł	nip fees, and	d gross receipts from
		-		•	t to certain exceptions; a					•
					(less section 511 tax) fro					-
				mplete Part III.)	· · · ·		·		-	
11		An organizati	on organized a	and operated exclusi	ively to test for public sat	fety. See	section 50	09(a)(4).		
12		An organizati	on organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box in
		lines 12a thro	ough 12d that	describes the type o	f supporting organization	n and com	plete lines	12e, 12f, and	l 12g.	
а		<b>Type I.</b> A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), t	ypically by	giving
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	ctors or truste	es of the su	upporting
		organizatio	n. You must o	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A s	supporting org	anization supervised	l or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	/ing
		control or r	nanagement o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,
		its support	ed organizatio	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III no	n-functionally	integrated. A supp	oorting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)
		that is not	functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	veness
		requiremer	t (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this	box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type	II, Type III	
		functionally	/ integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number								
g	Pro	vide the follow	ing informatior	n about the supporte	ed organization(s).					
		(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount c	-	(vi) Amount of other
		organizatior	1		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)

## Schedule A (Form 990 or 990-EZ) 2020 GRANTMAKERS OF WESTERN PENNSYLVANIA Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 17

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.)

<u>Sec</u>	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	1159213.	2140064.	1569203.	4354015.	1995597.	<u>11218092.</u>		
2	Tax revenues levied for the organ-								
	ization'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	1159213.	2140064.	1569203.	4354015.	1995597.	11218092.		
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)						6038134.		
6	Public support. Subtract line 5 from line 4.						5179958.		
	ction B. Total Support			L		L			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
	Amounts from line 4	1159213.	2140064.	1569203.	4354015.	1995597.	11218092.		
	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	610.	686.	2,979.	16,610.	16,288.	37,173.		
9	Net income from unrelated business			,					
•	activities, whether or not the								
	business is regularly carried on		9,753.	19,150.	9,364.	3,255.	41,522.		
10	Other income. Do not include gain						,		
10	or loss from the sale of capital								
	assets (Explain in Part VI.)								
44	<b>Total support.</b> Add lines 7 through 10						11296787.		
	Gross receipts from related activities,					12	261,864.		
	First 5 years. If the Form 990 is for th	-		fourth or fifth tax y			201,004.		
10	organization, check this box and stor	-	st, second, trind,			01(0)(0)			
Sec	tion C. Computation of Publi		centage			<u></u>			
	Public support percentage for 2020 (I			column (f))		14	45.85 %		
	Public support percentage from 2019		•			15	45.46 %		
IUa	<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization								
h									
	<b>b 33 1/3% support test - 2019.</b> 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								
47-	and <b>stop here.</b> The organization qualifies as a publicly supported organization								
17a	17a 10% -facts-and-circumstances test - 2020. 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								
	-			-	-	vi now the organiz			
	meets the facts-and-circumstances te	0	•		•	7	<b>P</b>		
b	10% -facts-and-circumstances test	-					IU% Or		
	more, and if the organization meets the								
	organization meets the facts-and-circu		•						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s ▶∟		

Schedule A (Form 990 or 990-EZ) 2020

## Schedule A (Form 990 or 990-EZ) 2020 GRANTMAKERS OF WESTERN PENNSYLVANIA Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	20 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support			L			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	20 (f) Total
	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	<b>First 5 years.</b> If the Form 990 is for th	e organization's fi	rst. second. third.	fourth, or fifth tax	vear as a section 5	501(c)(3) orga	anization.
	a la se de de la seconda de seconda seconda seconda	0					
Se	ction C. Computation of Publi						
	Public support percentage for 2020 (li			column (f))		15	%
	Public support percentage from 2019		•			16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage for 20		B			18	%
	33 1/3% support tests - 2020. If the			n line 14 and line		· · · ·	
196	more than 33 1/3%, check this box ar						
L							/3% and
Ľ	<b>33 1/3% support tests - 2019.</b> If the line 18 is not more than 33 1/3%, che						
20							
20	Private foundation. If the organizatio	n alu not check a	DOX OF INTE 14, 198	a, OF 190, CHECK L	INS DUX ANU SEE INS		<u></u>

Schedule A (Form 990 or 990-EZ) 2020

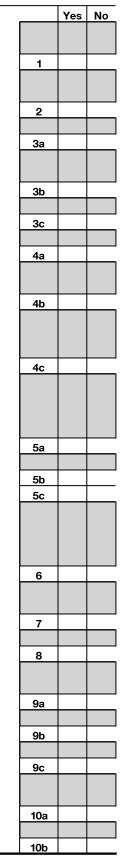
#### Schedule A (Form 990 or 990-EZ) 2020 GRANTMAKERS OF WESTERN PENNSYLVANIA

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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 organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 I of Schedule L (Form 990 or 990-EZ).*
- **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.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) 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.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **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.)



#### Schedule A (Form 990 or 990-EZ) 2020 GRANTMAKERS OF WESTERN PENNSYLVANIA

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or 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. Section E. Type III Functionally Integrated Supporting Organizations

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

с	The organization supported a governmental entity	Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).
•	j me organization supported a governmental entity.	

- 2 Activities Test. Answer lines 2a and 2b below.
- **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 line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**
- **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.*

3

2a

2b

3a

3b

Yes

No

	dule A (Form 990 or 990-EZ) 2020 GRANTMAKERS OF WESTERN P	ENNS	YLVANIA	25-1496312 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying		•	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	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		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
-				

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

## Schedule A (Form 990 or 990-EZ) 2020 GRANTMAKERS OF WESTERN PENNSYLVANIA

Par	t <b>v</b> i ype ill Non-Functionally integrated 509	a)(3) Supporting Orga	mzations (continu	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2016				
b	Excess from 2017				
C	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

#### OTHER INCOME

#### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

#### \*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

	2	5-	14	19	6	3	1	2
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erganization type (oncon of						
Filers of:	Section:					
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

GRANTMAKERS OF WESTERN PENNSYLVANIA

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

#### **General Rule**

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

#### **Special Rules**

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

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

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

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

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

25-1496312

#### GRANTMAKERS OF WESTERN PENNSYLVANIA

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 925,150. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 X Person Payroll 50,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 45,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Person X Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 200,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 X 6 Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.)

023452 11-25-20

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

25-1496312

#### GRANTMAKERS OF WESTERN PENNSYLVANIA

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person Payroll 75,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 8 X Person Payroll 150,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 56,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

GRANTMAKERS OF WESTERN PENNSYLVANIA 

25-1496312

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	 
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

		Page <b>4</b>			
anization		Employer identification number			
AKERS OF WESTERN PENNS	YLVANIA	25-1496312			
Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	ions to organizations described in sect ) through (e) and the following line entry. charitable, etc., contributions of \$1,000 or les	ion 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations			
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift				
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Transferacio nomo addresa o	(e) Transfer of gift	<sup>r</sup> of gift Relationship of transferor to transferee			
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
(e) Transfer of gift					
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee			
	AKERS OF WESTERN PENNS         Exclusively religious, charitable, etc., contribut         from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional         (b) Purpose of gift	AKERS OF WESTERN PENNSYLVANIA         Exclusively religious, charitable, etc., contributions to organizations described in sect from any one contributor. Complete columns (a) through (a) and the following line entry completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or let Use duplicate copies of Part III if additional space is needed.         (b) Purpose of gift       (c) Use of gift         (c) Use of gift       (c) Use of gift         (b) Purpose of gift       (c) Use of gift         (b) Purpose of gift       (c) Use of gift         (b) Purpose of gift       (c) Use of gift         (c) Use of gift       (c) Use of gift         (b) Purpose of gift       (c) Use of gift         (c) Use of gift       (c) Use of gift         (b) Purpose of gift       (c) Use of gift         (b) Purpose of gift       (c) Use of gift         (b) Purpose of gift       (c) Use of gift			

Development of any treat of the organization is described balow. It has the form 990 or form 990-EZ.     Development of the organization answerd 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 4 (political Campaign Activities), then     election 501(c)(3) organizations: Complete Part IA and B. Do not complete Part IA.     election 501(c)(3) organizations: Complete Part IA and B. Do not complete Part IA.     election 501(c)(3) organizations: Complete Part IA and B. Do not complete Part IA.     election 501(c)(3) organizations: Complete Part IA and B. Do not complete Part IA.     election 501(c)(3) organizations: Complete Part IA.     election 501(c)(3) organizations: Complete Part IA.     election 501(c)(3) organizations: Complete Part IA.     election 501(c)(3) organizations that have NOT fiele denotin under section 501(h): Complete Part IA.     Do not complete Part IB.     election 501(c)(3) organizations that have NOT fiele denotin under section 501(h): Complete Part IB.     election 501(c)(3) organizations that have NOT fiele denotin under section 501(h): Complete Part IB.     The organization     election 501(c)(4), (5), or (6) organizations: Complete Part III.     Name organization     CRANTMAKERS OP WESTERN PENNSYLVANIA         Complete Part IA.     Complete If the organization is exempt under section 501(c)(or is a section 527 organization.     Porticle a description of the organization is exempt under section 501(c)(3).     Erret the amount of any excise tax incurred by organization manages under section 501(c)(3).     Erret the amount of any excise tax incurred by organization for section 501(c)(3).     Erret the amount of any excise tax incurred by organization for section 501(c), except section 501(c)(3).     Erret the amount of any excise tax incurred by organization manages under section 5027     except function activities     S	(Form 990 or 990-EZ)	For Org	anizations Exempt From Income	e Tax Under section 5	⊂ 501(c) and section 5	27	2020
escion 501(c)(3) organizations: Complete Parts I.A and B. Do not complete Part I.C.     Section 507(c)(a) the than section 501(c)(3) organizations: Complete Part I.A and C below. Do not complete Part I.B.     Section 507(c)(3) organizations: Complete Part I.A lonly.     If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part V, 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.A.     Section 501(c)(4) (c)(3) organizations, than     Section 501(c)(4) (c)(5), or (6) organizations: Complete Part III.     Name of organization     Restriction S01(c)(4) (c), or (6) organizations: Complete Part III.     Name of organization     Restriction S01(c)(4) (c), or (6) organizations: Complete Part III.     Name of organization     Restriction S01(c)(4) (c), or (6) organization is exempt under section 501(c) or is a section 527 organization.     I provide a description of the organization is exempt under section 501(c)(3).     I complete if the organization is exempt under section 501(c)(3).     I concertoin made Part IV.     Positical campaign activity expenditures     S concertoin made Part IV.     Positical campaign activities in Pa			-			990-EZ.	
GRANTMAKERS OF WESTERN PENNSYLVANIA       25-1496312         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 campaign activity expenditures         3       Volunteer hours for political campaign activities         Part I-B       Complete if the organization is exempt under section 501(c)(3).         1       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?         4       Was a correction made?         bit "Yes," describe in Part IV.         Part I-C       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         2       Enter the amount directly expended by the filing organization for section 527 exempt function activities         3       Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 170.         4       Did the filing organization file Form 1120-POL, for this year?         5       Enter th	<ul> <li>Section 501(c)(3) org</li> <li>Section 501(c) (othe</li> <li>Section 527 organiz</li> <li>If the organization ansi</li> <li>Section 501(c)(3) org</li> <li>Section 501(c)(3) org</li> <li>If the organization ansi</li> <li>Tax) (See separate inst</li> <li>Section 501(c)(4), (5)</li> </ul>	ganizations: Com r than section 50 ations: Complete wered "Yes," or ganizations that I ganizations that I wered "Yes," or ructions), then	plete Parts I-A and B. Do not com 1(c)(3)) organizations: Complete F Part I-A only. Form 990, Part IV, line 4, or For nave filed Form 5768 (election und nave NOT filed Form 5768 (election Form 990, Part IV, line 5 (Proxy	plete Part I-C. Parts I-A and C below. I <b>m 990-EZ, Part VI, lir</b> ler section 501(h)): Co n under section 501(h)	Do not complete Par ne <b>47 (Lobbying Act</b> mplete Part II-A. Do r )): Complete Part II-B	t I-B. ivities), the not comple . Do not co n <b>990-EZ, I</b>	en te Part II-B. omplete Part II-A. Part V, line 35c (Proxy
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 campaign activity expenditures       \$         3       Volunteer hours for political campaign activities       \$         Part I-B       Complete if the organization is exempt under section 501(c)(3).       \$         1       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?       \$         4       Was a correction made?       Yes       No         bif "Yes," describe in Part IV.       Part I-C       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       \$         2       Enter the amount of the filing organization's funds contributed to other organizations for section 527 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 listed, enter the amount paid from the filing organizations to which the filing organization made payments. For	Name of organization	~~~~~~					
1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.   2 Political campaign activity expenditures   3 Volunteer hours for political campaign activities   Part I-B Complete if the organization is exempt under section 501(c)(3). 1 1 Enter the amount of any excise tax incurred by the organization under section 4955 5 2 Enter the amount of any excise tax incurred by organization managers under section 4955 5 3 1 1 6 4 a was a correction made? b # 'Yes, 'describe in Part IV. Part I-C 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 5 2 2 Enter the amount directly expended by the filing organization for section 527 exempt function activities 5 2 5 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b b If the filing organization file Form 1120-POL for this year? 4 Did the filing organization file A enter the amount paid from the filing organization is funds. Addition seceived that were promptly and directly delivered to a separate political organization, such as a separate sequred and promytig and directly delivered to a separate political organization is filing organization in Part IV. (a) Name (b) Address (c) EIN (c) EIN (d) Amount paid from filing organization is provide information in Part IV. (e) Amount of political contributions received that were promptly and directly delivered to a separate political organization is promptly and directly delivered to a separate political organization's funds. If none, enter-0. (e) Amount o	Dort A Compl						
1       Enter the amount directly expended by the filing organization for section 527 exempt function activities       ▶ \$         2       Enter the amount of the filing organization's funds contributed to other organizations for section 527 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?       ▶ \$         5       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, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.       (e) Amount of political contributions received and promptly and directly delivered to a separate political organization's funds. If none, enter -0       (e) Amount of political contributions received and promptly and directly delivered to a separate political organization's funds. If none, enter -0	<ol> <li>Political campaign</li> <li>Volunteer hours for</li> <li>Part I-B Compl</li> <li>Enter the amount of</li> <li>Enter the amount of</li> <li>If the organization if</li> <li>Was a correction m</li> <li>b If "Yes," describe in</li> </ol>	activity expendit political campai ete if the org f any excise tax f any excise tax ncurred a sectio nade?	ures gn activities anization is exempt unde incurred by the organization unde incurred by organization manager n 4955 tax, did it file Form 4720 fo	r section 501(c)(3 r section 4955 s under section 4955 or this year?	3).	►\$	Yes No Yes No
<ul> <li>2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities</li> <li>3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b</li> <li>4 Did the filing organization file Form 1120-POL for this year?</li> <li>5 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.</li> <li>(a) Name</li> <li>(b) Address</li> <li>(c) EIN</li> <li>(d) Amount paid from filing organization's funds. If none, enter -0</li> <li>(e) Amount of political contributions received and promptly and directly delivered to a separate political organization's funds. If none, enter -0</li> </ul>							
(a) Name(b) Address(c) EIN(d) Amount paid from filing organization's funds. If none, enter -0(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.	<ol> <li>Enter the amount of exempt function ac</li> <li>Total exempt function ac</li> <li>Total exempt funct line 17b</li> <li>Did the filing organ</li> <li>Enter the names, a made payments. For contributions received</li> </ol>	f the filing organ tivities ion expenditures ization file <b>Form</b> ddresses and en or each organiza ved that were pro	Add lines 1 and 2. Enter here an <b>1120-POL</b> for this year? nployer identification number (EIN) tion listed, enter the amount paid pomptly and directly delivered to a	er organizations for se d on Form 1120-POL, of all section 527 poli from the filing organiza separate political orga	ction 527 itical organizations to ation's funds. Also er nization, such as a s	b \$ b \$ b which the amount of	Yes No filing organization ount of political
			· · · ·	1	(d) Amount paid filing organizatio	on's co er-0	ntributions received and promptly and directly delivered to a separate political organization.

## Political Campaign and Lobbying Activities

OMB No. 1545-0047

SCHEDULE C

Schedule C (Form 990 or 990-EZ) 2020 ( Part II-A   Complete if the organization of the					496312 Page 2
section 501(h)).					
	tion belongs to an a	ffiliated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and share	•	• • •			
B Check <b>&gt;</b> if the filing organizat	tion checked box A	and "limited control" pro	visions apply.		
Limit	ts on Lobbying Exp litures" means amo	enditures ounts paid or incurred.)		<b>(a)</b> Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinior	(grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influ	ience a legislative b	ody (direct lobbying)		3,327.	
c Total lobbying expenditures (add lir	nes 1a and 1b)			3,327.	
d Other exempt purpose expenditure				2,512,361.	
e Total exempt purpose expenditures	s (add lines 1c and <sup>-</sup>	d)		2,515,688.	
f Lobbying nontaxable amount. Ente	r the amount from t	ne following table in both	n columns.	275,784.	
If the amount on line 1e, column (a) or	r (b) is: The lo	bbying nontaxable am	ount is:		
Not over \$500,000	20% c	f the amount on line 1e.			
Over \$500,000 but not over \$1,000	· · · · · · · · · · · · · · · · · · ·	000 plus 15% of the exce			
Over \$1,000,000 but not over \$1,50		000 plus 10% of the exce			
Over \$1,500,000 but not over \$17,0		000 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000	\$1,00	0,000.			
				68,946.	
<ul> <li>g Grassroots nontaxable amount (ent</li> <li>h Subtract line 1g from line 1a. If zero</li> </ul>				00,940.	
i Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than zer		r line 1i, did the organiza			
reporting section 4911 tax for this				Γ	Yes No
		veraging Period Under			
(Some organizations th	nat made a section		nave to complete all o	of the five columns be	low.
	Lobbying Exp	enditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	( <b>d)</b> 2020	(e) Total
2a Lobbying nontaxable amount	216,665	. 237,633.	267,786.	275,784.	997,868.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,496,802.
<b>c</b> Total lobbying expenditures	2,242	. 1,221.	1,889.	3,327.	8,679.
d Grassroots nontaxable amount	54,166	. 59,408.	66,947.	68,946.	249,467.
e Grassroots ceiling amount (150% of line 2d, column (e))					374,201.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

# Schedule C (Form 990 or 990-EZ) 2020 GRANTMAKERS OF WESTERN PENNSYLVANIA 25-1496312 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	ı)	(b	)
	e lobbying activity.	Yes	No	Amo	unt
1 a	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?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
j	Total. Add lines 1c through 1i				
2a	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				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	5), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-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 ' answered "Yes."	'No" OR	(b) Part I		3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	al			
а	Current year		2a		
	Carryover from last year				
	Total				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (See instructions)		5		
Par	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	nd 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE [	)
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Department of the Treasury Internal Revenue Service

(Form	990)
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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. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

#### GRANTMAKERS OF WESTERN PENNSYLVANIA

Employer identification number 25-1496312

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar F	unds or Accounts. Complete if the
•	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(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 advisors in	writing that the assets held in dono	or advised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other pu	Irpose conferring
	impermissible private benefit?		
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Forr	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) 🛛 🗌 Preserv	ation of a historically important land area
	Protection of natural habitat	Preserv	ation of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in th	e form of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic	structure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated	by the organization during the tax
	year ►		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		ing of
	violations, and enforcement of the conservation easements i		Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing	ng conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing co	nservation easements during the year
	\$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		-
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial	statements that describes the
Pa	organization's accounting for conservation easements. t III Organizations Maintaining Collections or	f Art Historical Treasures	or Other Similar Assets
I U	Complete if the organization answered "Yes" on Form		
10	If the organization elected, as permitted under FASB ASC 95		mont and balance sheet works
Ia	of art, historical treasures, or other similar assets held for pu	•	
	service, provide in Part XIII the text of the footnote to its fina		·
h	If the organization elected, as permitted under FASB ASC 95		
b	art, historical treasures, or other similar assets held for public	· ·	
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
			<b>N</b> .
2	If the organization received or held works of art, historical tre		
-	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	U U	▶ \$
	Assets included in Form 990, Part X		
			Ψ Ψ

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

Partill       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued).         3       Using the organization acquestion, and other records, check any of the following that make significant use of its contained in the organization acquestion.       d       Lan or exchange program         a       Proble schedulton       d       Lan or exchange program         b       Scholarly research       e       Other         c       Provide acciption of the organization accilections and explain how they further the organization's exempt purpose in Part XIII.         5       Dring the year, did the organization's collections?       Yes       No         Particle anamount on form 900, Part X, line 21.       Tess of the arrangement in Part XIII and complete the following table:       Yes       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount       Is in the organization acquest Yes' on Form 900, Part X, line 21.       Yes       No         b       If 'Yes,' explain the arrangement in Part XIII check here if the explanation in hab been provided on Part XIII       Yes       No         b       If 'Yes,' explain the arrangement in Part XIII check here if the explanation in hab been provided on Part XIII       Yes       No         c       Definition gains, and losses       Implete the explanation in the proves back (e) four years back       (e) four years back <th>Sche</th> <th></th> <th>KERS OF WE</th> <th></th> <th></th> <th></th> <th>25-14</th> <th></th> <th></th> <th><sub>ige</sub> 2</th>	Sche		KERS OF WE				25-14			<sub>ige</sub> 2
collection is in schedul if that apply:       d       Loan or exchange program         a       Police exhibition       d       Loan or exchange program         b       Schelarly research       e       Other	Par	t III   Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Othe	er Similar	<sup>-</sup> Assets	(contin	ued)	
a       Public exhibition       d       □ can or exchange program         b       Scholary research       0       □ Other	3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that make	significant u	ise of its			
b       Scholary research       e       Other         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar asserts       tes solid the organization allow of an Amount on Form 990. Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X, line 21.         b       If 'Yes', explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       Ital         a       Ital organization include an amount on Form 990. Part X, line 21. for secret or custodial account liability?       Yes       No         b       If 'Yes', explain the arrangement in Part XIII. Check here if the coganization naswerd 'Yes' on Form 990. Part X, line 21.       Ital         2a       Did the organization include an amount on Form 990. Part X, line 21. for secret or custodial account liability?       Yes       No         b       Christing allance       (a) Current year       (b) Prior year       (c) Thre years back (e) four years back         a       Beginning of year balance       (a) Current year a		collection items (check all that apply):								
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they three the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they three the organization's exempt purpose in Part XIII. 5 During the year, did the organization solid arrangements. Competed an amount on Form 990, Part X, line 21. 14 Is the organization and explain they for contributions or other assets not included on Form 990, Part X2. 15 Exercise the transfer that the transfer the transfer the organization answered "Yes" on Form 990, Part X, line 92. 15 Exercise the transfer that the transfer the transfer the organization answered "Yes" on Form 990, Part X2. 16 Is the organization and part, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2. 17 Exercise the arrangement in Part XIII and complete the following table:  C Beginning balance C Beginning of year balance C Beginning of year balance C Beginning of year balance C Beginning bala	а	Public exhibition	d	I Loan or ex	change program					
Provide a description of the organization's collections and explain how they further the organization's exempt purgoes in Part XIII.     During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be add to raise funds rather than to be maintained as part of the organization's collection?     Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or     reported an amount on Form 990, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X?     Is a list the organization angent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X?     Is a list the organization angent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X?     Is a list organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?     Ves     Is diditions during the year     Is a list management in Part XIII. Check here if the explanation has been provided on Part XIII     Part W Endowment Funds. Complete if the organization include of Part XIII     Beginning of year balance     Is a light organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?     Is a light organization include an amount on Form 990, Part X, line 21, for escrow are custodial account liability?     Is a light organization include an amount on Form 990, Part X, line 21, for escrow are custodial account liability?     Is a light organization and the	b	Scholarly research	e	e 🔄 Other						
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be solid to raise funds raise that an table maintained as part of the organization is collection?     Part V     Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or     reported an amount on Form 980, Part X, line 21.     If a is the organization angement in Part XIII and complete the following table:	С									
tops rold to raise funds rather than to be maintained as part of the organization aclosection?         Yes         No.           Part IV         Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 9.         No           b         If 'Yes, ' explain the arrangement in Part XIII and complete the following table:         Amount         Id           c         Beginning balance         1d         Id         Id         Id           d Additions during the year         1d         Id         Id         Id         Id           2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         IVes         No         If           Part V         Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         Image: State S	4	Provide a description of the organization's co	ollections and explair	n how they further	the organization's exe	mpt purpos	se in Part	XIII.		
Part W       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (Wes). No       Ves       No         b If 'Yes,' explain the arrangement in Part XIII and complete the following table: <ul> <li>Amount</li> <li>and the arrangement in Part XII and complete the following table:</li> <li>Amount</li> <li>and the arrangement in Part XII.</li> <li>Beginning balance</li> <li>and the arrangement in Part XII.</li> <li>Beginning the year</li> <li>and the arrangement in Part XII.</li> <li>b If 'Yes,' explain the arrangement in Part XII.</li> <li>b If 'Yes,' explain the arrangement in Part XII.</li> <li>b If 'Yes,' explain the arrangement in Part XII.</li> <li>b If 'Yes,' explain the arrangement in Part XII.</li> <li>b If 'Yes,' explain the arrangement in Part XII.</li> <li>b If 'Yes,' explain the arrangement in Part XII.</li> <li>c Additions during the year</li> <li>a Beginning of year balance</li> <li>a Current year</li> <li>b Provise the astrangement in Part XII.</li> <li>b Contributions</li> <li>c Outributions</li> <li>c Outributions</li> <li>c Outributions</li> <li>d Garants or scholarships</li> <li>a dargaras</li> <li>d Garants or scholarships</li> <li>g End of year balance</li> <li>g End of year balance</li> <li>g End of year balance</li> <li>g Administrative expenses</li> <li>g</li></ul>	5				•			-		,
reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         1d       1d       1d         1d       1d       1d         1d       1d       1d         2       Didt for organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIIII.       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 980, Part IV, line 10.       Image: Status and Programs       Image: Status and Status and Status and Status and Programs       Image: Status and Status and Programs       Image: Status and Programs       <										No
on Form 990, Part X?       Yes       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c Beginning balance       1d         d Additions during the year       1d         e Distributions during the year       1d         z Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account flability?       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Part V       Endowment Funds. Complete if the organization inswered "Yes" on Form 990, Part X, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.       Image: start of the start of the organization answered "Yes" on Form 990, Part N, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Beginning of year balance       (b) Prior year       (b) Prior year       (c) Two years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a Contributions       (b) Prior year       (b) Prior year       (c) Two years back       (e) Four years back         1a Contributions       (a) Contr	Pai			ete if the organizati	on answered "Yes" o	n Form 990	, Part IV, I	ine 9, or		
b       If "Yes," explain the arrangement in Part XIII and complete the following table:	1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contributio	ns or other assets not	included				
b       If "Yes," explain the arrangement in Part XIII and complete the following table:		on Form 990, Part X?		-				Yes		No
c       Beginning balance       1c       1d         d       Additions during the year       1c       1d         Distributions during the year       1c       1d         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial accountilability?       Yes       No         b       If "yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: State of the explanation has been provided on Part XIII       Image: State of the explanation has been provided on Part XIII       Image: State of the explanation has been provided on Part XIII       Image: State of the explanation has been provided on Part XIII       Image: State of the explanation has been provided on Part XIII       Image: State of the explanation has been provided on Part XIII       Image: State of the explanation has been provided on Part XIII       Image: State of the explanation has been provided on Part XIII       Image: State of the explanation has been provided on Part XIII       Image: State of the explanation has been provided on Part XIII       Image: State of the explanation has been provided on Part XIII       Image: State of the explanation has been provided on Part XIII       Image: State of the explanation has been provided on Part XIII       Image: State of the explanation has been provide on Part XIII       Image: State of the explanation of the explanation has the held and administered for the organization has the held and administered for the organization       Image: State of the explanation has are preveride on Schedule R?       Image: State of	b									
d Additions during the year       1d         e Distributions during the year       1d         1       1         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Dif 'Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII       Pert V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         4 Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         9 End of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         9 End of year balance       (a) Current year end balance (line 1g, column (a) held as:       (a) Current year end balance (line 1g, column (a) held as:       (a) Current year end balance       (b) Private the estimated percentage of the current year end balance (line 1g, column (a) held as:       (a) Current year       %         9 End of year balance       %       %       Form endowment }       %       (a) Cost or other       %         9 End of year balance       %       %       Form endowment }								Amount		
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Comparison on Part XIII       Image: Comparison Part X	с	Beginning balance				1c				
f       Ending balance	d	Additions during the year				1d				
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes," exclain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Complete if the organization answered "Yes" on Form 990, Part X, line 21, for escrow or custodial account liability?         1a       Beginning of year balance       Image: Complete if the organization answered "Yes" on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Complete if the organization answered "Yes" on Form 990, Part X, line 21, for escrow or custodial account liability?         1a       Beginning of year balance       Image: Complete if the organization answered "Yes" on Form 990, Part X, line 21, for escrew part the sex penditures for facilities       Image: Complete if the organization sex penditures         a       Control expenditures for facilities       Image: Complete if the organization sex penditures       Image: Complete if the organization factor fa	е	Distributions during the year				<b>1e</b>				
b       If "Yes." explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         f       Administrative expenses       (a)	f									
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Contributions       (c) Two years back       (c) Two years back       (e) Four years back         6       Chart is or scholarships       (c) Two years back		C C					L	Yes		No
Ia       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         Ia       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         Ia       Contributions       (c) Two years back       (c) Two years ba										
1a       Beginning of year balance	Par	<b>Endowment Funds.</b> Complete								
b       Contributions			(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four	years t	Jack
c       Net investment earnings, gains, and losses	1a									
d Grants or scholarships	b									
e       Other expenditures for facilities and programs	с									
and programs										
f       Administrative expenses	е	· ·								
g End of year balance										
2       Provide the estimated percentage of the current year end balance (line 1g, column (ai)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         c       Term endowment ▶%         d       The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i)       Unrelated organizations         (ii)       Related organizations         (iii)       Related organizations         b       If "Yes" on line 3a(ii), are the related organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other         basis (investment)       basis (other)         basis (other)       depreciation         1a       Land         b       Buildings         c       Leasehold improvements         d       Lay, 315.         0.       10, 881.										
a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Term endowment ▶%         d Percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds.         Part Vi       Related organizations         b If "Yes" on line 3a(ii), are the related organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         b Buildings	-									
b       Permanent endowment ▶      %         c       Term endowment ▶      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:					a)) heid as:					
c       Term endowment       >%         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) ad(ii) are the related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <li>Part VI Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property</li> <li>(a) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value depreciation</li> <li>(e Other 19, 315.</li> <li>(f) 881.</li> <li>(f) 881.</li> <li>(f) 7881.</li>	a h			70						
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iii) Related organization answered "Yes" on Schedule R?</li> <li>(iii) Land, Buildings, and Equipment.</li> <li>(a) Cost or other basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(e) Other</li> <li>(10, 881.</li> <li>(10, 881.</li> <li>(10, 881.</li> <li>(10, 881.</li> </ul>	u o	·								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes No         (i) Unrelated organizations       3a(i)         (ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         1a Land       Image: Complete if the organization of property       (a) Cost or other basis (other)       (b) Cost or other depreciation       (d) Book value         b Buildings       Image: Complete II 19, 315.       Image: Complete II 19, 315.       Image: Complete II 19, 315.       Complete II 10, 881.       Comp	C	·	- · -							
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) c Leasehold improvements c Leasehold improvements d Equipment e Other 10, 881. 0.	30			ation that are held a	and administered for t	he organiza	ation			
(i)       Unrelated organizations       3a(i)         (ii)       Related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       1         b       Buildings       1         c       Leasehold improvements       1         d       Equipment       19,315.         0.       10,881.       0.	Ja			ation that are new a		ne organiza		Г	Vas	No
(ii) Related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Obscription of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         I Land       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       Image: Colspan="2">Image: Colspan="2" Image: Colspan="2" Image: Colspan="2" Image: Colspan="2" Image: Colspan="2" Image: Colspan=		-							103	
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land										
4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         b Buildings       (d) Book value         c Leasehold improvements       19,315.         d Equipment       19,315.         e Other       10,881.	b	If "Yes" on line 3a(ii) are the related organiza	ations listed as requir	ed on Schedule B?	)					
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land	4								I	
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land	Par									
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land		Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11a.	See Form 990, Part X	, line 10.				
1a Land			(a) Cost or o	other (b) Cos	st or other (c)	Accumulate	ed	( <b>d)</b> Book	k value	;
b Buildings	19	Land	· · · ·							
c Leasehold improvements         19,315.         19,315.         0.           d Equipment         10,881.         10,881.         0.										
d Equipment         19,315.         19,315.         0.           e Other         10,881.         10,881.         0.										
e Other 10,881. 0.			4.0	315.		19.31	15.			0.
		011	10							
	_				10c)					

Schedule D (Form 990) 2020

Sch	edule D	(Form 990) 2020	GRANTMAKERS	OF WESTERN	PENNSYLVANIA	25-1496312 Page <b>3</b>
	art VII		Other Securities.			
		Complete if the org	anization answered "Yes"	on Form 990, Part IV, I	ine 11b. See Form 990, Part X, lii	ne 12.
(a	I) Descrip	otion of security or categ	OTY (including name of security)	<b>(b)</b> Book value	(c) Method of valuation:	Cost or end-of-year market value
(1)	Financi	al derivatives				
(2)	Closely	held equity interests				
(3)	Other					
(	(A)					
	B)					
	(C)					
	<u>(D)</u>					
	(E)					
	(F)					
	<u>G)</u>					
	(H)	h) must squal Form 000	Dart V. col. (D) line 10.)			
			I, Part X, col. (B) line 12.) ► Program Related.			
<u> </u>			-	on Form 990 Part IV I	ine 11c. See Form 990, Part X, lir	ne 13
		(a) Description of		(b) Book value		Cost or end-of-year market value
	(1)			.,		,
	(2)					
	(3)					
	(4)					
	(5)					
	(6)					
	(7)					
	(8)					
	(9)					
			, Part X, col. (B) line 13.) 🕨			
Pa	art IX	Other Assets.				
		Complete if the org			ine 11d. See Form 990, Part X, lii	
			(a)	Description		(b) Book value
	(1)					
	(2)					
	(3)					
	(4)					
	(5)					
	(6)					
	(7)					
	(8) (9)					
			rm 990. Part X. col. (B) line	15)		<b></b>
	art X	Other Liabilitie	<u>nn 990, Part X, Col. (B) line</u> S.	<u> </u>		
				on Form 990. Part IV. I	ine 11e or 11f. See Form 990, Pa	art X. line 25.
1.			escription of liability			(b) Book value
	(1) Fed	deral income taxes				
	(2)					
	(3)					
	(4)					
	(5)					
	(6)					
	(7)					
	(8)					
	(9)					
Tot	<b>al.</b> <u>(Col</u> L	ımn (b) must equal Fo	rm 990, Part X, col. (B) line	25.)		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

	dule D (Form 990) 2020 GRANTMAKERS OF WESTERN PE			L496312 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		
1	Total revenue, gains, and other support per audited financial statements		1	2,093,159.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d				
е	Add lines <b>2a</b> through <b>2d</b>		2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>			2,093,159.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
-			4c	0.
С	Add lines 4a and 4b			
с 	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			2,093,159.
с 5 Ра				
с 5 Ра	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	ments With Expense		
с 5 Ра 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ments With Expense	es per Return	
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ments With Expense	es per Return	l.
Pa 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With Expense	es per Return	l.
Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) <b>Total revenue. Add lines 3 and 4c.</b> (This must equal Form 990. Part I. line 12.) <b>Reconciliation of Expenses per Audited Financial Stater</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ments With Expense	es per Return	l.
Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a.         2a            2a            2a            2b	es per Return	l.
<b>Pa</b> 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) <b>TXII</b> Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a.         2a            2a            2b            2c	es per Return	l.
<b>Pa</b> 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a.           2a.           2b.           2c.           2d.	5 es per Return	l.
Pa 1 2 b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a.         2a	5 es per Return 1 2e	n. 2,515,688.
Pa 1 2 b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a.         2a	5 es per Return 1 2e	n. <u>2,515,688.</u> 0.
Pa 1 2 b c d 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) <b>t XII Reconciliation of Expenses per Audited Financial Stater</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a.         2a            2a            2b            2c            2d	5 es per Return 1 2e	n. <u>2,515,688.</u> 0.
Pa 1 2 b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other losses       Other losses         Other losses       Other statement in Part XIII.)         Add lines 2a through 2d       Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:       Investment expenses not included on Form 990, Part VIII, line 7b	2a           2b           2c           2d           2d	5 es per Return 1 2e	n. <u>2,515,688.</u> 0.
Pa 1 2 b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other (Describe in Part XIII.)       Add lines 2a through 2d         Subtract line 2e from line 1       Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b       Other (Describe in Part XIII.)	2a         2a           2b         2b           2c         2d           2d         2d	5 es per Return 1 2e 3	n. <u>2,515,688.</u> 0.
Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other losses       Other (Describe in Part XIII.)         Add lines 2a through 2d       Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:       Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)       Other (Describe in Part XIII.)	2a         2a           2b         2c           2c         2d           2d         2d	5 es per Return 1 2e 3 3	0. 2,515,688. 0. 2,515,688.

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

SCHEDULE I		Grants and Oth					OMB No. 1545-0047
(Form 990)		overnments, ar					2020
Department of the Treasury Internal Revenue Service	Com	_	Attach to For rs.gov/Form990 fo	m 990.			Open to Public Inspection
Name of the organization		Go to www.l	rs.gov/Form990 to	r the latest inform	hation.		Employer identification number
5	RS OF WES	STERN PENNSY	LVANIA				25-1496312
Part I General Information on Grants a							
1 Does the organization maintain records a criteria used to award the grants or assist							
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to	Domestic Organ	izations and Domestic	<b>Governments.</b> C	Complete if the orga	anization answered "א	′es" on Form 990, Par	t IV, line 21, for any
recipient that received more than	\$5,000. Part II car	n be duplicated if additi	onal space is need	ed.		1	
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALLEGHENY COUNTY							
436 GRANT STREET, COURTHOUSE ROOM 1							
PITTSBURGH, PA 15219	25-6001017		20,000.	0.			CENSUS GRANT
UNIVERSITY OF PITTSBURGH,			, ,				
UNIVERSITY CENTER SOCIAL & URBAN -							
3343 FORBES AVENUE - PITTSBURGH,							
PA 15260	25-0965591	501C3	75,000.	0.			CENSUS GRANT
2 Enter total number of section 501(c)(3) a	I advorpment a	rappizations listed in th	l				▶ 2.
<ul><li>2 Enter total number of section 50 (c)(3) a</li><li>3 Enter total number of other organization:</li></ul>	0	•					0.
LHA For Paperwork Reduction Act Notice							Schedule I (Form 990) 2020

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

#### Schedule I (Form 990) 2020 GRANTMAKERS OF WESTERN PENNSYLVANIA

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Part III can be duplicated if additional space is needed.

 (a) Type of grant or assistance
 (b) Number of recipients
 (c) Amount of cash grant
 (d) Amount of non- cash assistance
 (e) Method of valuation (book, FMV, appraisal, other)
 (f) Description of noncash assistance

 Image: State St

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

Part III

THE ALLEGHENY COUNTY GRANT WAS RESTRICTED TO SUPPORT DIRECT OUTREACH COSTS,

E.G. PRINTING MATERIALS. THE COMPLETE COUNT COMMITTEE TEAM (CITY AND

COUNTY STAFF) REPORTED TO THE CENSUS 2020 FUND ADVISORS IN QUARTERLY

BRIEFINGS HOSTED BY GWP. THE UNIVERSITY OF PITTSBURGH GRANT WAS RESTRICTED

TO SUPPORT THE WESTERN PA REGIONAL DATA CENTER (WPRDC) TO ADD COMMUNITY

ASSETS TO ITS DATABASE IN SUPPORT OF CENSUS OUTREACH. WPRDC PROVIDED

INFORMATION ON FUNDS SPENT AND PROGRESS.

25-1496312

Page 2

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



GRANTMAKERS OF WESTERN PENNSYLVANIA

Employer identification number 25 - 1496312

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SERVICES TO GRANTSEEKERS, NONPROFITS AND THE PUBLIC INCLUDE SPONSORING

"MEET THE GRANTMAKERS" PROGRAMS; PROVISION OF THE COMMON GRANT

APPLICATION AND REPORT FORMS; PARTICIPATION IN GREATER PITTSBURGH

NONPROFIT PARTNERSHIP, PANO AND OTHER NONPROFIT NETWORKS; SHARING

COMMUNITY INFORMATION AND RESOURCES ON GWP'S WEBSITE AND SOCIAL MEDIA;

AND RESPONDING TO INQUIRIES FROM GRANTSEEKERS AND NONPROFITS. GWP

ANNUALLY COMPILES AND ANALYZES DATA REGARDING TRENDS AND

CHARACTERISTICS IN CHARITABLE GIVING, AND MAKES THE INFORMATION

AVAILABLE ON ITS WEBSITE AND VIA COMMUNITY PRESENTATIONS. IT ALSO

REACHES OUT TO NON-MEMBER PHILANTHROPIES TO ENGAGE THEM BY SHARING

SELECTED RESOURCES, EXTENDING INVITATIONS TO SELECTED GWP PROGRAMS, AND

OFFERING SHORT-TERM GUEST MEMBERSHIPS. FINALLY, GWP CO-SPONSORS PA

FOUNDATION STATS, AN ONLINE SOURCE OF DATA ON GIVING BY ALL

PENNSYLVANIA FOUNDATIONS, VIEWABLE BY THE PUBLIC FREE OF CHARGE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

UPGRADING GWP'S INFORMATION MANAGEMENT SYSTEMS).

FORM 990, PART VI, SECTION A, LINE 6:

GWP IS A MEMBERSHIP NETWORK FOR PHILANTHROPIES. ITS VOTING MEMBERS INCLUDE FAMILY AND INDEPENDENT FOUNDATIONS, COMMUNITY FOUNDATIONS, CORPORATE FOUNDATIONS, CORPORATE CONTRIBUTION PROGRAMS, FEDERATIONS, AND PUBLIC CHARITIES THAT HAVE GRANTMAKING AS A CENTRAL ACTIVITY. INDIVIDUALS WHO HAVE RETIRED FROM EMPLOYMENT AT A MEMBER'S ORGANIZATION ARE ALSO ELIGIBLE TO

Name of the organization	~~	~ ~				Employer identification number
	GRANTMAKER	S OF WES	PERN	PENNSYLVAN	IA	25-1496312
REMAIN ASSOCIA	TE MEMBERS	OF GWP C	DN A	NON-VOTING	BASIS.	

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS OF GWP VOTE ANNUALLY TO ELECT MEMBERS TO ITS BOARD OF

DIRECTORS, APPROVE THE NEXT YEAR'S MEMBERSHIP DUES STRUCTURE, AND APPROVE

THE ORGANIZATION'S ANNUAL BUDGET. EACH MEMBER ORGANIZATION CASTS ONE VOTE.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE IS NO COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR, THEN REVIEWED BY GWP'S FINANCE COMMITTEE. THE FORM 990 IS THEN REVIEWED BY THE FULL BOARD OF DIRECTORS, WHICH APPROVES THE FORM 990 PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH MEMBER OF THE BOARD OF DIRECTORS, EACH OFFICER, AND EACH MEMBER OF SENIOR MANAGEMENT MUST COMPLETE AN ANNUAL DISCLOSURE STATEMENT REFLECTING HIS OR HER INTERESTS. THE EXECUTIVE DIRECTOR (IN CONSULTATION WITH EXECUTIVE COMMITTEE, AS APPROPRIATE) IS RESPONSIBLE FOR REVIEWING THE DISCLOSURE STATEMENTS SO THAT HE OR SHE IS FAMILIAR WITH AND CAN REPORT ACTUAL OR POTENTIAL CONFLICTS OF INTEREST.

IN ADDITION, EACH INDIVIDUAL BOARD MEMBER, OFFICER, AND MEMBER OF SENIOR MANAGEMENT IS PERSONALLY RESPONSIBLE FOR DISCLOSING HIS/HER ACTUAL OR POTENTIAL CONFLICTS, AND FOR BRINGING ATTENTION TO ACTUAL OR POTENTIAL CONFLICTS OF OTHER OFFICERS, MEMBERS OF SENIOR MANAGEMENT, OR OTHER BOARD

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization GRANTMAKERS OF WESTERN PENNSYLVANIA	Employer identification number 25-1496312
MEMBERS AT THE TIME GWP IS CONSIDERING A TRANSACTION THAT	MAY INVOLVE A
CONFLICT OR APPEARANCE OF A CONFLICT.	
FORM 990, PART VI, SECTION B, LINE 15A:	
GWP'S PROCESS FOR DETERMINING COMPENSATION FOR THE EXECUT	TIVE DIRECTOR IS AS
FOLLOWS: TO DETERMINE COMPENSATION, ON AN ANNUAL BASIS GW	VP'S PRESIDENT
INVITES FEEDBACK FROM BOARD MEMBERS ON THE EXECUTIVE DIRE	ECTOR'S JOB
PERFORMANCE AND AGGREGATES IT. THE EXECUTIVE DIRECTOR ALS	SO PROVIDES A
SELF-EVALUATION TO THE PRESIDENT. THE GWP BOARD OF DIRECT	TORS REVIEWS THE
COLLECTED INFORMATION IN EXECUTIVE SESSION AND DETERMINES	S ANY CHANGES IN
COMPENSATION BASED ON CONSIDERATION OF: 1) UPDATED BENCHN	IARK DATA ON
COMPENSATION FOR CEOS OF OTHER COMPARABLE REGIONAL ASSOCI	IATIONS OF
GRANTMAKERS, 2) CURRENT BENCHMARK DATA ON COMPENSATION FO	OR CEOS OF LOCAL
NONPROFIT AGENCIES, 3) INCREASES IN THE COST OF LIVING, A	AND 4) EXECUTIVE
PERFORMANCE. IN 2019, GWP ADDITIONALLY ENGAGED A THIRD-PA	ARTY HR CONSULTANT
TO BENCHMARK COMPENSATION FOR ALL OF ITS STAFF, INCLUDING	G THE EXECUTIVE
DIRECTOR. THIS INFORMATION WAS ALSO SHARED WITH ITS BOARI	O OF DIRECTORS AS
PART OF THE REVIEW. THERE ARE NO OTHER OFFICERS THAT RECE	SIVE COMPENSATION
AND THERE ARE NO KEY EMPLOYEES.	

FORM 990, PART VI, SECTION C, LINE 19:

GWP POSTS ITS FINANCIAL STATEMENT AND FORM 990 ON ITS WEBSITE. THESE DOCUMENTS, AS WELL AS THE FORM 1023, ARE ALSO AVAILABLE UPON WRITTEN REQUEST.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

CONTENT DISTRIBUTION:

PROGRAM SERVICE EXPENSES

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization	Employer identification number
GRANTMAKERS OF WESTERN PENNSYLVANIA	25-1496312
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	164,585.
METRICS AND DATA REPORTS:	
PROGRAM SERVICE EXPENSES	116,560.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	116,560.
DELEGATION SPONSORSHIPS:	
PROGRAM SERVICE EXPENSES	115,900.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	115,900.
DUES AND SUBSCRIPTIONS:	
PROGRAM SERVICE EXPENSES	6,865.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,865.
MISCELLANEOUS:	
PROGRAM SERVICE EXPENSES	3,060.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,060.
	•

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization GRANTMAKERS OF WESTERN PENNSYLVANIA	Employer identification number 25-1496312
POLICY ENGAGEMENT:	
PROGRAM SERVICE EXPENSES	2,276.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,276.
STAFF DEVELOP/TRAINING:	
PROGRAM SERVICE EXPENSES	1,867.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,867.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	411,113.

(Rev. January 2020)

## Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.* 

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type o	or Name of exempt organization or other filer, see instructions. Taxpayer identification number (						
print							
-	GRANTMAKERS OF WESTERN PENNSYLVANIA				25-1496312		
File by the due date f	the the second se						
filing your return. See	401 LIBERTY AVENUE NO. 2325						
instruction		oreign addı	ress, see instructions.				
Enter th	e Return Code for the return that this application is for (fil	e a separat	e application for each return)			0 1	
Applica	ition	Return	Application			Return	
ls For		Code	Is For			Code	
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 99	90-BL	02	Form 1041-A			08	
Form 4	720 (individual)	03	Form 4720 (other than individual)			09	
Form 9	90-PF	04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069					11		
Form 990-T (trust other than above) 06 Form 8870 BARBARA SIECK TAYLOR					12		
Teleg If the If this box 1 I the 2 If [	request an automatic 6-month extension of time until ne organization named above. The extension is for the org ► X calendar year 2020 or ► tax year beginning the tax year entered in line 1 is for less than 12 months, c Change in accounting period	s in the Uni Group Exe and atta NOVEM anization's , an theck reaso	Fax No. ►	f this is fo all memb	r the whole gro ers the extensi npt organizatio	bup, check this on is for.	
	this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069, e	enter the tentative tax, less		•	0.	
-	ny nonrefundable credits. See instructions.	) ontor cr:	v refundable eredite and	<u>3a</u>	\$	0.	
	this application is for Forms 990-PF, 990-T, 4720, or 6069	· ·		0	¢	0.	
	stimated tax payments made. Include any prior year overp			<u>3b</u>	\$	0.	
	alance due. Subtract line 3b from line 3a. Include your pa sing EFTPS (Electronic Federal Tax Payment System). See			3c	¢	0.	
	n: If you are going to make an electronic funds withdrawal				nd Form 8879-E		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

Product: Exempt Extension Name: Grantmakers of Western	Category:	IRS Center: <b>Ogden</b> e-Postmark: <b>5/10/2021 10:46 AM</b>
Pennsylvania FEIN: *****6312		Notification:
Fiscal Year Begin Date: 1/1/2020	Fiscal Year End Date: 12/31/2020	eSigned:

#### **Return Information**

Date	Return ID	Type of Activity	Submission ID	Refund/ (Due)	Updated By	eSign Date
05/10/2021	20X:243:V1	Upload Started			Clever,Kathy	
05/10/2021	20X:243:V1	Released for Transmission - Validation in Progress			Clever,Kathy	
05/10/2021	20X:243:V1	Ready to transmit - Validation Complete				
05/10/2021	20X:243:V1	Transmitted to FD	2557092021130034ee94			
05/10/2021	20X:243:V1	Accepted by FD on 5/10/2021				